

Governor Brian Sandoval
Chairman

James R. Wells, CPA
Clerk of the Board



Attorney General Adam Paul Laxalt
Member

Secretary of State Barbara K. Cegavske
Member

STATE OF NEVADA BOARD OF EXAMINERS

209 E. Musser Street, Room 200 / Carson City, NV 89701-4298
Phone: (775) 684-0222 / Fax: (775) 684-0260
<http://budget.nv.gov/Meetings>

PUBLIC MEETING NOTICE AND AGENDA

Date and Time: October 10, 2017, 10:00 AM

Location: Old Assembly Chambers of the Capitol Building
101 N. Carson Street
Carson City, Nevada 89701

Video Conference Location: Grant Sawyer Building
555 E. Washington Avenue, Ste. 5100
Las Vegas, Nevada 89101

AGENDA

1. **Call to Order / Roll Call**
2. **Public Comment** (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically include on an agenda as an action item)
3. **Approval of the September 12, 2017 Minutes** (For possible action)

4. Request to Purchase State Vehicles (For possible action)

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Administration – Enterprise Information Technology Services	1	\$36,767
Department of Administration – Fleet Services	14	\$373,750
Department of Administration – Fleet Services	83	\$2,010,975
Department of Administration - Fleet Services	5	\$116,768
Department of Conservation and Natural Resources – Forestry	3	\$1,105,112
Total	106	\$3,643,372

5. Request to Pay a Cash Settlement (For possible action)

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

A. Department of Transportation (NDOT) – Administration - \$749,300

The Department requests settlement approval in the total amount of \$1,700,000 to fully resolve an eminent domain action to acquire .44 acres of real property owned by Reich Series LLC, located at 550 S. Martin Luther King Boulevard in Las Vegas. NDOT previously deposited \$950,700 with the Court for a right of occupancy. NDOT now requests an additional \$749,300 to resolve the action.

B. Department of Transportation (NDOT) – Administration - \$700,000

The Department requests settlement approval in the total amount of \$2,200,000 to fully resolve an eminent domain action to acquire a total of 1.02 acres of real property owned by Ranch Properties LLC, located at 801, 811, and 821 Desert Lane in Las Vegas. NDOT previously deposited \$1,500,000 with the Court for a right of occupancy. NDOT now requests an additional \$700,000 to resolve the action.

6. Authorization to Contract With a Current and/or Former State Employee (For possible action)

A. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Steve Bird. The CA Group plans to utilize Mr. Bird as a roadway engineer in the development of conceptual roadway plans and cost estimates for the Northern Nevada Traffic Study.

B. Department of Health And Human Services - Aging and Disability Services Division – Nevada Early Intervention Services

Pursuant to NRS 333.705, subsection 1, the Division requests authority to contract with a former employee, Robbin Hickman, to support the division's Nevada Early Intervention Service program to administer physical therapy. Ms. Hickman is anticipated to work approximately 30 hours per week through June 30, 2018.

C. Department of Administration – Purchasing Division

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

D. Department of Health and Human Services – Division of Health Care Financing and Policy

Pursuant to NRS 333.705, subsection 1, the Division requests authority to contract with Hanqui (Mark) Ma, a graduate student currently employed by the University of Nevada, Reno. This will be a part-time position to conduct interpretation and statistical analysis on Medicaid claims data. This employee is anticipated to work approximately 20 hours per week from October 16, 2017 through April 16, 2018.

E. Department of Health and Human Services – Division of Health Care Financing and Policy

Pursuant to NRS 333.705, subsection 1, the Division requests authority to contract with Mina Mahmoudi, a graduate student currently employed by the University of Nevada, Reno. This will be a part-time position to conduct interpretation and statistical analysis on Medicaid claims data. This employee is anticipated to work approximately 20 hours per week from October 16, 2017 through April 16, 2018.

F. Department of Corrections – Director’s Office

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with a former employee, Traci Dori. The Department plans to utilize Ms. Dori to provide needed training in communications, as well as policies and procedures to ensure the continued success of the program supporting Nevada crime victims.

7. Request to for Approval of an Allocation From the Interim Finance Committee Contingency Account (For possible action)

Department of Public Safety – Emergency Management

Pursuant to NRS 353.268, subsection 1, the Division requests an allocation of \$845,510 from the Interim Finance Committee Contingency Account to cover immediate costs associated Emergency Management Assistance Compact activations of the Nevada National Guard in support of recent request for assistance from Texas, Oregon and Puerto Rico.

8. Approval of Master Lease Agreements (For possible action)

A. Department of Administration - Division of Enterprise Information Technology Services

The Division seeks approval for the second amendment to the existing master lease agreement with Dell Financial Services which provides mid-range equipment for state applications not to exceed \$4,126,456.63.

B. Department of Administration - Division of Enterprise Information Technology Services

The Division seeks approval for the third amendment to the existing master lease agreement with International Business Machines (IBM) which provides mainframe storage equipment, software and services not to exceed \$10,259,963.18.

9. Review and Consideration of a Victims of Crime Appeal (For discussion and possible action)

Department of Administration – Victims of Crime Program

Pursuant to NRS 217.117, Section 3, the Board shall consider an appeal on the record from an Appeals Officer’s decision on an application for compensation and either render a decision within 15 days of the Board meeting or give notice to the applicant that a hearing will be held at the next meeting. The Board may affirm, modify or reverse the decision of the Appeals Officer.

10. Approval of Proposed Leases (For possible action)

11. Approval of Proposed Contracts (For possible action)

12. Approval of Proposed Master Service Agreements (For possible action)

13. Approval of Proposed Work Plan (For possible action)

14. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from August 22, 2017 through September 18, 2017.

15. Information Item – Department Reports

A. Governor’s Finance Office – Budget Division

Pursuant to NRS Chapter 353, the Division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of September 11, 2017.

Tort Claim Fund	\$ 6,978,084.62
Statutory Contingency Account	\$ 2,947,046.94
Stale Claims Account	\$ 1,761,451.00
Emergency Account	\$ 279,841.00
Disaster Relief Account	\$ 7,748,418.00

IFC Unrestricted Contingency Fund General Fund	\$16,149,311.16
IFC Unrestricted Contingency Highway Fund	\$ 1,676,832.35
IFC Restricted Contingency Fund General Fund	\$39,195,348.00
IFC Restricted Contingency Highway Fund	\$ 2,521,462.00

16. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically include on an agenda as an action item)

17. Adjournment (For possible action)

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body may place reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint.

We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Dale Ann Luzzi at (775) 684-0223 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at daluzzi@finance.nv.gov. Supporting materials for this meeting are available at: 209 E. Musser Street, Suite 200, Carson City, NV 89701 or by contacting Dale Ann Luzzi at (775) 684-0223 or by email at daluzzi@finance.nv.gov

Agenda Posted at the Following Locations:

1. Blasdel Building, 209 E. Musser Street, Carson City, NV 89701
2. Capitol Building, 101 North Carson Street, Carson City, NV 89701
3. Legislative Building, 401 N. Carson Street, Carson City, NV 89701
4. Nevada State Library & Archives, 100 North Stewart Street, Carson City, NV 89701
5. Grant Sawyer Building, Capitol Police, 555 E. Washington, Las Vegas, NV 89101

Notice of this meeting was posted on the Internet: <http://budget.nv.gov/Meetings/> and <https://notice.nv.gov>

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MINUTES

Date and Time: September 12, 2017, 10:00 AM

Location: Old Assembly Chambers of the Capitol Building
101 N. Carson Street
Carson City, Nevada 89701

Video Conference Location: Grant Sawyer Building
555 E. Washington Avenue, Ste. 5100
Las Vegas, Nevada 89101

MEMBERS PRESENT:

Governor Brian Sandoval
Attorney General Adam Laxalt
Secretary of State Barbara Cegavske – Present in Las Vegas
James R. Wells, Clerk

OTHERS PRESENT:

Rudy Malfabon, Director, Department of Transportation
Dennis Gallagher, Counsel to the Department of Transportation
Janet Murphy, Deputy Director, Governor's Finance Office
Terry Albertson, Director, Department of Motor Vehicles
John Kruger, Automobile Association of America
Tonya Laney, Department of Motor Vehicles
James Dzurenda, Director, Department of Corrections
Nick Trutanich, Attorney General's Office
Steve Shevorski, Attorney General's Office

1. Call to Order / Roll Call

Governor: Good morning ladies and gentlemen, I will call the Board of Examiners Meeting to order. Madam Secretary, may I ask you a small favor, if you would not mind moving to the chair close to the microphone.

Secretary of State: I can do that sir.

Governor: All right, thank you. All Members are present.

2. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item)

Governor: We will move to agenda item number 2, Public Comment. Is there any member of the public present here in Carson City that would like to provide public comment to the Board? I hear and see none. Is there anyone present in Las Vegas that would like to provide public comment to the Board?

Secretary of State: There is nobody sir.

Governor: Thank you Madam Secretary.

3. Approval of the August 8, 2017 Minutes (For possible action)

Governor: We will move to agenda item number 3, Approval of the August 8, 2017 meeting minutes. Have the Members had an opportunity to review the minutes and are there any changes? If there are none, the Chair will accept a motion for approval.

Attorney General: I move to approve.

Governor: Attorney General has moved to approve the August 8, 2017 meeting minutes, is there a second?

Secretary of State: I second it.

Governor: Secretary of State has seconded the motion. Are there any questions or discussion? I hear none and see none. That motion passes 3-0.

4. Request to Purchase State Vehicles (For possible action)

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Board for the Regulation of Liquefied Petroleum Gas	1	\$37,000
Department of Administration – Fleet Services	104	\$2,729,858
Department of Agriculture – Commodity Food Program	3	\$262,575
Department of Conservation and Natural Resources - Division of Environmental Protection	1	\$23,958
Department of Conservation and Natural Resources – Division of Forestry	1	\$37,252
Department of Conservation and Natural Resources – Division of Water Resources	4	\$110,922
Department of Public Safety – Nevada Highway Patrol	3	\$110,494
Department of Public Safety – Nevada Highway Patrol	143	\$8,531,643
Total	260	\$11,843,692

Governor: We will move to agenda item number 4, Request to Purchase State Vehicles. Mr. Wells, good morning.

Clerk: Good morning, Members of the Board, there are eight requests for 259 vehicles in this agenda item.

The first request is from the Board for the Regulation of Liquefied Petroleum Gas Division to replace a pickup that has met the age and/or mileage requirements in the State Administrative Manual.

The second request is from Fleet Services to procure 104 vehicles to provide agencies under the newly approved lease purchase program. The request includes 6 pickup trucks, 56 sedans, 39 SUVs and 3 vans. These vehicles were included in the agencies’ legislatively approved budgets.

The third request is from the Department of Agriculture to replace an SUV and a tractor and trailer combination for use in the Commodity Food Program. These vehicles are being purchased with Food Distribution Program Administrative Funds which must be obligated by September 30th. The work program for this request was approved at the August Interim Finance Committee (IFC).

The fourth, fifth and sixth requests are from various divisions of the Department of Conservation and Natural Resources to purchase four new and two replacement vehicles. These vehicles include a Helitack mechanic truck and three pickups which were part of the Drought Initiative approved by the Legislature. Five of the six were included in their legislatively approved budgets and the sixth comes from reserves in a non-executive Water Basin Account.

The seventh request is from the Department of Public Safety Nevada Highway Patrol to replace three vehicles which were totaled in accidents. Funding for these vehicles comes from the Crash Fund financed by insurance recoveries.

The last request is also from the Department of Public Safety Nevada Highway Patrol to replace 125 police interceptors and 18 pickups over the biennium which have met the age and/or mileage requirements in the State Administrative Manual. There are 59 vehicles scheduled to be replaced in fiscal year 2018 and the 84 in fiscal year 2019 which was requested in the agency's budget and were approved as part of the agency's one-shot funding in Assembly Bill 507.

There are representatives available to answer any questions the Members may have.

Governor: Thank you Mr. Wells. As you said, this is routine and has been in the budget. I am sure all those over at DPS are very excited to get these new vehicles and for everyone that is going to have use of them, we appreciate your hard work and we want to make sure that we have equipment that is safe, new and best-in-class. Are there any questions from Board Members on agenda item number 4? If there are none, the Chair will accept a motion for approval.

Attorney General: I move to approve.

Governor: The Attorney General has moved to approve the State Vehicle Purchase, presented in agenda item number 4, is there a second?

Secretary of State: I second Governor.

Governor: Thank you Madam Secretary. Madam Secretary has seconded the motion. Are there any questions or discussion? I hear and see none. That motion passes 3-0.

5. Request to Approval to Pay a Cash Settlement (For possible action)

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

Department of Transportation (NDOT) – Administration - \$848,600

The Department requests settlement approval in the total amount of \$1,904,600 to fully resolve an eminent domain action to acquire .6 acres of real property owned by Ferris Investments, Inc., located at 1918 and 2000 Highland Drive in Las Vegas. NDOT previously deposited \$1,056,000 with the Court for a right of occupancy. NDOT now requests an additional \$848,600 to resolve the action.

Governor: We will move to agenda item number 5, Request for Approval to Pay a Cash Settlement, Mr. Wells.

Clerk: Thank you Governor. Item 5 includes a request for approval of a cash settlement from the Department of Transportation relating to Project NEON.

The request in the amount of \$848,600 will fully resolve an eminent domain action to acquire two non-contiguous improved properties totaling approximately 0.6 acres. The original action was to acquire portions of the parcels, but the landowner has requested the State purchase all of the parcels except a billboard footprint due to the required destruction of buildings which would have to be redeveloped after completion of construction. The excess land will be used during construction but will likely be disposed of at the end of the project. Approval of the additional amount would bring the total settlement for this particular action to \$1,904,600.

Director Malfabon and Mr. Gallagher are available to answer any questions the Board may have.

Governor: Good morning gentlemen.

Director Malfabon: Good morning Governor, good morning Board Members. For the record, Rudy Malfabon, Director of Nevada Department of Transportation. This settlement is associated with the two parcels on Highland Avenue, totaling 0.6 acres. They are needed for Project NEON. We also had to acquire a temporary easement for construction and a permanent easement for maintenance, after the project was completed. There were buildings there that were pre-existing and a billboard as Director Wells had mentioned.

We had previously deposited \$1,056,000 with the Court, which was our estimate for a partial acquisition of the property. The appraisal for the two parcels was approximately \$1.8 million. Working with the Attorney General's Office, we were able to negotiate a settlement of \$1,904,600, which amounts to an additional \$848,600 that we are requesting to settle this matter today.

We would acquire the entirety of the two parcels and a small amount of property as was indicated for the billboard relocation. It is less expensive than eliminating the billboard. We would have to pay for lost revenue and a lot more costs. The billboard company is satisfied with the relocation as well as the property owner. We felt that our exposure in this acquisition was well in excess of \$3,000,000. We feel it is in the best interest of the State

to settle this case. We feel that this acquisition is reasonable and we will request reimbursement from the Federal Highway Administration for this acquisition.

Governor: Thank you Director. You covered most of the points but another thing I always like to make sure is on the record, Mr. Gallagher, not only is there a potential savings of \$1,000,000 in terms of exposure, but there is also a savings to the State with regard to potential attorney's fees and costs. Not only our own but the adverse party.

Dennis Gallagher: For the record Dennis Gallagher Counsel to the Department. You are entirely correct. In addition to the value, there are the litigation costs that the State will save that will be in a couple hundred thousand dollars, easily, from both sides. This settlement, I think is fair, just and equitable to the property owner, as well as the State. As the Director indicated when the Department is through with this property, there may be a chance to recoup some of the settlement cost going forward.

An additional cost, Governor, that I think needs emphasis is the fact that the property would sit vacant for a number of years while the Department used it and when it would be returned to the property owner, the Department would be responsible for reconstructing the two buildings, which is an additional costs that, under this settlement, is saved.

Governor: Thank you Mr. Gallagher. We are always trying to find that balance because certainly the property owner is entitled to just compensation but at the same time, we have to be good shepherds of the public's money and the tax money. This is a settlement that I think has achieved that balance. Just quickly, Director Malfabon, I know I have had the benefit of this conversation, in fact, we had our State Board of Transportation meeting yesterday and there was a presentation on Project NEON. We have made a lot of progress with regard to Project NEON and in fact, with regard to the property acquisition, we are below what had been budgeted for that and almost finished acquiring all the property to finish the project. Is that accurate?

Director Malfabon: Rudy Malfabon for the record. That is correct, Governor. We are about 44% complete with the project. Just a handful of other settlements. We have a couple coming to the Board of Examiners next month and we have other projects that we will probably be acquiring property for.

Governor: Thank you gentlemen. Are there any questions or comments from other Board Members with regard to agenda item number 5?

Secretary of State: No Governor.

Governor: All right, if there are none, the Chair will accept a motion to approve a settlement in the amount of \$848,600 as presented in agenda item number 5.

Attorney General: Move to approve.

Governor: Attorney General has moved for approval. Is there a second?

Secretary of State: I second it Governor.

Governor: Seconded by the Secretary of State. Are there any questions or discussion on the motion? I hear and see none. That motion passes 3-0. Thank you very much.

6. Approval of Proposed State Administrative Manual Changes

(For possible action)

The State Administrative Manual (SAM) is being submitted to the Board of Examiners' for approval of additions and revisions in the following chapters:

2500 – Budgeting

Governor: We will move to agenda item number 6, Approval of Proposed of State Administrative Manual Changes. Director Wells.

Clerk: Thank you Governor. Item 6 seeks approval to revise State Administrative Manual, Chapter 2500, regarding Budgeting.

Deputy Director Janet Murphy will go through the highlights of the changes to the chapter and answer any questions the Board Members may have.

Governor: Good morning.

Janet Murphy: Good morning Governor.

Governor: Please proceed.

Janet Murphy: Thank you. For the record, Janet Murphy, Deputy Director of the Governor's Finance Office. I will give you a quick overview of the changes we have made to the Budget Section of the State Administrative Manual. We eliminated sections that are no longer relevant. We combined sections for better understanding. We have revised many of the sections to reflect our current processes. Many of the proposed updates addressed the split of the Governor's Finance Office from the Department of Administration and we streamline chapters by linking Nevada Revised Statute (NRS) and Nevada Administrative Code (NAC) versus restating them. So, many of the sections were eliminated because of that.

The Secretary of State's Office reached out to us when we had the SAM changes posted and they requested two changes. The first request is to Section 2510 and that is on page 2 of the section. In the second paragraph, what the Office pointed out is though this Administration's goals and objectives are aligned with the Governor's goals and objectives, it may not always be the case. The proposed change is to the second paragraph, the first sentence where it states, performance measures should reflect the extent to which the budget, as presented, will enable the agency to "achieve the Governor's goals and objectives". We recommend that that is changed to 'achieve the goals and objectives of the Executive Budget'.

Then the next one is on Page 3, Section 2514, under Bill Draft Requests. The Secretary of State's Office pointed out to us that under NRS 218D.175, Paragraph 3, each Constitutional Officer can submit Bill Draft Requests (BDR) without the approval of the Governor or the Governor's designated representative. So therefore, we recommend the second paragraph start with 'Accept as provided in NRS 218D.175 (3), LCB is prohibited from' and then start the rest of the sentence, would be fine.

With that, I will take the questions.

Governor: Thank you very much. Are there any questions or comments from Board Members? It seems straightforward. So, if there are no questions or comments, the Chair will accept a motion to approve the State Administrative Manual changes with the amendment to that proposal from the recommendations of the Secretary of State's Office.

Attorney General: Move to approve.

Governor: Attorney General has moved for approval. Is there a second?

Secretary of State: I second it Governor. Thank you Governor.

Governor: Seconded by the Secretary of State. Are there any questions or discussion on the motion? I hear and see none. That motion passes 3-0. Thank you very much.

7. Review and Approval of the Department of Administration's Fiscal Year 2017 4th Quarter Report and Fiscal Year 2018 1st Quarter Requests for Disbursement of Funds for the Victims of Crime Fund
(For discussion and possible action)

Pursuant to NRS 217.260, the Board of Examiners estimates available revenue and anticipated claim costs each quarter. If revenues are insufficient to pay anticipated claims, the statute directs a proportional decrease in claim payments.

The 4th quarter Fiscal Year 2017 Victims of Crime Program report states all approved claims were resolved totaling \$4,824,505.75 with \$1,219,457.36 paid out of the Victims of Crime Program account and \$3,605,048.39 resolved through vendor fee adjustments and cost containment policies.

The program anticipates future reserves at \$10 million to help defray crime victims' medical costs.

Based on these projections, the Victims of Crime Program recommends paying Priority One, Two and Three claims at 100% of the approved amount for the 1st quarter of fiscal year 2018.

Governor: We will move to agenda item number 7, Review and Approval of Department of Administration's Fiscal 2017, Fourth Quarter Report and Fiscal Year 2018, First Quarter Request for Disbursement of Funds for Victims of Crime Fund. Mr. Wells.

Clerk: Thank you Governor. Pursuant to NRS 217.260, the Board of Examiners is required to estimate the available revenue and anticipated claims costs for the State Victims of Crime Program. This item includes a report on the claims paid in the fourth quarter of fiscal year 2017 and a recommendation to pay Priority 1, 2 and 3 claims at 100% for the first quarter of fiscal year 2018. The Program anticipates having a reserve at the end of the first quarter of fiscal year 2018 of approximately \$11.7 million after covering all expenses and a 45-day operating reserve which is roughly the same as the \$11.9 million projected for the fourth quarter at the last meeting where we discussed this topic. This does represent a comfortable reserve for this particular program.

There are representatives from the Victims of Crime Program available in Las Vegas if there are any questions.

Governor: Thank you Mr. Wells. I have no questions. Board Members, any questions with regard to agenda item number 7?

Attorney General: Move to approve.

Governor: Attorney General has moved to approve agenda item number 7. Is there a second?

Secretary of State: I second it Governor.

Governor: Seconded by the Secretary of State. Are there any questions or discussion on the motion? I hear and see none. That motion passes 3-0.

8. [Approval of Proposed Leases](#) (For possible action)

Governor: We will move to agenda item number 8, approval of proposed leases. Mr. Wells.

Clerk: Thank you Governor. There are four leases in agenda item 8 for approval by the Board this morning. No additional information was requested by any of the Members.

Governor: Thank you Mr. Wells. Are there any questions from Board Members? I hear and see none. Is there a motion to approve the proposed leases presented in agenda item number 8?

Attorney General: I move to approve.

Governor: Attorney General has moved to approve agenda item number 8. Is there a second?

Secretary of State: I second it Governor.

Governor: Seconded by the Secretary of State. Are there any questions or discussion on the motion? I hear and see none. That motion passes 3-0.

9. Approval of Proposed Contracts (For possible action)

Governor: We will move to agenda item number 9, Contracts. Mr. Wells.

Clerk: Thank you Governor. There are 63 contracts in agenda item 9 for approval by the Board this morning. Contract number 57 between the Department of Conservation and Natural Resources Forestry Division and Prime Turbines, LLC, contract number 59 between the Department of Business and Industry, Athletic Commission and Francisco Soto has been withdrawn and contract number 60 normally would be signed by the Clerk but was brought to the Board for approval due to the policy change to outsource certain transactions. Members have requested information only on contract number 60 between the Department of Motor Vehicles, Field Services Division and American Automobile Association of Northern California, Nevada and Utah.

Governor: I am sorry Mr. Wells, which contracts did you want to be withdrawn or are going to be withdrawn?

Clerk: 57 and 59.

Governor: All right. And, we are holding out contract number 60, correct?

Clerk: Correct.

Governor: All right, the other contract I wanted to be held out is number 9.

Clerk: Correct.

Governor: Okay. With regard to number 9, I have no questions but I am not going to participate in the vote on agenda item number 9 which is a contract between the Governor's Office of Economic Development and the Ferraro Group. The Principle in the Ferraro Group is a longtime friend of mine that I have known since college. This is a renewal of a contract that existed before I even came into office but to avoid any appearance of bias or impropriety, I am not going to participate in the vote on agenda item number 9.

Let us move to agenda item number 60. DMV. Good morning Director.

Terry Albertson: Good morning, Governor and Members of the Board. For the record, Terry Albertson, Director of the Department of Motor Vehicles (DMV). I am very happy to be here before you today for a contract for a no-cost pilot for the Department of Motor Vehicles to enter with Automobile Association of America (AAA), who has provided similar services in California for many decades. Also, customers are accustomed to having this service when they move here from California. John Kruger, here to my left, represents AAA and can provide some history on AAA's services and work with Department of Motor Vehicles in other jurisdictions.

We are limiting the transactions that AAA will provide to our customers, to those related to vehicle transactions. It would be primarily a new registration, a title and handicap placard. Customers will have the ability to transfer their plates or surrender them at the AAA office. One of the things that are unique in this particular location is that AAA will provide both California and Nevada DMV Services. We kind of have a line there between the two jurisdictions. We are very excited for this opportunity. AAA has been a wonderful partner with the Department as far as providing locations for our self-service kiosks. This is just the next step in our business partnership with them to provide services to our customers.

Another benefit for having this pilot program is that AAA is going to be open on Saturday. Currently, there are no Saturday services here in the Carson City area. With that, I would be happy to answer any questions you might have.

Governor: Thank you Ms. Albertson. How many locations will there be?

Terry Albertson: Terry Albertson for the record. This is going to be a pilot. We are starting here in Carson City. During the Legislative Session, we presented to the Legislature that we would potentially expand services in the Northern Reno area with the addition of our new South Reno facility. That is an option that we are going to consider and leave open. And again, we are hoping for a very successful pilot here in Carson City. We could potentially then expand those services to Southern Nevada, as well. And again, we anticipate that this will be a very successful pilot.

Governor: How long will the pilot be?

Terry Albertson: Six months.

Governor: And then after six months, you will take a look and see how it went?

Terry Albertson: Correct and then expand it accordingly. Again, AAA is located in convenient locations. Keeping people out of the DMV offices and into this AAA is somewhat unique in that they are a non-profit corporation. John, if you would like to provide a little bit of history.

Governor: Mr. Kruger, you took all this time and effort to be here and I appreciate this. Would you perhaps talk a little bit about the experience that you have had in other states where you have had pilots and gone on to use it. Then, if it is not proprietary, I am wondering, how many customers you have with AAA in Nevada and what the benefit of that would be.

John Kruger: For the record, my name is John Kruger with the American Automobile Association of Nevada. AAA has been registering vehicles since the 1900's. We registered the first Stanley Steamer back in 1900. We currently have seven states that I represent. Six of which are currently providing vehicle title, transfer and registration. We currently have 388,000 members in Nevada alone and I can tell you, on a weekly basis, our Carson City office receives no less than 12 comments from constituents saying how convenient it would be to be able to offer those services in our offices.

Governor: If I were an AAA customer and I lived in Reno, could I come to Carson on a Saturday and get that service?

John Kruger: Absolutely.

Governor: Okay.

Terry Albertson: And, Governor, for the record, I would like to point out, you do not have to be an AAA member to access the DMV services at AAA.

Governor: Oh, that is important.

Terry Albertson: It is open to all constituents.

Governor: Okay. That is really important to know. Thank you for making that distinction. All right, Board Members, any other questions with regard to this contract?

Secretary of State: No, Governor, but I do want to disclose, just because you said it, I am an AAA member and have been for over 30 years.

Attorney General: Director Albertson, I would just ask, so there will be a six-month pilot and then assume you like it, does that just continue on or does it have to come back to the Board? I am just kind of curious how it all moves forward in the future.

Terry Albertson: Thank you for the question Mr. Attorney General. We believe that the way the contract is being done that we would simply be able to add locations to the existing contract. So again, it would be a no-cost amendment to the contract to add various locations. It should not require us coming back to the Board for approval unless you would like that.

Attorney General: No, it is okay. Just checking in. Thank you.

Secretary of State: Just to follow-up on the Attorney General, I am just asking, how many locations in Nevada or is it every AAA Office in the State?

John Kruger: Yes, thank you for the question. It would be all offices in the State of Nevada.

Secretary of State: Okay, thank you.

Terry Albertson: Yes, so Madam Secretary, again, for further clarification, that would be something that would be decided both between AAA and the Department as far as what locations would be appropriate for these services. It could be all, but it also could be select ones, based on the need and currently we have 12.

Governor: All right, thank you. Director Albertson, good news, the Board of Finance approved your bonds today, so hopefully those will go on sale next month and get going

on that new Reno DMV building. While you are here, any update with regard to wait times and what is happening at the respective DMV Offices?

Terry Albertson: Oh Governor, yes. The wait times have improved. Again, we are continuing to promote our alternative services. Tonya Laney is here at the table with me and can probably speak more specifically to the actual wait times. I will be open and transparent about the fact that we are having many difficulties with our cuing system and our ability to obtain reports to accurately reflect those wait times. We are getting ready to go out to Request for Proposal (RFP) in order to replace the current system because it has been a challenge for us from day one. Tonya, I do not know if there is anything you would like to add on wait times.

Tonya Laney: Good morning Governor and Members of the Board. Yes, as Terry alluded to, we have had some difficulties with our current cuing system and so we do have an RFP being developed for that system. The appointment portion of the cuing system has, however, been very successful. We have received 100% positive feedback on the appointment system. Customers are booking appointments and coming in and being seen on those appointments within a 10-minute window. Most of them are actually called before their appointment time.

The part of the system that we are having the issue with is the algorithm if you are a walk-in customer that tells you how long your wait is going to be. That is the portion of the system that we will be addressing through the RFP when selecting a new vendor.

Governor: And, how long will that process take?

Tonya Laney: The current vendor is under contract with us through December of next year. We will be doing a six-month pilot for whoever the selected vendor is for the cuing system. Then we will make a seamless transition once that pilot is over and successful to carryover as the new cuing system in all the offices. That pilot will be at the Reno location.

Governor: Thank you very much. Do we have to wait until the other contract is finished in order to start the new one if the old one is not working. I guess that is a question for the Attorney General's Office to see what is going on with that, but I would really not want to make the people of the State have to wait another year and a half before we have an improvement.

Terry Albertson: Thank you Governor. That certainly is something we could discuss with the Attorney General's Office to see if that is an option available to the Department.

Governor: Just an early termination.

Terry Albertson: Correct, for non-performance, yes.

Governor: Okay, thank you. All right, Board Members, any other questions on this agenda item?

Attorney General: Just one follow-up. One, of course, we would love to help with that. Just reach out to us. You mentioned there were 12 AAA sites, just curious, where are they spread out? Is it just Reno and Vegas and Carson or anywhere else in the State?

John Kruger: Pretty much just Reno, Vegas and Carson.

Attorney General: Okay, thank you.

Governor: All right, thank you very much.

Terry Albertson: Thank you Governor.

Governor: All right, Board Members, any further questions with regard to agenda item number 9? If there are none, the first motion I will take is to approve contracts 1-63 with the exception of 9, 57 and 59.

Attorney General: Move to approve.

Governor: The Attorney General has moved to approve all of the contracts with the exception of 9, 57 and 59, is there a second?

Secretary of State: I second it Governor.

Governor: Seconded by the Secretary of State. Are there any questions or discussion on the motion? I hear and see none. That motion passes 3-0. I will ask the Attorney General to handle contract number 9.

Attorney General: I move for us to approve contract number 9 in agenda item number 9. Do I have a second?

Secretary of State: Second.

Attorney General: Any further discussion on the matter?

Governor: I will be abstaining from this motion for the same comments that I previously stated.

Attorney General: Okay. Seconded by the Secretary of State. That motion passes 2-0, with the Governor abstaining.

Governor: Thank you Mr. Attorney General.

10. Approval of Proposed Master Service Agreements (For possible action)

Governor: We will move to agenda item number 10, Approval of Proposed Master Service Agreements (MSA). Mr. Wells.

Clerk: Thank you Governor. There are seven master service agreements in agenda item 10 for approval by the Board this morning. Agreements 2, 4 and 5 are for zero dollars. These MSA documents basically establish the terms and conditions between the State and the vendor. Agencies will access these agreements by submitting a work order with the specific scope of work and the price for that scope. Each work order will be subject to the BOE thresholds; meaning the Board Members will approve each work order that exceeds \$50,000 and the Clerk will approve and report each work order between \$10,000 and \$50,000. No additional information has been requested by any of the members on the master service agreements.

Governor: Okay, thank you Mr. Wells. I just wanted to point out, number 7, \$16 million for Universal Security Services, which in essence is private security for State buildings and State agencies. I think that is important to point out in terms of protection of State employees as well as the public. If there are no further questions or comments, the Chair will accept a motion to approve the MSA's presented in agenda item number 10.

Attorney General: Move to approve.

Governor: The Attorney General has moved for approval, is there a second?

Secretary of State: I second it Governor.

Governor: Seconded by the Secretary of State. Are there any questions or discussion on the motion? I hear none and see none. That motion passes 3-0.

11. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from July 19, 2017 through August 22, 2017.

Governor: We will move on to agenda item number 11, Clerk of the Board Contracts, Mr. Wells.

Clerk: Thank you Governor. There were 41 contracts under the \$50,000 threshold that were approved by the Clerk between July 19, 2017 and August 22, 2017. This item is informational only and no additional information has been requested by any of the members.

Governor: All right, thank you Mr. Wells. Board Members, any questions with regard to agenda item number 11?

Secretary of State: None.

Governor: All right. Thank you.

12. Information Item – Department Reports

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

Pursuant to NRS 321 .5954, the Department of Conservation and Natural Resources, Division of State Lands is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. Also, pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, the agency is to report quarterly on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. This submittal reports on program activities for the 4th quarter of fiscal year 2017.

Additional Information:

- 1989 Tahoe Basin Act
There were no transfers of lands or interest in lands during the quarter.
- Lake Tahoe Mitigation Program
The agency reports that there were no acquisitions of land or interest during the quarter. However, there was one land coverage transaction that resulted in \$71,240 in proceeds for the Nevada Land Bank program.

B. Department of Motor Vehicles - Complete Streets Program

Pursuant to NRS 482.480, Subsection 11, the Department of Motor Vehicles shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This report is for the period beginning April 1, 2017 and ending June 30, 2017.

C. Department of Motor Vehicles - Complete Streets Uses

Per the Governor's request during the November 2015 BOE meeting, a letter was sent to Clark and Washoe counties and Carson City Consolidated Municipality requesting a report on how the Complete Streets Program funds are being utilized. This report is for funds received through June 2017.

D. Fiscal Year 2017 – 4th Quarter Overtime Report

Governor: We will move to agenda item number 12 which are Department Reports, Mr. Wells.

Clerk: Thank you Governor. There are four information reports included in agenda item number 12.

The first is an informational report regarding lands or interests in lands, transferred, sold, exchanged or leased under the Tahoe Basin Act Program, as well as a quarterly report on the status of real property or interest in real property transferred under the Lake Tahoe Mitigation Program which are required pursuant to NRS 321.5954 and Chapter 355, of the Statutes of Nevada, 1993 respectively.

This report is for the quarter ending June 30, 2017. There was no activities under the Tahoe Basin Act but there was a sale in the Cave Rock area under the Lake Tahoe Mitigation Program which resulted in proceeds of \$71,240 for the Nevada Land Bank.

The second report is from the Department of Motor Vehicles on the voluntary contributions collected by the county pursuant to NRS 482.480, which is the Complete Streets Program. This is for the period from April 1, 2017 to June 30, 2017.

During the quarter, the Department collected \$89,000 compared to just shy of \$81,000 in the same period last year and just over \$84,000 in the third quarter. For the year, the Department collected \$328,569, which is a 9% increase from the prior year. Of the amount collected, approximately 77.4% was from Clark County, 16.6% was from Washoe County, and right around 3% each for Carson City and Douglas County. After deducting the 1% to administer the program, the Department distributed \$325,000 to the four counties for Fiscal Year 2017 compared to \$298,820 in Fiscal Year 2016.

As far as those who are registering vehicles, approximately 14.3% are contributing to this program. That ranges from 10.74% in Douglas County to just shy of 15% in Clark County. This is an increase from the 13.6% who contributed in Fiscal Year 2016.

The third report describes the uses of the Complete Streets Program by the four recipient counties as requested by the Board at the November 2015 meeting. For the most part, these projects are moving forward in Clark County and are being reserved in the other three counties for upcoming projects.

The final report is on overtime paid for the fourth quarter of Fiscal Year 2017. Overtime pay and accrued compensatory leave accounted for a total of approximately \$46.8 million, or 4.74% of total pay, for Fiscal Year 2017, which is a 28% increase from Fiscal Year 2016.

The five agencies with the highest dollar amount of overtime and accrued compensatory time for the year account for 90.2% of the total. They are the Department of Corrections at \$15.5 million. The Department of Health & Human Services at \$10.6 million. The Department of Public Safety at \$7.3 million. The Department of Transportation at \$5.6 million and the Department of Conservation and Natural Resources at \$3.2 million.

At the Department of Corrections, overtime and comp time are driven by the large institutions and medical personnel. Overtime and comp time for the year was greatest at High Desert State Prison with just over \$3 million, followed by Ely State Prison at \$2.5 million. The Northern Nevada Correctional Center at \$2 million. Southern Desert at \$1.8 million. The Prison Medical budget at \$1.6 million. Florence McClure Women's Correctional Center at \$1.2 million and Lovelock Correctional Center at just under \$1.2 million. Those seven equating to 85.7% of the total. Comparing Fiscal Year 2016 to Fiscal Year 2017, those budget accounts basically increased across the board, as well as there were some increases at several of the other smaller budget accounts. By event code, the four highest causes accounted for 72% of the total overtime. They were covering vacant shifts which accounted for \$5.2 million. Covering for inmates at the hospital at \$2.8 million. Covering holiday shifts at \$2.2 million. Covering for employees who were in training at just over \$1 million.

At the Department of Health and Human Services, overtime was driven by Public and Behavioral Health at \$4.4 million of the \$10.6 million total. That was primarily at the Southern Nevada Adult Mental Health and Facility for the Mental Offender budget accounts, Child and Family Services was about \$3.3 million and that was spread fairly evenly across their budget accounts. And Aging and Disability Services Division at \$1.8 million, primarily at the Desert Regional Center. By event code, for the Department of Health and Human Services, the highest four causes accounted for 65% of the overtime. They were covering vacant shifts at \$2.9 million. Covering 24-hour posts at \$2.1 million. Covering holiday shifts just shy of \$1 million and reducing backlog \$865,000.

The highest five by percentage of total pay for the year are the Department of Corrections at 10.56%, the Department of Veterans Services at 10%, the Department of Public Safety at 8.8%, the Department of Conservation and Natural Resources at 7.9% and the Department of Transportation at 5.8%.

The top five increases by dollar comparing Fiscal Year 2016 to Fiscal Year 2017 were the Department of Corrections increased by \$4.5 million. The Department of Conservation and Natural Resources increased by \$1.4 million. Health & Human Services by \$1.3 million. Transportation by \$1.2 million and Public Safety by \$850,000. That accounts for about 92% of the total increase from Fiscal Year 2016 to Fiscal Year 2017.

And with that, I will answer any questions that the Board Members may have.

Governor: Thank you Director Wells. I do not have any questions for you Mr. Wells but I would ask Director Dzurenda to come forward, please. Good morning Director, I know we have had this conversation, actually with the other two members here on the Board of Prison Commissions, but will you talk a little bit about what the circumstances are that have led to the overtime, please?

Director Dzurenda: Good morning. For the record, James Dzurenda, Director for Nevada Department of Corrections. What we have been looking at, which I have to show a better picture to the public because I would like to publicize where the driving rates are

going for the overtime and I want to make sure the public understands what happens with certain positions or certain incidents inside facilities, which drives our overtime.

What I wanted to show which is different from this year and last year is the hospital stay has almost doubled. A hospital stay is, when we have one inmate that is spending the night at the hospital for surgery or for other medical or specialized services, it minimally takes two officers. If it's high security or those that are on death row, it could be up to three officers and this is 24-hours a day. I think it is important to show where our numbers increased over this year from last year. Medical trips continue to increase. I do not understand why the number of trips was more this year than last year. Our backlog of trips has actually increased. So, what we tried to do to curb overtime is trying to prioritize medical trips to those that are absolutely necessary and putting the ones that are not on the back burner, which they eventually catch up to us. I am trying to show a picture of where those trips are going and what type of specialties are needed, whether it is oncology or radiology, things that we cannot provide in the Department that increase our overtime.

Our vacancy rate for the Department of Corrections continues to rise. We currently are about 1 out of 10 of those that we have recruited that actually stay in the Department. I want to show how many actually applied, how many we accepted and how many actually finished the academy and come to the Department. I think that is important to show where our vacancies have gone.

Governor: Let me clarify that, if I may, Director Dzurenda. You are talking about 1 out of 10 applicants, ultimately accept a position?

Director Dzurenda: James Dzurenda for the record. One out of ten that accepted actually make it forward to where they are going to be working at the facility. It could be they fail out of the academy or it could be they make the academy and they go to another location. It could be that, they just dropped out and we do not understand why they just never tell us. I think it is important to show that because that is going to show me the trend of this. It will show what we have to increase and whether we have to do something better to get more applicants or better applicants. Currently, we are recruiting now through the Armed Services, which I think we will start seeing some better-qualified candidates.

The other thing I think is important like I said, is our vacancy rate. This morning, we were at 172 correction officer vacancies. Those vacancies do not include worker's compensation, sick and leave time. At any given time, we could have up to 300 staff members that are on some type of leave; whether it is a vacancy or a leave that affects the overtime rates. I think that is important to show every time that increases our overtime will increase.

Governor: Before you move on Director Dzurenda, this has been an ongoing issue, as long as I have been in this position. As you know, we have dramatically increased the salary structure with regard to correctional officers. What do you think the bottom line is in terms of those vacancies? Is it the location of the facilities that have something to do with filling those positions?

Director Dzurenda: Absolutely. That is part of it. It is not the whole picture. Ely is an extremely difficult place to be able to hire new recruits. That is why, if you look at our overtime, we have moved the mental health out of Ely and we decreased our segregation. Segregation is our most expensive housing. The number of officers per inmate is based upon the violent rates, escorts and the type of housing it is. It is single cells, not double because of their violent history or their potential for violence. Inmates are not doubled up for disciplinary segregation.

We have decreased our disciplinary segregation statewide. We have not decreased it in Ely. Anytime we decrease it in Ely, we move offenders from other segregation units around the state, into those roles, because the staff are better equipped and trained to deal with them on site at Ely. Decreasing in the other facilities means that we could close segregation units and double up cells for the general population.

That is where my goal is, figuring out where we are going to start saving on overtime because now I could start pulling offenders out that are causing unconventional housing. Unconventional housing is extremely expensive and the reason why when you have multiple unconventional housing, each one has to be staffed with an individual officer. Usually, the unconventional housing is up to 25, sometimes 10. When you are having one officer for 10 inmates or one officer for 25, the cost and the overtime goes up because you need more staff. My goal is reducing the unconventional housing because that is where we are going to start saving some money.

Governor: Perhaps you will get to this, but part of that mitigation is caused because one of the wings is closed at High Desert, correct? And then, you are going to be sending some inmates out of state, which will help as well, correct?

Director Dzurenda: James Dzurenda for the record. That is correct, that is part of it. If you watch our trend lines of our numbers over the last two years, our inmate population continues to increase. Except for the last couple months when I worked with the data from Las Vegas Metro, their population that they are getting, even though they are full is more of misdemeanors. They had 27% decrease in felony convictions, which means that we should be getting 27% fewer inmates coming from the Counties. This is the reason why our population is not getting any bigger today than it was two months ago, even though over the last 18 months, it continued to increase.

When we start having maintenance issues in Building 8 at Southern Desert, we have to put these offenders somewhere and it is going to be more expensive. That is why we are thankful as part of the Governor's Recommended Budget of sending inmates out of state. My goal with sending inmates out of state is to concentrate on those offenders that are causing the most violence in our prisons. The ones causing the most gang issues, the ones doing the most recruiting and that are doing the extorting of the other offenders to make it known to those gang members. We are not going to tolerate this.

I think that is going to set a tone to the other facilities that we are not going to accept this behavior. I think that we are going to start seeing decreases in our violent rates and decreases in discipline because they know there is going to be some type of action taken

against them that is going to be different from segregation. Segregation tends not to be a deterrent after a period of time. When you use too much segregation, inmates use that as status in the gang. They brag about how many times they have been put in segregation and that they are tougher than other offenders. Showing they are loyal to gangs which becomes almost a tool for the offenders rather than a tool for the Staff for controlling behavior. I think this out of state placement is going to play a huge role with controlling our behaviors in our facilities. Decreasing segregation and decreasing discipline which will make it safer for staff. We are going to start seeing if we can decrease 51 inmates in segregation. That means we can open up a housing unit for 100, taking inmates off of those more expensive floors and decreasing the staff levels in those units because we will not need them for segregation. That is a great plan for our future to have to show that to the public in view. You will start seeing this having an effect on our overtime as well.

The other thing that keeps coming up is that we are trying to balance our hospital/doctor visits with what we can do onsite. We are trying to do a better recruiting and hiring additional medical staff so we can do more at the facilities. It will be more cost-effective. We are still having a difficult time getting staff. Getting medical doctors and dentists especially. Currently, which is very expensive, which seems like an easy fix down the road, is getting a dentist, just even at Ely Correctional Center. It sounds easy but very difficult to get somebody there. When we have dental emergencies we have to transport those offenders from Ely to High Desert near Las Vegas in Indian Springs. That is costly. We are trying to come up with fixes for that.

There are things on our plate that are going to start reducing overtime. It is a whole factor, it is not one thing that increases overtime, is really what I wanted to say and I have to show those pictures to the public to be able to see that.

Governor: Thank you Director Dzurenda. Back to the medical issue. You alluded to this in the beginning of your remarks and I have had a conversation with hospital officials, they cannot put - I mean, obviously it would be more economic to put all the inmates in one wing and they all have different illnesses and treatments that are necessary that are in different parts of the hospital. So that is where part of the issue is, you have got to have two people, at a minimum, per patient inmate. If you have multiple ones, you have them spread all over the hospital. I just wanted to make that clear because I think that is an important thing for you to know.

You talked about all these mitigation issues, I guess first and foremost, when do you anticipate the completion of the remodel of that wing? Which I know will have an immediate benefit.

Director Dzurenda: James Dzurenda for the record. To give the public a little background of what is happening, there is a building in Southern Desert Correctional Facility that currently has 200 inmates in it but can hold up to 400. The building has been neglected for years. Maintenance is coming to a head between the sewage, the electrical and the plumbing. Everything has to be redone if we want to keep anybody in it any longer. We got it through the Governor's Office, IFC and through the Legislature to be able to remodel

this building to keep it afloat so we could increase our capacity. In order to do that, we have to close the facility over a period of time.

The closure is not going to happen now; they are doing all the planning. We have slowly started closing and reopening wings, just while they work on areas, like the electrical, but eventually, that building is going to have to be closed altogether when they have to go under the facility for the sewage. That is going to happen in the next 13 months, you will start seeing the complete closure. From that point on it will still take 12 months to complete. We looking at almost two years before we actually see the offenders being moved back in there.

What is going to happen with that is, our population can, if we change classification increase from 200 to 400 offenders, which will again, get people off the floor in those more expensive housing areas.

Governor: Thank you Director Dzurenda. Are there any questions from other Board Members, with regard to the Department of Corrections overtime? All right, thank you Director Dzurenda. All right, Board Members, any further questions with regard to agenda item 12D? I hear and see none. Thank you.

13. Approval to Pay a Tort Claim Pursuant to NRS 41.036 (For possible action)

Claimant:	Estate Of Charles Demos, et al
Claim No.:	TC 17444
Settlement Amount:	\$750,000.00
Date of Loss:	April 21, 2015

Governor: We will move on to agenda item number 13, Approval to Pay a Tort Claim, pursuant to NRS 41.036.

Clerk: Thank you Governor. Item 13 is a claim for which the Office of the Attorney General recommends payment from the Tort Claims Fund. Mr. Trutanich will walk the Board through the specifics of the claim and answer any questions the Members may have.

Nick Trutanich: Good morning Governor Sandoval, Attorney General Laxalt, Secretary of State Cegavske. Nick Trutanich on behalf of the Attorney General's Office. Also present with me, down South, is our Head of Complex Litigation Steve Shevorski.

This settlement stems from a lawsuit filed by the Estate of Charles Demos, his five children and potentially similarly situated class of individuals. The claims in the lawsuit allege wrongful death and breach of contract, among other causes of action. Plaintiffs filed the suit against the Veterans Service Department and after months of litigation, including a motion to dismiss that was denied in June of this year, the Attorney General's Office negotiated this settlement. It was approved and signed by the Department of Veterans Services Director, Kat Miller.

The settlement permanently resolves all claims against the State and the Veterans Services Department by the Estate of Mr. Demos and his children. Additionally, the settlement gives timely closure to the family of a Nevada Veteran and includes important non-monetary terms; namely, the Veterans Services Department has agreed to place a permanent memorial in the Garden at the Nevada State Veteran's Home.

The Attorney General's Office is of the opinion that this settlement is in the best interest of the State.

Governor: Thank you Mr. Trutanich. And, are you going to discuss, at least a little more specifically, with regards to the facts and the circumstances that led to the litigation?

Nick Trutanich: Governor, I have brought Steve Shevorski, our Head of Complex Litigation who is here to discuss, although, I do not want to get into the thoughts and impressions of our office but we are happy to discuss the claims.

Governor: That is what I am seeking, what the claims were.

Steve Shevorski: Governor, before I begin, I believe Madam Secretary has a disclosure to make.

Secretary of State: Governor, to you and everyone there, I did have the pleasure of knowing Charles Demos and his family from the Veterans Parades and at the Home. I met him several times and his family did let me know of his passing and what caused it. So, I just wanted for the record that that was on there. Thank you.

Governor: Mr. Shevorski, please proceed.

Steve Shevorski: Thank you Governor. This is a case that was filed in the Eighth Judicial District Court in Clark County. The Plaintiffs are comprised of an estate, five children and potential class members. Each Claimant, each Plaintiff making identical claims for negligence, wrongful death, elder abuse, negligent inflicting of emotional distress, intentional infliction of emotional distress, negligent hiring, training and supervision and breach of contract. Each claim being made by each Plaintiff, including the potential class members.

The underlying facts stem from a legionella infection at the Veterans' Home, sustained by Mr. Demos who passed away, approximately two weeks later. The damages sought by the Plaintiffs and the potential class members, the estate, stem from that infection, their emotional distress from potentially being exposed to legionella, and we believe it is in the best interest of the State to resolve this now to bring closure on this serious matter for a distinguished service member of this country.

Governor: Thank you Mr. Shevorski. Just a quick question, you mentioned that this is a settlement and release of all claims for the members of the Demos family as well as potential class members. At least, looking at the agreement, I do not know how this resolves the claims of the potential class members.

Steve Shevorski: Thank you for the question, Governor. You're correct, it cannot because of the procedural due process. However, as a result of the settlement, the lead Plaintiff's Counsel has dismissed that complaint. The potential class members could potentially refile; however, no one has come forward at this time, so we believe based upon the evidence and the facts considering how long this event took place ago, in April of 2015, it is unlikely that any potential class members will come forward.

Governor: Thank you for that clarity. I do not have any other questions. I do not know if there are any members of the Demos family that are here but I feel horrible that this has happened. My apologies to the family, it is a tragedy. This is a gentleman who served our country with distinction and I think this is a fair settlement. I do believe it is in the best interest of the State and it fairly compensates the family for what has happened. I also do not want this record to give an impression that the Veterans Home is substandard in any way. I know that the Veterans Home and Veterans Services has learned from this. I know that there has been corrective action that has been taken to ensure that something like this does not happen again. This is a facility that has the highest rating, that is possible in terms of third-party or governmental inspectors who come in. We want to ensure that our veterans have the best possible quality care that they can get and deserve and I know that we do that. Director Kat Miller is here and I have great respect and appreciation for how deeply she and her staff care about the veterans. This was a horrible tragedy where we lost somebody. As I said, I think this is a fair settlement and I just wanted to make sure that it was clear on the record that they have my apology for what has happened to this gentleman. All right, Board Members, any other questions or comments with regard to this agenda item.

Secretary of State: Governor?

Governor: Yes, Madam Secretary.

Secretary of State: Thank you for your words, for the Demos family. I really appreciate it. It was such an honor to get to know Charles and his family. It was very tragic. He was doing really well when I met him, saw him and talked to him and thanked him profusely for his service to our country. He served us well. He was doing well and then this happened. I do agree with all of your comments and thank you for what you have done. I hope the members read in the book that there is going to be a remembrance marker that will be placed at the Veterans Home in loving memory of Charles Demos. Again, my condolences to his family and thank you again, Governor, for your comments.

Governor: All right, thank you. Any further questions for Mr. Shevorski or Mr. Trutanich? All right, thank you gentlemen.

Steve Shevorski: Thank you Governor.

Governor: If there are no further questions, the Chair will accept a motion to approve a tort claim in the amount of \$750,000 for the Claimant, the Estate of Charles Demos, as presented in agenda item number 13.

Attorney General: Move to approve.

Secretary of State: Second.

Governor: The Attorney General has moved for approval, the Secretary of State has seconded the motion. Are there any questions or discussion on the motion? I hear and see none. That motion passes 3-0.

14. Public Comment (No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically include on an agenda as an action item)

Governor: We will move to agenda item number 14, Public Comment. Is there any member of the public in Carson City that would like to provide public comment to the Board? I hear and see none. Is there any public comment from Las Vegas?

Secretary of State: No Governor.

Governor: In any event, before I take a motion to adjourn, I wanted to acknowledge Janet Murphy. She is retiring from State Service after 17 years. She obviously presented today but she is somebody that I have had the privilege and honor of working with during my almost seven years as Governor. You have done an extraordinary job for the Great State of Nevada. Truly and deeply appreciate your devotion and the hard work that you have put in over the years. I hope you enjoy your retirement and really take time to do whatever it is that you love to do. I personally wanted to thank you for your service. Thank you.

15. Adjournment (For possible action)

Governor: We will move to agenda item number 15, adjournment.

Attorney General: Move to adjourn.

Governor: The Attorney General has moved to adjourn, is there a second?

Secretary of State: I second.

Governor: Seconded by the Secretary of State. That motion passes 3-0, this meeting is adjourned. Thank you ladies and gentlemen.

Secretary of State: Thank you.

Brian Sandoval
Governor

James R. Wells, CPA
Director

Janet Murphy
Deputy Director



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

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

Date: August 28, 2017
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Colleen Murphy, Executive Budget Officer
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION
DIVISION OF ENTERPRISE INFORMATION TECHNOLOGY SERVICES**

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Administration, Division of Enterprise Information Technology Services requests approval to purchase one replacement vehicle not to exceed \$36,767.

Additional Information:

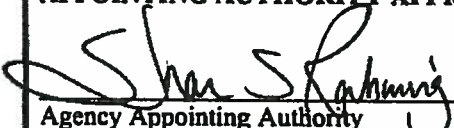
The division seeks approval to purchase one replacement vehicle in accordance with the agency's 2018 legislatively approved budget as reflected in the E714 decision unit.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: CM
ACTION ITEM: _____

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

Agency Name: EITS		Budget Account #: 1388	
Contact Name: Patrick Sheehan		Telephone Number: 775-684-5854	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:			
Number of vehicles requested: <u>1</u>		Amount of the request: <u>\$36,768.25</u> ✓	
Is the requested vehicle(s) new or used: <u>New</u>			
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>Heavy Duty Dodge Ram 3500 truck</u>			
Mission of the requested vehicle(s): <u>Vehicle is used for maintaining remote mountaintop communications sites for public safety.</u>			
Were funds legislatively approved for the request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide the decision unit number: <u>E714 (\$33,283)</u> ✓ If no, please explain how the vehicles will be funded?	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> Replacement(s)			
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. <u>N/A</u>			
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: <u>2012</u> Odometer Reading: <u>115,165</u> Type of Vehicle: <u>Dodge Ram 4500</u>		Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. <u>Vehicle will have in excess of 125,000 miles before delivery is taken of its replacement.</u>	
Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:		If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
<i>Please attach an additional sheet if necessary</i>			
APPOINTING AUTHORITY APPROVAL:			
		<u>CEO</u>	<u>8/24/17</u>
Agency Appointing Authority		Title	Date
BOARD OF EXAMINERS' APPROVAL:			
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase			
Board of Examiners		Date	

~ STATE AGENCIES ONLY ~
VEHICLE ORDER JUSTIFICATION SHEET
(This form must accompany requisition)

Agency Enterprise IT Services RX No. _____

Contact Patrick Sheehan Phone No. 775-684-5854

Pursuant to NRS 333.340 if an agency is not purchasing from the lowest responsible dealer, the Purchasing Division must notify the dealer with the lowest price for the vehicle type you have requested of the reasons for this purchase.

Please check all that apply below:

Dealer is located in close proximity to the area of vehicle deployment for service, parts and warranty support to the agency

Dealer has historically provided favorable service to the agency concerning cost of ownership issues

Vehicle is compatible with other agency vehicles providing for standardized operation and maintenance including parts management

Vehicle requested is best suited for the purpose to be used

Vehicles of this make have a good cost of ownership record within the agency

If this vehicle does not meet "Smart Way or Smart Way Elite" requirements, agency must provide detailed justification

Vehicle is used for maintaining remote mountain top communications sites

Other justification

-----State Purchasing use only-----

Approved Disapproved by _____ date _____

If disapproved awarded dealer _____

Reason _____

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	3.4 Dodge Ram 3500 Regular Cab Chassis Cab 4x2-4x4 gas		
Dealer Name:	Carson City Dodge		
Delivery Location:	Carson City, NV		
Vehicle Colors:	Exterior: wt	Interior:gray	x Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 25,500.00	\$ 25,500.00
SPECIFY OPTIONS: (description)			\$ 11,237.00
Four Wheel Drive (4x4)	1	\$ 750.00	
Integrated Trailer Brake	1	\$ 268.00	
Skid Plate	1	\$ 43.00	
Tire, Spare, Full Size	1	\$ 319.00	
Single Rear Wheel		\$ -340.00	
(2) Extra Base Keys	1	\$ 114.00	
LT235/80R17E BSW All Terrain Tires (4x4)	1	\$ 228.00	
9 Ft Single Rear Wheel Service Body with Top Opening Lids	1	\$ 6,595.00	
Master Lock System	1	\$ 895.00	
Back up Alarm	1	\$ 275.00	
Class IV Hitch with Wiring	1	\$ 695.00	
Heavy Duty Forklift Loadable Rack	1	\$ 1,395.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$ 36,737.00

DMV Title and DRS Fee's		\$29.25	\$ 29.25
GRAND TOTAL:			\$ 36,766.25 ✓

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

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

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

3500 Dodge Ram Truck

Fri, 08/25/2017 - 2:01pm — [aalfrey](#) [1]

Vendor: Carson Dodge Chrysler Jeep

Agency: 180 Enterprise IT Services

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


Budget Account: 1388 EITS Network Trans Services

Account Coding: BA 1388 / CAT 05 / GL 8280 / ORG OHFS - AMOUNT \$36,766.25

Amount: \$36,766.25

Budget Approval: Approved

Status: Pending approval

Attachment(s):  [1388-856 Carson Dodge.pdf](#) [2]

Budget Approval Date:

Friday, August 25, 2017 - 2:15pm

Approving Analyst:

DARLENE BAUGHN

Source URL: <http://adminsvs-ads1.admin-ad.state.nv.us/node/2598123>

Links:

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

[2] <http://adminsvs-ads1.admin-ad.state.nv.us/sites/default/files/1388-856%20Carson%20Dodge.pdf>

1388-856

Department of Administration Enterprise I.T. Services Division Purchase Order Requisition

Requested by: Ken Ballew	Date: 8/23/2017
Requesting Agency Number and Name: 180-Enterprise I.T. Services	
Vendor/Suppliers:	Ship To:
Name: Carson Dodge Chrysler Jeep	Address: 12 D Industrial Parkway
Address:	Address:
Address:	City, State, Zip: Moundhouse Nevada 89706
City, State, Zip:	Attention: Ken Ballew
Vendor Contact Person:	
Vendor Phone No.:	
Vendor E-Mail:	
Vendor Fax No.:	

QTY	DESCRIPTION	UNIT COST	AMOUNT
1	3-4 Dodge Ram 3500 regular Cab Chassis 4x2-4x4	\$36,766.25	\$36,766.25
	Please See Attached worksheets	\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
	Subtotal:		\$36,766.25
	Shipping and Handling:		\$0.00
	TOTAL:		\$36,766.25

Note: Materials purchased by the State of Nevada are exempt from sales tax (per Nevada Revised Statutes Section 372.325).	
Purchase is Pursuant to Good-Of-The-State Contract: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Good-Of-The-State Contract Number
Vendor/Supplier Quote Attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Approved Purchase in Agency Budget: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Other Justification (specify): This is needed to replace a 2012 Ram Service truck with 115,165 Miles, EX61483 Vin #3C7WDLAL0CG172332. It is reaching it's usefull life and will have over 125,000 miles before delivery of the new unit. The vehicle is used for maintaining remote mounaintop communications sites and maintaining public safety Infrastructure.	
Budget Account: 1388 Category: S/E714 Job: 8280 Org: OHFS Function: DU:	
Requestor Signature: <i>[Signature]</i>	Date: 8/23/2017
Division Administrator or Designee (print name): <i>Patricia Johnson</i>	Date: 8/23/17
Division Administrator or Designee (signature): <i>[Signature]</i>	Date: 8-24-17
NPAS Obligation Number.(ASD use only):	
State Purchasing RXQ No.(ASD use only):	
Date:	

Brian Sandoval
Governor

James R. Wells, CPA
Director

Janet Murphy
Deputy Director



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

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

Date: September 18, 2017
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Paul Nicks, Executive Budget Officer
Budget Division *PN*
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION, FLEET SERVICES DIVISION

Agenda Item Write-up:

New Vehicle Request: Pursuant to NRS 334.010 the Department of Administration, Fleet Services Division requests approval for a lease purchase of 14 vehicles not to exceed a total cost of \$373,750 to provide for additional vehicle requests that were not legislatively approved. This request is dependent on the approval of work programs C41186, C41310, C41312, and C41313 at the October 2017 Interim Finance Committee meeting.

Additional Information:

This request is funded through increased rental revenue and reserves. Total amount funded for the two years is \$163,917.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: JM
ACTION ITEM: _____

Brian Sandoval
Governor



Patrick Cates
Director

Lee-Ann Easton
Deputy Director

Robert Burgess
Administrator

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

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

Date: September 18, 2017

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

From: Lyn Letarti, Fleet Specialist II


Subject: October BOE Agenda Item Request

Please place the attached Board of Examiners (BOE) vehicle purchase request on the October BOE agenda. This request is to purchase 14 additional vehicles in the amount of \$373,750.00. The 14 additional vehicles were approved on the agencies legislatively approved budget. However, they did not make it on Fleet Services budget. These vehicles will be purchased under the State municipal lease/ purchase MSA.

Attachments:

- Quotes
- BOE vehicle purchase form
- Vehicle worksheet

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

Agency Name: Administration/Fleet Services	Budget Account #: 1356	
Contact Name: Lyn Letarti	Telephone Number: 775 684-1881	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:		
Number of vehicles requested: 14 Amount of the request: 373,750.00		
Is the requested vehicle(s) new or used: new		
Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: SUV, Utility Interceptor, Intermediate sedan		
Mission of the requested vehicle(s): Public Works, Massage Board, NV Transportation Authority		
Were funds legislatively approved for the request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded? long term vehicle rental revenue	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input checked="" type="checkbox"/> 14 Addition(s) <input type="checkbox"/> Replacement(s)		
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. yes - where applicable		
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: Odometer Reading: Type of Vehicle: <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
<i>Please attach an additional sheet if necessary</i>		
APPOINTING AUTHORITY APPROVAL:		
 Agency Appointing Authority	Administrastor Title	09/18/17 Date
BOARD OF EXAMINERS' APPROVAL:		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
Board of Examiners	Date	



FORD CREDIT

Municipal Finance Department
1 American Road, MD 7500
Dearborn, Michigan 48126

August 21, 2017

Tom Craddock
Ford Country
fleet@fordcountrylv.com

RE: State of Nevada Fleet Services, NV, Quote #88662

Ford Credit Municipal Finance is pleased to present the following financing options for your review and consideration.

Quantity	Description	Price
5	2018 Ford Police Interceptor Utility	\$32,180.00

Total Amount Financed*	Number of	Payment Timing	APR	Payment Factor	Payment Amount
\$161,445.00	16	Quarterly in Advance	4.70%	0.068124	\$10,998.28

*\$545.00 underwriting fee included

EXPIRATION DATE: 11/30/2017

This quotation, until credit approved, is not a commitment by Ford Credit Municipal Finance. It has been prepared assuming that the lease qualifies for Federal Income Tax Exempt Status for Ford Credit Company LLC under Section 103 of the IRS Code. Financing is subject to credit review and approval of acceptable documentation by Ford Credit Municipal Finance.

Ford Credit Municipal Finance Program

- There is no security deposit, no prepayment penalty, and no mileage penalty.
- At inception, the new equipment title/registration indicates the municipality as Registered Owner, with Ford Motor Credit Company LLC as first lien holder.
- At term end, the municipality buys the equipment for \$1.

Thank you for allowing Ford Credit Municipal Finance the opportunity to provide this quotation. If you have any questions regarding the option presented, need additional options, or would like to proceed with the approval process, please contact me at (800) 241-4199, option 1.

Sincerely,

Joe Girard

Joe Girard
Marketing Coordinator
jgirar15@ford.com



We look forward to assisting you as we have other customers.

"I purchase Fords through Ford Credit as an easy alternative to conventional financing. Good product, good rate, easy process, great support staff." J.J. Randall – Frankfort Park District, IL 02/15/2016

Ford Motor Credit Company ("FMCC") is providing the information contained in this document for discussion purposes only in connection with a proposed arm's length commercial leasing transaction between you and FMCC. FMCC is acting for its own interest and has financial and other interests that differ from yours. FMCC is not acting as a municipal advisor or financial advisor to you, and has no fiduciary duty to you. The information provided in this document is not intended to be and should not be construed as "advice" within the meaning of Section 15B of the Securities Exchange Act of 1934 and the municipal advisor rules of the SEC. FMCC is not recommending that you take an action and you should discuss any actions with your own advisors as you deem appropriate.



Proposal for Municipal Lease Purchase

To: State of Nevada Fleet Services Division
Lyn Letarti

From: **GM Financial**
Commercial Vehicle Lending
220 E. Las Colinas Blvd., Suite 500
Irving, TX 75039

Date: 08/18/2017

GM Financial is pleased to respond to your application for tax-exempt lease purchase financing. Our proposed terms and conditions are as follows:

Lessor: AmeriCredit Financial Services, Inc.

Lessee: State of Nevada Fleet Services Division

Assignee: De Lage Landen Public Finance LLC

PRICING AND TERM

Amount Financed: \$ 182,346.00 Fees: N/A Proposed Funding Date: ASAP Interest Rate: 4.425 %

Valid until: 9/18/2017 Asset Description: (9 total vehicles) 5 x Chevy Equinox / 4 Chevy Malibu

Lease Term: 4 Years Payment: \$ 12,361.06

Payment remittance (choose one): Annual/Advance Semi-Annual/Advance Quarterly/Advance Monthly/Advance
Semi-Annual/Arrears Quarterly/Arrears Monthly/Arrears

ADDITIONAL TERMS AND

Security: First priority security interest in the leased vehicle(s).

Closing Costs: Lessee shall be responsible for all costs and expenses incurred in connection with the proposed transaction, including, but not limited to, those incurred with respect to all (i) issuing costs, (ii) bond and/or legal counsel, and (iii) escrow accounts.

Documentation and Insurance: As required, and in form and content approved, by Lessee in its sole discretion.

This proposal is subject to final credit approval and execution of final documentation. Please feel free to contact me at [214-210-3926] or [Austin.Klinger@GMFinancial.com] with any questions or for further clarification.

Thank you for the opportunity to present this proposal.

Sincerely,
Austin Klinger

Brian Sandoval
Governor

James R. Wells, CPA
Director



Janet Murphy
Deputy Director

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

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

Date: September 18, 2017
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Paul Nicks, Executive Budget Officer
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION, FLEET SERVICES DIVISION

Agenda Item Write-up:

New Vehicle Request: Pursuant to NRS 334.010 the Department of Administration, Fleet Services Division requests approval for a lease purchase of 83 vehicles not to exceed a total cost of \$2,010,975 to provide for the legislatively approved replacements to the agency leased vehicles.

Additional Information:

This request is funded in the legislatively approved budget (SFY18 E711). Decision Unit E720 funds the lease payments for FY18 and FY19. Total amount funded for the two years is \$1,258,302.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: JM
ACTION ITEM: _____

Brian Sandoval
Governor



Patrick Cates
Director

Lee-Ann Easton
Deputy Director

Robbie Burgess
Administrator

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

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

Date: September 5, 2017

To: Jim Rodriguez, Budget Analyst
Governor's Finance Office

From: Lyn Letarti, Fleet Specialist II

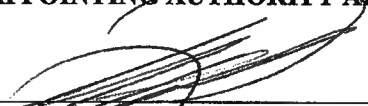
Subject: October BOE agenda item request

Please place the attached Board of Examiners (BOE) vehicle purchase request on the October BOE agenda. This request is to purchase 83 replacement vehicles as approved in the Fleet Services Legislatively approve FY2018 budget, decision unit E711.

Attachments:

- BOE approval request
- Vehicle spreadsheet
- Financing spreadsheet
- Ford credit quote
- GM Financial quote
- Vehicle quotes

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

Agency Name: Fleet Services	Budget Account #: 1356
Contact Name: Robble Burges	Telephone Number: 775 684-1883
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p>Number of vehicles requested: <u>83</u> Amount of the request: <u>2,010,975.00</u></p> <p>Is the requested vehicle(s) new or used: <u>new</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: compact sedan, intermediate sedan, SUV, minivan, Police interceptors</p> <p>Mission of the requested vehicle(s): various</p>	
<p>Were funds legislatively approved for the request?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please provide the decision unit number: E711</p> <p>If no, please explain how the vehicles will be funded?</p>
<p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> ⁸³ Replacement(s)</p>	
<p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</p> <p>Where applicable</p>	
<p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p>Current Vehicle Information: Vehicle #1 Model Year: <u>see attached sheet</u> Odometer Reading: Type of Vehicle:</p> <hr/> <p>Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:</p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</p> <p>yes</p> <hr/> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p> <p>Parole & Probation upgraded due to officer safety.</p>
<p><i>Please attach an additional sheet if necessary</i></p>	
<p>APPOINTING AUTHORITY APPROVAL:</p> <p align="center">  _____ Administrator _____ 9/18/17 Agency Appointing Authority Title Date </p>	
<p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ _____ Board of Examiners Date</p>	



Municipal Finance Department
1 American Road, MD 7500
Dearborn, Michigan 48126

September 06, 2017

Jones West Ford
billf@jwford.com

RE: **State of Nevada Fleet Services, NV, Quote #88810**

Ford Credit Municipal Finance is pleased to present the following financing options for your review and consideration.

Quantity	Description	Price
1	Ford Police Interceptor Utility	\$32,650.00
3 2	Ford Explorer	\$28,713.00
11 8	Ford Focus P3E	\$16,345.00
29 13	Ford Focus P3E	\$16,308.00
28 4	Ford Focus P3F	\$15,982.00
30 2	Ford Fusion	\$19,151.00
32 2	Ford Fusion Hybrid	\$24,884.00
33 3	Ford Fusion Hybrid	\$16,345.00
36 1	Ford Police Interceptor Sedan	\$26,534.00
37 1	Ford Police Interceptor Utility	\$31,403.00
39 2	Ford Police Interceptor Utility	\$32,061.00
53 14	Ford Police Interceptor Utility	\$31,661.00
54 1	Ford Transit 150 Med Rood Cargo	\$27,695.00
55 1	Ford Transit 7 Pass. minivan	\$26,284.00
56 1	Ford Transit Cargo Van	\$26,568.00

Total Amount Financed*	Number of	Payment Timing	APR	Payment Factor	Payment Amount
\$1,280,278.00	16	Quarterly in Advance	3.14%	0.066232	\$84,795.37

*\$545.00 underwriting fee included

EXPIRATION DATE: 12/31/2017

This quotation, until credit approved, is not a commitment by Ford Credit Municipal Finance. It has been prepared assuming that the lease qualifies for Federal Income Tax Exempt Status for Ford Credit Company LLC under Section 103 of the IRS Code. Financing is subject to credit review and approval of acceptable documentation by Ford Credit Municipal Finance.

Ford Credit Municipal Finance Program

- There is no security deposit, no prepayment penalty, and no mileage penalty.
- At inception, the new equipment title/registration indicates the municipality as Registered Owner, with Ford Motor Credit Company LLC as first lien holder.
- At term end, the municipality buys the equipment for \$1.

Thank you for allowing Ford Credit Municipal Finance the opportunity to provide this quotation. If you have any questions regarding the option presented, need additional options, or would like to proceed with the approval process, please contact me at (800) 241-4199, option 1.

Sincerely,
Randall Delling

Randall Delling
Marketing Coordinator
rdellin1@ford.com

Ford Motor Credit Company ("FMCC") is providing the information contained in this document for discussion purposes only in connection with a proposed arm's length commercial leasing transaction between you and FMCC. FMCC is acting for its own interest and has financial and other interests that differ from yours. FMCC is not acting as a municipal advisor or financial advisor to you, and has no fiduciary duty to you. The information provided in this document is not intended to be and should not be construed as "advice" within the meaning of Section 15B of the Securities Exchange Act of 1934 and the municipal advisor rules of the SEC. FMCC is not recommending that you take an action and you should discuss any actions with your own advisors as you deem appropriate.

Proposal for Municipal Lease Purchase

To: State of Nevada Fleet Services
Lyn Letarti

From: **GM Financial**
Commercial Vehicle Lending
220 E. Las Collinas Blvd., Suite 500
Irving, TX 75039

Date: 09/06/2017

GM Financial is pleased to respond to your application for tax-exempt lease purchase financing. Our proposed terms and conditions are as follows:

Lessor: AmeriCredit Financial Services, Inc.

Lessee: State of Nevada Fleet Services

Assignee: Pinnacle Public Finance LLC

PRICING AND TERM

Amount Financed: \$ 615,413.00 Fees: N/A Proposed Funding Date: TBD Interest Rate: 3.316 %

Valid until: 10/6/2017 Asset Description: 27 Vehicles (1 Silverado 1500, 3 Colorado, 2 Cruz, 1 Impala, 10 Malibu, 1 Suburban, 8 Traverse, 1 Volt)

Lease Term: 4 Years Payment: \$ 40,890.57

Payment remittance (choose one): Annual/Advance Semi-Annual/Advance Quarterly/Advance
Semi-Annual/Arrears Quarterly/Arrears

ADDITIONAL TERMS AND

Security: First priority security interest in the leased vehicle(s).

Closing Costs: Lessee shall be responsible for all costs and expenses incurred in connection with the proposed transaction, including, but not limited to, those incurred with respect to all (i) issuing costs, (ii) bond and/or legal counsel, and (iii) escrow accounts.

Documentation and Insurance: As required, and in form and content approved, by Lessee in its sole discretion.

This proposal is subject to final credit approval and execution of final documentation. Please feel free to contact me at [214-210-3926] or [Austin.Klinger@GMFinancial.com] with any questions or for further clarification.

Thank you for the opportunity to present this proposal.

Sincerely,
Austin Klinger

	Model Year	Odometer	Type
1	2008	105154	Premium
2	2005	129400	Premium
3	2008	101575	Intermediate
4	2008	96867	Premium
5	2007	107137	Specialty
6	2005	55245	Compact
7	2010	112589	Compact
8	2009	107011	Compact
9	2005	85335	Compact
10	2000	49096	Compact
11	2004	78487	Compact
12	2004	71510	Compact
13	2010	117895	Compact
14	2009	104402	Compact
15	2009	94466	Compact
16	2004	87554	Compact
17	2005	86152	Compact
18	2004	53081	Compact
19	2005	89552	Compact
20	2005	85151	Compact
21	2010	98392	Compact
22	2009	97695	Compact
23	2011	129739	Premium
24	2011	97615	Intermediate
25	2004	61981	Compact
26	2008	96593	Premium
27	2009	98234	Intermediate
28	2003	88746	Intermediate
29	2007	99124	Intermediate
30	2008	123374	Specialty
31	2008	114982	Premium
32	2008	117863	Premium
33	2008	131173	Premium
34	2008	111208	Premium
35	2010	95115	Intermediate
36	2004	84910	Compact
37	2007	120873	Specialty
38	2005	73429	Compact
39	2007	97870	Intermediate
40	2005	60704	Compact
41	2012	99803	Compact
42	2010	126771	Compact
43	2010	111913	Compact
44	2010	100701	Compact
45	2012	109253	Premium
46	2006	95657	Compact

	Model Year	Odometer	Type
47	2002	79846	Compact
48	2004	87710	Compact
49	2004	70866	Compact
50	2004	70916	Compact
51	2004	75821	Compact
52	2004	74901	Compact
53	2004	80841	Compact
54	2005	69438	Compact
55	2005	78918	Compact
56	2009	95866	Compact
57	2006	117130	Premium
58	2007	101822	Intermediate
59	2006	104837	Premium
60	2007	102208	Premium
61	2006	102087	Premium
62	2008	98103	Premium
63	2006	96981	Premium
64	2006	96559	Premium
65	2008	96483	Premium
66	2007	98298	Intermediate
67	2006	96457	Intermediate
68	2006	96457	Intermediate
69	2007	96340	Intermediate
70	2006	91966	Intermediate
71	2007	109435	Premium
72	2001	50877	Premium
73	2006	113740	Premium
74	2013	96334	Intermediate
75	2008	100339	Intermediate
76	2008	96369	Intermediate
77	2004	83341	Intermediate
78	2006	94986	Intermediate
79	2010	94340	Compact
80	2006	108592	Compact
81	2006	93564	Premium
82	2007	93489	Intermediate
83	2008	92867	Intermediate

Budget Account	Agency	Location	Make	Model	Del Loc	Dealer	Options	Options Cost	Initial Cost	Total Vehicle Cost	Title	Total
1354	Fleet Services	Reno	Ford	Transit / pass minivan	RNOFS	Ford Country	rearview cam, Biuteooth, windshield defroster, DRL, floor mats	\$ 1,000.00	\$ 25,284.00	\$ 26,284.00	\$ 29.25	\$ 26,313.25
1033	Atty General	Carson	Ford	Explorer	RNOFS	Jones West	DRL, Floor Mats, sync	\$ 613.00	\$ 28,100.00	\$ 28,713.00	\$ 29.25	\$ 28,742.25
1033	Atty General	Reno	Chevy	Malibu	RNOFS	Champion	none	\$ -	\$ 18,049.00	\$ 18,049.00	\$ 29.25	\$ 18,078.25
1033	Atty General	Carson	Ford	Explorer	RNOFS	Jones West	DRL, Floor Mats, sync XLT PKG, DRL, rear defroster, floor mats, rear view camera, sliding side door, fixed rear door glass	\$ 613.00	\$ 28,100.00	\$ 28,713.00	\$ 29.25	\$ 28,742.25
5	1346 Mail Services	LV	Ford	Transit Connect Cargo Van (S6F)	LVFS	Jones West	none	\$ 2,449.00	\$ 24,119.00	\$ 26,568.00	\$ 29.25	\$ 26,597.25
1354	Fleet Services	LV	Chevy	Volt	LVFS	Champion	none	\$ -	\$ 29,564.00	\$ 29,564.00	\$ 29.25	\$ 29,593.25
1562	Public Works	LV	Chevy	Colorado	LVFS	Champion	power mirrors, V6	\$ 1,602.00	\$ 23,152.00	\$ 24,754.00	\$ 29.25	\$ 24,783.25
1562	Public Works	LV	Chevy	Colorado	LVFS	Champion	power mirrors, V6	\$ 1,602.00	\$ 23,152.00	\$ 24,754.00	\$ 29.25	\$ 24,783.25
2361	Taxation	LV	Ford	Fusion Hybrid	LVFS	Ford Country	DRL, Floor Mats	\$ 159.00	\$ 24,725.00	\$ 24,884.00	\$ 29.25	\$ 24,913.25
70	2631 LCB	CC	Ford	Transit 150 148 WB med roof cargo	RNOFS	Jones West	backup camera, floor mats, sliding door, rear glass	\$ 585.00	\$ 27,110.00	\$ 27,695.00	\$ 29.25	\$ 27,724.25
3101	HHS Radiological Health	LV	Ford	Focus (P3E)	LVFS	Ford Country	DRL	\$ 37.00	\$ 16,308.00	\$ 16,345.00	\$ 29.25	\$ 16,374.25
3145	HHS CFS admin	LV	Ford	Focus (P3E)	LVFS	Ford Country	DRL	\$ 37.00	\$ 16,308.00	\$ 16,345.00	\$ 29.25	\$ 16,374.25
3151	Aging and Disability	LV	Ford	Focus (P3E)	LVFS	Ford Country	DRL	\$ 37.00	\$ 16,308.00	\$ 16,345.00	\$ 29.25	\$ 16,374.25
3158	Hlth Care financing	LV	Ford	Focus (P3E)	LVFS	Ford Country	DRL	\$ 37.00	\$ 16,308.00	\$ 16,345.00	\$ 29.25	\$ 16,374.25
15	3161 S NV ADLT MINTL HLTH	LV	Ford	Focus (P3E)	LVFS	Ford Country	DRL	\$ 37.00	\$ 16,308.00	\$ 16,345.00	\$ 29.25	\$ 16,374.25
3161	S NV ADLT MINTL HLTH	LV	Ford	Focus (P3E)	LVFS	Ford Country	DRL	\$ 37.00	\$ 16,308.00	\$ 16,345.00	\$ 29.25	\$ 16,374.25
3161	S NV ADLT MINTL HLTH	LV	Ford	Fusion Hybrid	LVFS	Ford Country	DRL, floor mats	\$ 159.00	\$ 24,725.00	\$ 24,884.00	\$ 29.25	\$ 24,913.25
3162	N NV Adlt MntL Hlth	LV	Ford	Malibu	RNOFS	Champion	none	\$ -	\$ 18,049.00	\$ 18,049.00	\$ 29.25	\$ 18,078.25
3208	Aging and Disability	LV	Ford	Fusion Hybrid	LVFS	Ford Country	DRL	\$ 37.00	\$ 16,308.00	\$ 16,345.00	\$ 29.25	\$ 16,374.25
3208	Aging and Disability	LV	Ford	Fusion Hybrid	LVFS	Ford Country	DRL	\$ 37.00	\$ 16,308.00	\$ 16,345.00	\$ 29.25	\$ 16,374.25
3208	Aging and Disability	LV	Ford	Fusion Hybrid	LVFS	Ford Country	DRL	\$ 37.00	\$ 16,308.00	\$ 16,345.00	\$ 29.25	\$ 16,374.25
3208	Aging and Disability	LV	Ford	Fusion Hybrid	LVFS	Ford Country	DRL	\$ 37.00	\$ 16,308.00	\$ 16,345.00	\$ 29.25	\$ 16,374.25
3208	Aging and Disability	Reno	Chevy	Traverse	RNOFS	Champion	none	\$ -	\$ 25,841.00	\$ 25,841.00	\$ 29.25	\$ 25,870.25
3216	HHS Health Facilities	CC	Chevy	Malibu	RNOFS	Champion	none	\$ -	\$ 18,049.00	\$ 18,049.00	\$ 29.25	\$ 18,078.25
3229	DCFS RURAL CHILD WELFARE	WINNEM	Chevy	Cruz	RNOFS	Champion	none	\$ -	\$ 16,503.00	\$ 16,503.00	\$ 29.25	\$ 16,532.25
3229	DCFS RURAL CHILD WELFARE	CARSON	Chevy	Traverse	RNOFS	Champion	none	\$ -	\$ 25,841.00	\$ 25,841.00	\$ 29.25	\$ 25,870.25
3229	DCFS RURAL CHILD WELFARE	CARSON	Chevy	Malibu	RNOFS	Champion	none	\$ -	\$ 18,049.00	\$ 18,049.00	\$ 29.25	\$ 18,078.25
3229	DCFS RURAL CHILD WELFARE	PAHRUMP	Chevy	Malibu	LVFS	Champion	none	\$ -	\$ 18,249.00	\$ 18,249.00	\$ 29.25	\$ 18,278.25
3229	DCFS RURAL CHILD WELFARE	PAHRUMP	Chevy	Malibu	LVFS	Champion	none	\$ -	\$ 18,249.00	\$ 18,249.00	\$ 29.25	\$ 18,278.25
3229	DCFS RURAL CHILD WELFARE	ELY	Chevy	Suburban	RNOFS	Champion	tint glass, blue tooth	\$ 335.00	\$ 40,292.00	\$ 40,627.00	\$ 29.25	\$ 40,656.25
3229	DCFS RURAL CHILD WELFARE	ELKO	Chevy	Traverse	RNOFS	Champion	none	\$ 25,841.00	\$ 25,841.00	\$ 25,841.00	\$ 29.25	\$ 25,870.25
3229	DCFS RURAL CHILD WELFARE	PAHRUMP	Chevy	Traverse	RNOFS	Champion	none	\$ 25,841.00	\$ 25,841.00	\$ 25,841.00	\$ 29.25	\$ 25,870.25
3229	DCFS RURAL CHILD WELFARE	WINNEM	Chevy	Traverse	RNOFS	Champion	none	\$ 25,841.00	\$ 25,841.00	\$ 25,841.00	\$ 29.25	\$ 25,870.25
3229	DCFS RURAL CHILD WELFARE	WINNEM	Chevy	Traverse	RNOFS	Champion	none	\$ 25,841.00	\$ 25,841.00	\$ 25,841.00	\$ 29.25	\$ 25,870.25
3229	DCFS RURAL CHILD WELFARE	CARSON	Chevy	Malibu	RNOFS	Champion	none	\$ 18,049.00	\$ 18,049.00	\$ 18,049.00	\$ 29.25	\$ 18,078.25
3238	Welfare	LV	Ford	Focus (P3E)	LVFS	Ford Country	DRL	\$ 37.00	\$ 16,308.00	\$ 16,345.00	\$ 29.25	\$ 16,374.25
3263	YOUTH PAROLE SVC	RENO	Ford	Utility Interceptor	RNOFS	Ford Country	65U, 153, 86L, 17T, 65L, 53M, 52H, 55B/54Z, 593, 55F, 76R, 17A, 16D, WINDOW TINT	\$ 2,987.00	\$ 29,663.00	\$ 32,650.00	\$ 29.25	\$ 32,679.25
3263	YOUTH PAROLE SVC	LV	Chevy	Impala	LVFS	Champion	none	\$ -	\$ 22,162.00	\$ 22,162.00	\$ 29.25	\$ 22,191.25
3265	DETR VOC REHAB	LV	Ford	Focus (P3E)	LVFS	Ford Country	DRL	\$ -	\$ 16,308.00	\$ 16,308.00	\$ 29.25	\$ 16,337.25
3265	DETR VOC REHAB	RENO	Chevy	Malibu	RNOFS	Champion	none	\$ -	\$ 18,049.00	\$ 18,049.00	\$ 29.25	\$ 18,078.25

Budget Account	Agency	Location	Make	Model	Del Loc	Dealer	Options	Options Cost	Initial Cost	Total Vehicle Cost	Title	Total
10 3266	HHS:AGING AND DISABILITY SRVCS	RENO	Ford	Focus (P3F)	RNOFS	Jones West	none	\$ -	\$ 15,982.00	\$ 15,982.00	\$ 29.25	\$ 16,011.25
3266	HHS:AGING AND DISABILITY SRVCS	RENO	Ford	Focus (P3F)	RNOFS	Jones West	none	\$ -	\$ 15,982.00	\$ 15,982.00	\$ 29.25	\$ 16,011.25
3266	HHS:AGING AND DISABILITY SRVCS	LV	Ford	Focus (P3E)	LVFS	Ford Country	none	\$ -	\$ 16,308.00	\$ 16,308.00	\$ 29.25	\$ 16,337.25
3266	HHS:AGING AND DISABILITY SRVCS	LV	Ford	Focus (P3E)	LVFS	Ford Country	none	\$ -	\$ 16,308.00	\$ 16,308.00	\$ 29.25	\$ 16,337.25
3266	HHS:AGING AND DISABILITY SRVCS	RENO	Ford	Focus (P3F)	RNOFS	Jones West	none	\$ -	\$ 15,982.00	\$ 15,982.00	\$ 29.25	\$ 16,011.25
45 3266	HHS:AGING AND DISABILITY SRVCS	ELKO	Chevy	Traverse	RNOFS	Champion	none	\$ -	\$ 25,841.00	\$ 25,841.00	\$ 29.25	\$ 25,870.25
3279	HHS:DESERT REGIONAL CENTER	LV	Ford	Focus (P3E)	LVFS	Ford Country	none	\$ -	\$ 16,308.00	\$ 16,308.00	\$ 29.25	\$ 16,337.25
3281	HHS:HLTH CARE FINANCING	LV	Ford	Focus (P3E)	LVFS	Ford Country	none	\$ -	\$ 16,308.00	\$ 16,308.00	\$ 29.25	\$ 16,337.25
3158	HHS:NV CHILD & ADOL SRV	LV	Ford	Focus (P3E)	LVFS	Ford Country	none	\$ -	\$ 15,982.00	\$ 15,982.00	\$ 29.25	\$ 16,011.25
3646	HHS:S NV CHILD & ADOLESCENT	LV	Ford	Focus (P3E)	LVFS	Ford Country	none	\$ -	\$ 16,308.00	\$ 16,308.00	\$ 29.25	\$ 16,337.25
3646	HHS:S NV CHILD & ADOLESCENT	LV	Ford	Focus (P3E)	LVFS	Ford Country	none	\$ -	\$ 16,308.00	\$ 16,308.00	\$ 29.25	\$ 16,337.25
3646	HHS:S NV CHILD & ADOLESCENT	LV	Ford	Focus (P3E)	LVFS	Ford Country	none	\$ -	\$ 16,308.00	\$ 16,308.00	\$ 29.25	\$ 16,337.25
3646	HHS:S NV CHILD & ADOLESCENT	LV	Ford	Focus (P3E)	LVFS	Ford Country	none	\$ -	\$ 16,308.00	\$ 16,308.00	\$ 29.25	\$ 16,337.25
3646	HHS:S NV CHILD & ADOLESCENT	LV	Ford	Focus (P3E)	LVFS	Ford Country	none	\$ -	\$ 16,308.00	\$ 16,308.00	\$ 29.25	\$ 16,337.25
15 3646	HHS:S NV CHILD & ADOLESCENT	LV	Ford	Focus (P3E)	LVFS	Ford Country	none	\$ -	\$ 16,308.00	\$ 16,308.00	\$ 29.25	\$ 16,337.25
3646	HHS:S NV CHILD & ADOLESCENT	LV	Ford	Focus (P3E)	LVFS	Ford Country	none	\$ -	\$ 16,308.00	\$ 16,308.00	\$ 29.25	\$ 16,337.25
3646	HHS:S NV CHILD & ADOLESCENT	LV	Ford	Focus (P3E)	LVFS	Ford Country	none	\$ -	\$ 16,308.00	\$ 16,308.00	\$ 29.25	\$ 16,337.25
3740	PAROLE & PROBATION	CARSON	Chevy	1500	RNOFS	Champion	V-8, 4x4, Elect transfer case, trailer brake, Keyless entry, Trailer tow mirrors, trailer tow package	\$ 4,581.00	\$ 23,593.00	\$ 28,174.00	\$ 29.25	\$ 28,203.25
3740	PAROLE & PROBATION	FALLON	Ford	Utility Interceptor	RNOFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,663.00	\$ 32,061.00	\$ 29.25	\$ 32,090.25
60 3740	PAROLE & PROBATION	RENO	Ford	Utility Interceptor	RNOFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,663.00	\$ 32,061.00	\$ 29.25	\$ 32,090.25
3740	PAROLE & PROBATION	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25
3740	PAROLE & PROBATION	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25
3740	PAROLE & PROBATION	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25
3740	PAROLE & PROBATION	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25
3740	PAROLE & PROBATION	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25
3740	PAROLE & PROBATION	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25
3740	PAROLE & PROBATION	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25
3740	PAROLE & PROBATION	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25
3740	PAROLE & PROBATION	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25
3740	PAROLE & PROBATION	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25
70 3740	PAROLE & PROBATION	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25
3740	PAROLE & PROBATION	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25
3740	PAROLE & PROBATION	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25
70 3740	PAROLE & PROBATION	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25
70 3740	PAROLE & PROBATION	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25

Budget Account	Agency	Location	Make	Model	Del Loc	Dealer	Options	Options Cost	Initial Cost	Total Vehicle Cost	Title	Total
73 3740	PAROLE & PROBATION	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25
75 3800	PAROLE BOARD	LV	Ford	Utility Interceptor	LVFS	Ford Country	65U, 153, 86L, 17T, 53M, 52H, 593, 55F, 76R, 17A, 16D, window tint	\$ 2,398.00	\$ 29,263.00	\$ 31,661.00	\$ 29.25	\$ 31,690.25
4061	GAMING CONTROL BOARD	CARSON	Chevy	Traverse	RNOFS	Champion	none	\$ -	\$ 25,841.00	\$ 25,841.00	\$ 29.25	\$ 25,870.25
4061	GAMING CONTROL BOARD	LAUGHLIN	Ford	Fusion	LVFS	Ford Country	DRL, Floor mats	\$ 159.00	\$ 18,992.00	\$ 19,151.00	\$ 29.25	\$ 19,180.25
4061	GAMING CONTROL BOARD	LV	Ford	Fusion	LVFS	Ford Country	DRL, floor mats	\$ 159.00	\$ 18,992.00	\$ 19,151.00	\$ 29.25	\$ 19,180.25
4061	GAMING CONTROL BOARD	CARSON	Chevy	Malibu	RNOFS	Champion	none	\$ -	\$ 18,049.00	\$ 18,049.00	\$ 29.25	\$ 18,078.25
4061	GAMING CONTROL BOARD	RENO	Ford	Utility Interceptor	RNOFS	Ford Country	65U, 43D, 65L, 53M, 52H, 76R, 17A, 16D, 153	\$ 1,740.00	\$ 29,663.00	\$ 31,403.00	\$ 29.25	\$ 31,432.25
4061	GAMING CONTROL BOARD	RENO	Ford	Interceptor Sedan	RNOFS	Ford Country	12P, 153, 13c, 19d, 65i, 53m, 63b, 76r,	\$ 1,142.00	\$ 25,392.00	\$ 26,534.00	\$ 29.25	\$ 26,563.25
4061	GAMING CONTROL BOARD	RENO	Chevy	Malibu	RNOFS	Champion	none	\$ -	\$ 18,049.00	\$ 18,049.00	\$ 29.25	\$ 18,078.25
3194	PROTECTION	LV	Chevy	Colorado	LVFS	Champion	power mirrors, V6	\$ 1,602.00	\$ 23,152.00	\$ 24,754.00	\$ 29.25	\$ 24,783.25
3208	AGING SRVCS EARLY INTERVENTION	RENO	Chevy	Cruz	RNOFS	Champion	none	\$ -	\$ 16,503.00	\$ 16,503.00	\$ 29.25	\$ 16,532.25
								\$ 1,834,884.00	\$ 1,895,109.00	\$ 2,427.75	\$ 1,897,536.75	

GM Financing

	Location	Vehicle Make	Model	Dealer	Price
1	Reno	Chevy	1500	Champion	\$28,174.00
2	LV	Chevy	Colorado	Champion	\$24,754.00
3	LV	Chevy	Colorado	Champion	\$24,754.00
4	LV	Chevy	Colorado	Champion	\$24,754.00
5	Reno	Chevy	Cruz	Champion	\$16,503.00
6	Reno	Chevy	Cruz	Champion	\$16,503.00
7	LVFS	Chevy	Impala	Champion	\$22,162.00
8	Reno	Chevy	Malibu	Champion	\$18,049.00
9	Reno	Chevy	Malibu	Champion	\$18,049.00
10	Reno	Chevy	Malibu	Champion	\$18,049.00
11	Reno	Chevy	Malibu	Champion	\$18,049.00
12	LV	Chevy	Malibu	Champion	\$18,249.00
13	LV	Chevy	Malibu	Champion	\$18,249.00
14	Reno	Chevy	Malibu	Champion	\$18,049.00
15	Reno	Chevy	Malibu	Champion	\$18,049.00
16	Reno	Chevy	Malibu	Champion	\$18,049.00
17	Reno	Chevy	Malibu	Champion	\$18,049.00
18	Reno	Chevy	Suburban	Champion	\$40,627.00
19	Reno	Chevy	Traverse	Champion	\$25,841.00
20	Reno	Chevy	Traverse	Champion	\$25,841.00
21	Reno	Chevy	Traverse	Champion	\$25,841.00
22	Reno	Chevy	Traverse	Champion	\$25,841.00
23	Reno	Chevy	Traverse	Champion	\$25,841.00
24	Reno	Chevy	Traverse	Champion	\$25,841.00
25	Reno	Chevy	Traverse	Champion	\$25,841.00
26	Reno	Chevy	Traverse	Champion	\$25,841.00
27	LV	Chevy	Volt	Champion	\$29,564.00
				Total GM	\$615,413.00

Ford Credit

28	Reno	Ford	Explorer	Jones West	\$28,713.00
29	Reno	Ford	Explorer	Jones West	\$28,713.00
30	LV	Ford	Focus (P3E)	Ford Country	\$16,345.00
31	LV	Ford	Focus (P3E)	Ford Country	\$16,345.00
32	LV	Ford	Focus (P3E)	Ford Country	\$16,345.00
33	LV	Ford	Focus (P3E)	Ford Country	\$16,345.00
34	LV	Ford	Focus (P3E)	Ford Country	\$16,345.00
35	LV	Ford	Focus (P3E)	Ford Country	\$16,345.00
36	LV	Ford	Focus (P3E)	Ford Country	\$16,345.00
37	LV	Ford	Focus (P3E)	Ford Country	\$16,345.00
38	LV	Ford	Focus (P3E)	Ford Coutry	\$16,308.00
39	LV	Ford	Focus (P3E)	Ford Coutry	\$16,308.00
40	LV	Ford	Focus (P3E)	Ford Coutry	\$16,308.00
41	LV	Ford	Focus (P3E)	Ford Coutry	\$16,308.00
42	LV	Ford	Focus (P3E)	Ford Coutry	\$16,308.00
43	LV	Ford	Focus (P3E)	Ford Coutry	\$16,308.00
44	LV	Ford	Focus (P3E)	Ford Coutry	\$16,308.00
45	LV	Ford	Focus (P3E)	Ford Coutry	\$16,308.00
46	LV	Ford	Focus (P3E)	Ford Coutry	\$16,308.00
47	LV	Ford	Focus (P3E)	Ford Coutry	\$16,308.00

GM Financing

	Location	Vehicle Make	Model	Dealer	Price
48	LV	Ford	Focus (P3E)	Ford Coutry	\$16,308.00
49	LV	Ford	Focus (P3E)	Ford Coutry	\$16,308.00
50	LV	Ford	Focus (P3E)	Ford Coutry	\$16,308.00
51	LV	Ford	Focus (P3E)	Ford Coutry	\$15,982.00
52	LV	Ford	Focus (P3F)	Jones West	\$15,982.00
53	LV	Ford	Focus (P3F)	Jones West	\$15,982.00
54	LV	Ford	Focus (P3F)	Jones West	\$15,982.00
55	LV	Ford	Fusion	Ford Country	\$19,151.00
56	LV	Ford	Fusion	Ford Country	\$19,151.00
57	LV	Ford	Fusion Hybrid	Ford Country	\$24,884.00
58	LV	Ford	Fusion Hybrid	Ford Country	\$24,884.00
59	LV	Ford	Fusion Hybrid	Ford Country	\$16,345.00
60	LV	Ford	Fusion Hybrid	Ford Country	\$16,345.00
61	LV	Ford	Fusion Hybrid	Ford Country	\$16,345.00
62	Reno	Ford	Interceptor Sedan	Ford Coutry	\$26,534.00
63	Reno	Ford	Transit 150 148 WB med roof cargo	Jones West	\$27,695.00
64	Reno	Ford	Transit 7 pass minivan	Ford Country	\$26,284.00
65	LV	Ford	Transit Connect Cargo Van (S6F)	Jones West	\$26,568.00
66	Reno	Ford	Utility Interceptor	Ford Country	\$32,650.00
67	Reno	Ford	Utility Interceptor	Ford Country	\$32,061.00
68	Reno	Ford	Utility Interceptor	Ford Country	\$32,061.00
69	LV	Ford	Utility Interceptor	Ford Country	\$31,661.00
70	LV	Ford	Utility Interceptor	Ford Country	\$31,661.00
71	LV	Ford	Utility Interceptor	Ford Country	\$31,661.00
72	LV	Ford	Utility Interceptor	Ford Country	\$31,661.00
73	LV	Ford	Utility Interceptor	Ford Country	\$31,661.00
74	LV	Ford	Utility Interceptor	Ford Country	\$31,661.00
75	LV	Ford	Utility Interceptor	Ford Country	\$31,661.00
76	LV	Ford	Utility Interceptor	Ford Country	\$31,661.00
77	LV	Ford	Utility Interceptor	Ford Country	\$31,661.00
78	LV	Ford	Utility Interceptor	Ford Country	\$31,661.00
79	LV	Ford	Utility Interceptor	Ford Country	\$31,661.00
80	LV	Ford	Utility Interceptor	Ford Country	\$31,661.00
81	LV	Ford	Utility Interceptor	Ford Country	\$31,661.00
82	LV	Ford	Utility Interceptor	Ford Country	\$31,661.00
83	Reno	Ford	Utility Interceptor	Ford Country	\$31,403.00
			Total FORD		\$1,279,733.00
			Total		\$1,895,146.00

Brian Sandoval
Governor


James R. Wells, CPA
Director



Janet Murphy
Deputy Director

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

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

Date: August 25, 2017
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Paul Nicks, Executive Budget Officer 
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION, FLEET SERVICES DIVISION

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Administration, Fleet Services Division requests approval to purchase five replacement vehicles not to exceed \$116,768. This request is contingent on the approval of Work Programs C40629 and C40633 at the October 2017 Interim Finance Committee meeting.

Additional Information:

The division seeks approval to replace five vehicles, not to exceed \$116,768 due to accidents resulting in a total loss of the vehicles. This authorization will be funded with accident recovery funds and from the agency's reserves.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: 
ACTION ITEM: _____

Brian Sandoval
Governor



Patrick Cates
Director

Lee-Ann Easton
Deputy Director

Vacant
Administrator

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

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

Date: July 21, 2017

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

From: Lyn Letarti, Administrative Assistant IV

Subject: September BOE Agenda Item Request

Please schedule the attached Board of Examiners (BOE) vehicle purchase request on the September BOE agenda. This request is to replace five vehicle that have been totaled in accidents.

Attachments:

- BOE Vehicle Purchase Request Form
- Vehicle Purchase Spreadsheet
- 58408 documentation
- 862VRR documentation
- 51069 documentation
- 51070 documentation
- 25E138

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

Agency Name: Administration/Fleet Services	Budget Account #: 1356	
Contact Name: Lyn Letarti	Telephone Number: 775 684-1881	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:		
Number of vehicles requested: <u>5</u> Amount of the request: <u>116,768.00</u> Is the requested vehicle(s) new or used: <u>new</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: compact sedan, police interceptor, intermediate sedan Mission of the requested vehicle(s): Youth Parole, Gaming Control, Parole & Probation, Desert Regional Center, Education		
Were funds legislatively approved for the request? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded? Insurance recovery/Reserves	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): <input type="checkbox"/> <u> </u> Addition(s) <input checked="" type="checkbox"/> <u>5</u> Replacement(s)		
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. Yes where applicable		
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: 2006 Odometer Reading: 82151 Type of Vehicle: compact sedan <hr/> Vehicle #2 Model Year: 2006 Odometer Reading: 95657 Type of Vehicle: compact sedan <hr/> <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced. the vehicles were totaled in accidents <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
APPOINTING AUTHORITY APPROVAL:		
<hr/>	<hr/>	<hr/>
Agency Appointing Authority	Title	Date
BOARD OF EXAMINERS' APPROVAL:		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
<hr/>		<hr/>
Board of Examiners	Date	

Vehicle #3 Model Year: 2010
Odometer Reading: 50517
Type of Vehicle: Intermediate sedan

Vehicle #4 Model Year: 2010
Odometer Reading: 43835
Type of Vehicle: Compact sedan

Vehicle #5 Model Year: 2016
Odometer Reading: 13432
Type of Vehicle: SUV

Fleet Services Division FY2018 Accident Recovery Oct 2017 BOE

Vehicle Purchase

Order ID	B/A	Agency	Loc	Make	Model	Dealer	O/Cost	I/Cost	Total	QTY	Replaces
FS006	2709	Education	Reno	Chevy	Cruze	Champion Chevrolet	0.00	16,503.00	16,503.00	1	58408
FS008	4061	Gaming	LV	Ford	Fusion	Ford Country	159.00	18,992.00	19,151.00	1	862VRR
FS009	3279	Desert Regional Center	LV	Ford	Focus (P3E)	Ford Country	37.00	16,308.00	16,345.00	1	51069
FS010	3263	Youth Parole	Reno	Ford	Utility Interceptor	Ford Country	2,987.00	29,663.00	32,650.00	1	51070
FS011	3740	P & P	Elko	Ford	Utility Interceptor	Ford Country	2,456.00	29,663.00	32,119.00	1	25E138
Total									116,768.00	5	

STANDARD PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: *1.3 - Sedan: Compact; 4-Door; 4-5 Passengers*

Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
<i>2018 Chevrolet Cruze - 1BR69</i>	\$16,503.00	\$16,703.00
State vehicle miles per gallon (MPG): <i>30 CITY / 40 HIGHWAY</i>		
Manufactures Suggested Retail Price(MSRP): <i>\$20,798.00</i>		
State manufactures warranty: <i>3 YR or 36k Miles Bumper to Bumper & 5 YR or 100k Miles Powertrain</i>		
Specify standard engine size and emission rating: <i>1.4L 4 Cylinder Federal Emission</i>		
Includes Minimum Standard Equipment Listed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state exceptions:		
<i>AM/FM STEREO W/ USB PORTS, AUX JACK, & SD CARD SLOT CD PLAYER - N/A</i>		
Exterior Color: List available colors:		
<i>Silver Ice Metallic, Summit White, Red Hot, Mosaic Black Metallic, Artic Blue Metallic</i>		
Seats, Cloth: List available colors:		
<i>Jet Black, Dark Atmosphere/Medium Ash Gray</i>		
GVW: <i>N/A</i>		WHEELBASE: <i>106.30</i>

OPTION PACKAGE PAGE ~BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: *1.3 - Sedan: Compact; 4-Door; 4-5 Passengers*

Option Package Name/Code: *LT* \$1,581.00

List Equipment Features Below:

*Carpeted Floor Mats, Audio Steering Wheel Controls,
16" Aluminum Wheels, Heated Outside Power Mirrors*

ITEMIZED OPTION PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: 1.3 - Sedan: Compact; 4-Door; 4-5 Passengers

		DEDUCT AMOUNT
ABS Brake System	\$ STD	\$- N/A
Air Conditioning	\$ STD	\$- N/A
Backup Camera	\$ STD	\$- N/A
Bluetooth for Phone(Includes Onstar)	\$ STD	\$- N/A
Cruise Control(Incl Comp Spare/Steering Wheel Controls)	\$ INCL	\$400.00
Engine Block Heater	\$88.00	\$- N/A
Floor Mats, Carpeted	\$ STD	\$- N/A
Keyless Entry	\$ STD	\$- N/A
Paint, Metallic	\$ STD	\$- N/A
Power Mirrors	\$ STD	\$- N/A
Power Locks (Includes Keyless Entry)	\$ STD	\$- N/A
Power Seats (Driver Only)	\$- N/A	\$- N/A
Power Windows	\$ STD	\$- N/A
Radio; AM/FM Stereo, CD Player	\$- N/A	\$- N/A
Rear Window Defogger	\$ STD	\$- N/A
Tilt Steering	\$ STD	\$- N/A
Tire, Spare, Compact	\$ STD	\$- N/A
Tire, Spare, Full Size (Shipped Loose)	\$500.00	\$- N/A

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

Event Number: 170401258		STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 01/2016			Crash Number: NHP170401258		Scene Information				
Code Revision: 01/01/2016				<input type="checkbox"/> 1) Property <input checked="" type="checkbox"/> 2) Injury <input type="checkbox"/> 3) Fatal							
<input checked="" type="checkbox"/> 1) Urban <input type="checkbox"/> 2) Rural	<input type="checkbox"/> 1) Emergency Use <input type="checkbox"/> 2) Office Report	<input type="checkbox"/> 1) Preliminary Report <input checked="" type="checkbox"/> 2) Initial Report	<input type="checkbox"/> 3) Resubmission <input type="checkbox"/> 4) Supplement Report	<input type="checkbox"/> 1) Hit and Run <input type="checkbox"/> 2) Private Property	Agency Name: NEVADA HIGHWAY PATROL						
Crash Date 4 / 14 / 2017	Time 1758	Day FRI	Beat / Sector HRS38	<input checked="" type="checkbox"/> 1) County WASHOE	<input type="checkbox"/> 2) City						
Mile Marker	# Vehicles 2	# Non Motorists 0	# Occupants 2	# Fatalities 0	# Injured 2	# Restrained 2					
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot <input type="checkbox"/> 2) Active School Zone SR 431											
<input type="checkbox"/> 1) At Intersection With: <input checked="" type="checkbox"/> 2) Or 40 <input checked="" type="checkbox"/> 3) Feet <input type="checkbox"/> 4) Miles <input checked="" type="checkbox"/> 5) Approximate WEST Of (Cross Street) US395A											
Surface		Intersection		Paddle Markers		Access Control					
<input checked="" type="checkbox"/> 1) Asphalt <input type="checkbox"/> 2) Concrete <input type="checkbox"/> 3) Gravel <input type="checkbox"/> 4) Dirt <input type="checkbox"/> 5) Other		<input type="checkbox"/> 1) Four Way <input type="checkbox"/> 4) Y <input type="checkbox"/> 2) > Four Way <input type="checkbox"/> 5) Roundabout <input type="checkbox"/> 3) T <input type="checkbox"/> 7) L <input type="checkbox"/> 6) Other		<input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Right Side <input type="checkbox"/> 4) Both Sides <input type="checkbox"/> 5) Unknown		<input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Full <input type="checkbox"/> 3) Partial					
Roadway Character		Roadway Conditions		Total Thru Lanes		Average Roadway Widths		Roadway Grade			
<input type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Hillcrest <input type="checkbox"/> 3) Curve & Level <input checked="" type="checkbox"/> 4) Straight & Grade <input type="checkbox"/> 5) Straight & Hillcrest <input type="checkbox"/> 6) Straight & Level <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Other		<input checked="" type="checkbox"/> 1) Dry <input type="checkbox"/> 7) Slush <input type="checkbox"/> 2) Icy <input type="checkbox"/> 8) Standing Water <input type="checkbox"/> 3) Wet <input type="checkbox"/> 9) Moving Water <input type="checkbox"/> 4) Snow <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Sand / Mud / Dirt / Gravel <input type="checkbox"/> 6) Other <input type="checkbox"/> 11) Oil		<input type="checkbox"/> 1) One <input checked="" type="checkbox"/> 2) Two <input type="checkbox"/> 3) Three <input type="checkbox"/> 4) Four <input type="checkbox"/> 5) Five <input type="checkbox"/> 6) > 5		Travel Lane: 12 Ft Storage / Turn Lane: 0 Ft Median: 0 Ft Paved Shoulder: Inside 2, Outside 8		<input checked="" type="checkbox"/> 1) Not Determined <input type="checkbox"/> 2) Relatively Level Roadway <input type="checkbox"/> 3) Up Slope (+) <input type="checkbox"/> 4) Down Slope (-)		Relative To Grade %	
Pavement Markings		Roadway Description		Weather Conditions							
<input type="checkbox"/> 1) Centerline, Broken Yellow <input type="checkbox"/> 2) Centerline, Solid Yellow <input type="checkbox"/> 3) Centerline, Double Yellow <input checked="" type="checkbox"/> 4) Lane Line, Broken White <input type="checkbox"/> 5) Lane Line, Solid White <input type="checkbox"/> 6) No Passing, Either Direction <input checked="" type="checkbox"/> 7) Turn Arrow Symbols		<input type="checkbox"/> 8) Center Turn Lane Line <input checked="" type="checkbox"/> 9) Edge Line, Left Yellow <input checked="" type="checkbox"/> 10) Edge Line, Right White <input type="checkbox"/> 11) Other <input type="checkbox"/> 12) None <input type="checkbox"/> 13) Unknown		<input type="checkbox"/> 1) Two-Way, Not Divided <input checked="" type="checkbox"/> 2) Two-Way, Divided, Unpro, Median <input type="checkbox"/> 3) Two-Way, Divided, Median Barrier <input type="checkbox"/> 4) One-Way, Not Divided <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Off Road		<input checked="" type="checkbox"/> 1) Clear <input type="checkbox"/> 7) Fog, Smog, Smoke, Ash <input type="checkbox"/> 2) Cloudy <input type="checkbox"/> 8) Severe Crosswinds <input type="checkbox"/> 3) Snow <input type="checkbox"/> 9) Sleet / Hail <input type="checkbox"/> 4) Rain <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Blowing Sand, Dirt, Soil <input type="checkbox"/> 6) Other <input type="checkbox"/> 11) Blowing Snow					
Light Conditions		Vehicle Collision Type		Location of First Event							
<input type="checkbox"/> 1) Dark <input type="checkbox"/> 6) Dark—No Roadway Lighting <input type="checkbox"/> 2) Dawn <input type="checkbox"/> 7) Dark—Spot Roadway Lighting <input checked="" type="checkbox"/> 3) Daylight <input type="checkbox"/> 8) Dark—Continuous Roadway Lighting <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 9) Dark—Unknown Roadway Lighting <input type="checkbox"/> 5) Other		<input type="checkbox"/> 1) Head On <input type="checkbox"/> 6) Sideswipe - Meeting <input type="checkbox"/> 2) Rear End <input type="checkbox"/> 7) Sideswipe - Overtaking <input type="checkbox"/> 3) Backing <input type="checkbox"/> 8) Non Collision <input checked="" type="checkbox"/> 4) Angle <input type="checkbox"/> 9) Unknown <input type="checkbox"/> 5) Rear to Rear <input type="checkbox"/> 10) Rear to Side		<input type="checkbox"/> 1) Travel Lane <input type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 11) Ramp <input checked="" type="checkbox"/> 2) Turn Lane L2 <input type="checkbox"/> 7) Intersection <input type="checkbox"/> 12) Unknown <input type="checkbox"/> 3) Gore <input type="checkbox"/> 8) Private Property <input type="checkbox"/> 13) Separator <input type="checkbox"/> 4) Median <input type="checkbox"/> 9) Roadside <input type="checkbox"/> 14) Parking Lane/Zone <input type="checkbox"/> 5) Inside Shoulder <input type="checkbox"/> 10) Other							
Roadway / Environment Factors		Type of Work Zone		Work Area Zone							
<input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Weather <input type="checkbox"/> 3) Debris <input type="checkbox"/> 4) Glare <input type="checkbox"/> 5) Other Roadway <input type="checkbox"/> 6) Other Environmental <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 8) Road Obstruction <input type="checkbox"/> 9) Worn Traffic Surface		<input type="checkbox"/> 10) Wet, Icy, Snow, Slush <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 14) Animal in Roadway <input type="checkbox"/> 15) Unknown <input type="checkbox"/> 16) Visual Obstruction <input type="checkbox"/> 17) Backup Prior Crash <input type="checkbox"/> 18) Backup Non Recurring Incident		<input type="checkbox"/> 1) Lane Closure <input type="checkbox"/> 2) Lane Shift/Crossover <input type="checkbox"/> 3) Work on Shoulder or Median <input type="checkbox"/> 4) Intermittent/Moving Work <input type="checkbox"/> 5) Other		<input type="checkbox"/> 1) Advanced Warning Area <input type="checkbox"/> 2) Transition Area <input type="checkbox"/> 3) Activity Area <input type="checkbox"/> 4) Termination Area					
		Workers Present		Law Enforcement Present							
		<input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		<input type="checkbox"/> 1) No <input type="checkbox"/> 2) Officer Present <input type="checkbox"/> 3) LE Vehicle Only Present							
Property Damage To Other Than Vehicle											
Describe Property Damage:					Owner's Name:						
					<input type="checkbox"/> 1) Owner Notified						
					Owner's Address: (Street Address City, State Zip) NV						
First Harmful Event	Code # 214	Description: MOTOR VEHICLE IN TRANSPORT									
Investigation Complete		Photos Taken		Scene Diagram		Statements		Date Notified	Time Notified	Arrival Date	Arrival Time
<input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		<input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		<input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No		<input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No # 5		4 / 14 / 2017	1802	4 / 14 / 2017	1811
Investigator(s) Arellano			ID Number H6179	Date 4 / 14 / 2017	Reviewed By Gregory Moore			Date Reviewed 4 / 16 / 2017	Page 1 of 7		

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Event Number: 170401258

Code Revision: 01/01/2016

STATE OF NEVADA
TRAFFIC CRASH REPORT
SCENE INFORMATION SHEET
Revised 10/20/15

Crash Number:

NHP170401258

Scene Information

Agency Name:

NEVADA HIGHWAY PATROL

Description of Crash / Narrative

V-1 WAS SOUTHBOUND ON US395A IN THE RIGHT TURN LANE TO GO WEST ONTO SR431. V-2 WAS EASTBOUND ON SR431 IN THE #2 LEFT TURN LANE TO GO NORTH ON US395A AND WAS STOPPED. V-1 FAILED TO NEGOTIATE A RIGHT TURN AND TRAVELLED ACROSS THE #1 AND #2 WEST BOUND LANES OF SR431. V-1 TRAVELLED OVER A RAISED MEDIAN AND INTO THE #2 EASTBOUND RIGHT TURN LANE. V-1 STRUCK THE LEFT SIDE OF V-2 WITH ITS LEFT FRONT. V-1 CAME TO REST IN THE #2 LEFT TURN LANE FACING SOUTHWEST. V-2 CAME TO REST IN THE #2 LEFT TURN LANE FACING NORTHEAST, EAST OF V-1 AND IN CONTACT WITH V-1.



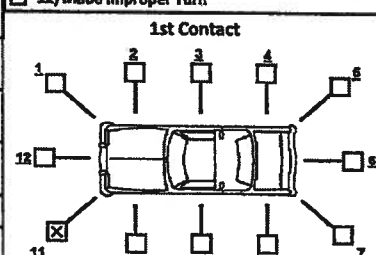
Indicate North

A.I.C.: _____

Page
2 of 7

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Event Number: 170401258		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016		Crash Number: NHP170401258		Vehicle Information	
Vehicle # V1	# Occupants 1	<input checked="" type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Number: NEVADA HIGHWAY PATROL			
Direction of Travel: <input type="checkbox"/> 1) North <input type="checkbox"/> 3) East <input type="checkbox"/> 5) Unknown <input checked="" type="checkbox"/> 2) South <input type="checkbox"/> 4) West	Roadway / Street Name: US395A			Travel Lane #: R1			
Vehicle Action: <input type="checkbox"/> 1) Straight <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 9) Passing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 15) Driverless Vehicle <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 2) Backing <input checked="" type="checkbox"/> 4) Right Turn <input type="checkbox"/> 6) Parked <input type="checkbox"/> 8) Stopped <input type="checkbox"/> 10) Racing <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 15) Enter Parked <input type="checkbox"/> 17) Lane Change <input type="checkbox"/> 22) Negotiating a Curve							
Driver: (Last Name, First Name, Middle Name Suffix) [REDACTED]				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address: [REDACTED]				Transported To:			
City: [REDACTED]		State / Country <input checked="" type="checkbox"/> 1) NV		Zip Code: 89403		Person Type: 1 Seating Position: 1 Occupant Restraints: 7	
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female		DOB: [REDACTED]		Phone Number: [REDACTED]		Injury Severity: C Injury Location: 1	
OLN: [REDACTED]		State <input checked="" type="checkbox"/> 1) NV		Class: <input type="checkbox"/> 1) CDL <input checked="" type="checkbox"/> 2) DL		License Status: 0	
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements		Restrictions		Airbags: 2 Airbag Switch: Ejected: 0 Trapped: 0	
Alcohol / Drug Involvement <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown		Method of Determination (check up to 2) <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 6) Preliminary Breath Test		Test Results:		Driver Factors <input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 10) Unknown	
Vehicle Year: 2002		Vehicle Make: TOYOTA		Vehicle Model: CAMRY		Vehicle Type: SEDAN 4-DOOR	
Plate / Permit No.: 18G503		State <input checked="" type="checkbox"/> 1) NV		Expiration Date: 1 / 5 / 2018		Vehicle Color: GRN	
Vehicle Identification Number: JTDBE32K720039505							
Registered Owner Name: <input type="checkbox"/> 1) Same As Driver [REDACTED]							
Registered Owner Address: [REDACTED]							
Insurance Company Name: <input checked="" type="checkbox"/> 1) Insured [REDACTED]							
Policy number: [REDACTED]		Effective: [REDACTED]		To: [REDACTED]			
Insurance Company Address or Phone Number: 800-435-7764							
<input type="checkbox"/> 1) Vehicle Towed		Towed By: *RETAINED BY DRIVER					
Removed To:							
Traffic Control <input type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 11) Stop Sign <input type="checkbox"/> 3) Flashing Traffic Control Signal <input type="checkbox"/> F <input type="checkbox"/> 12) Yield Sign <input type="checkbox"/> 4) School Zone Sign / Device <input type="checkbox"/> 13) Railway Crossing Sign / Device <input type="checkbox"/> 5) Pedestrian Signal / Sign Device <input type="checkbox"/> 17) Chain / Snow Tire Req. <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 20) Officer / Flagger <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 10) Other _____				Distance Traveled After Impact 8 FEET		Speed Estimate From 30 To 35 Limit 50	
Sequence of Events							
Code #		Description				Collision With Fixed Object	
1st 217		SLOW/STOPPED VEHICLE				<input type="checkbox"/>	
2nd						<input type="checkbox"/>	
3rd						<input type="checkbox"/>	
4th						<input type="checkbox"/>	
5th						<input type="checkbox"/>	
Violations		NOC		Citation Number			
<input checked="" type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending (1) 484B.200		DRIVING ON RIGHT SIDE OF ROAD REQUIRED		53772		X01731694	
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC (2)							
Investigator(s) Arellano		ID Number H6179		Date 4 / 14 / 2017		Reviewed By Gregory Moore	
				Date Reviewed 4 / 16 / 2017		Page 3 of 7	



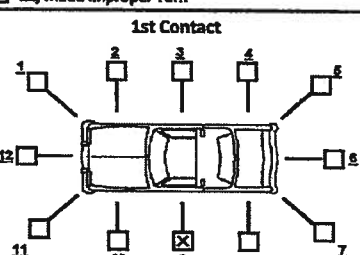
- Damaged Areas**
- 1) Front
 - 2) Right Side
 - 3) Left Side
 - 4) Rear
 - 5) Right Front
 - 6) Right Rear
 - 7) Top
 - 8) Under Carriage
 - 9) Left Front
 - 10) Left Rear
 - 11) Unknown
 - 12) Other

- Extent of Damage**
- 1) Minor
 - 2) Moderate
 - 3) Major
 - 4) Total
 - 5) None
 - 6) Unknown

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Event Number: 170401258		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016		Crash Number: NHP170401258		Vehicle Information					
				Agency Number: NEVADA HIGHWAY PATROL							
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____							
Street Address:				Transported To:							
City:		State / Country <input type="checkbox"/> 1) NV Zip Code:		Person Type:		Seating Position: Occupant Restraints:					
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown DOB: / /		Phone Number:		Injury Severity:		Injury Location:					
<input type="checkbox"/> 2) Female				Airbags:		Airbag Switch: Ejected: Trapped:					
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____							
Street Address:				Transported To:							
City:		State / Country <input type="checkbox"/> 1) NV Zip Code:		Person Type:		Seating Position: Occupant Restraints:					
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown DOB: / /		Phone Number:		Injury Severity:		Injury Location:					
<input type="checkbox"/> 2) Female				Airbags:		Airbag Switch: Ejected: Trapped:					
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____							
Street Address:				Transported To:							
City:		State / Country <input type="checkbox"/> 1) NV Zip Code:		Person Type:		Seating Position: Occupant Restraints:					
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown DOB: / /		Phone Number:		Injury Severity:		Injury Location:					
<input type="checkbox"/> 2) Female				Airbags:		Airbag Switch: Ejected: Trapped:					
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		State: <input type="checkbox"/> 1) NV Type:					
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		State: <input type="checkbox"/> 1) NV Type:					
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		State: <input type="checkbox"/> 1) NV Type:					
Commercial Vehicle Configuration <input type="checkbox"/> 1) Commercial Vehicle <input type="checkbox"/> 2) School Bus											
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 4) Single > 3 Axle <input type="checkbox"/> 5) Any 4 Tire Vehicle				<input type="checkbox"/> 6) Tractor Only <input type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 8) Tractor / Doubles <input type="checkbox"/> 9) Tractor / Triples <input type="checkbox"/> 10) Truck with Trailer				<input type="checkbox"/> 11) Tractor / Semi Trailer <input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat) <input type="checkbox"/> 13) Light Truck, (Haz-Mat) <input type="checkbox"/> 14) Other Heavy Vehicle			
Carrier Name:				Source <input type="checkbox"/> 1) Driver <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 3) Shipping Papers / Trip Manifest <input type="checkbox"/> 4) State Reg. <input type="checkbox"/> 5) Side Of Vehicle <input type="checkbox"/> 6) Other							
Carrier Street Address:				Power Unit GCWR <input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs. <input type="checkbox"/> 1) Hazmat <input type="checkbox"/> 2) Released							
City:				State <input type="checkbox"/> 1) NV		Zip Code:					
Cargo Body Type <input type="checkbox"/> 1) Pole <input type="checkbox"/> 2) Tank <input type="checkbox"/> 3) Flatbed <input type="checkbox"/> 4) Dump <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Van / Box <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 8) Auto Carrier <input type="checkbox"/> 9) Garbage / Refuse <input type="checkbox"/> 10) Not Applicable <input type="checkbox"/> 11) Grain, Gravel Chips <input type="checkbox"/> 12) Bus, 9—15 Occupants <input type="checkbox"/> 13) Bus, > 15 Occupants <input type="checkbox"/> 14) Other				Haz-Mat ID #:		Type of Carrier <input type="checkbox"/> 1) Single State <input type="checkbox"/> 2) USDOT <input type="checkbox"/> 3) Canada <input type="checkbox"/> 4) Mexico <input type="checkbox"/> 5) None					
Hazard Classification #: _____				NAS Safety Report #:		Carrier Number:					
						Page 4 of 7					

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Event Number: 170401258		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016			Crash Number: NHP170401258		Vehicle Information							
Vehicle # V2	# Occupants 1	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Number: NEVADA HIGHWAY PATROL										
Direction of Travel: <input type="checkbox"/> 1) North <input checked="" type="checkbox"/> 3) East <input type="checkbox"/> 2) South <input type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown	Roadway / Street Name: SR 431			Travel Lane #: L2										
Vehicle Action: <input type="checkbox"/> 1) Straight <input type="checkbox"/> 2) Backing <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 6) Parked		<input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 8) Stopped <input type="checkbox"/> 9) Passing <input type="checkbox"/> 10) Racing		<input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 14) Enter Parked		<input type="checkbox"/> 15) Driverless Vehicle <input type="checkbox"/> 16) Lane Change <input type="checkbox"/> 17) Unknown <input type="checkbox"/> 18) Negotiating a Curve								
Driver: (Last Name, First Name, Middle Name Suffix) [REDACTED]				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other										
Street Address: [REDACTED]				Transported To:										
City: [REDACTED]		State / Country <input checked="" type="checkbox"/> 1) NV		Zip Code: [REDACTED]		Person Type: 1		Seating Position: 1		Occupant Restraints: 7				
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female		DOB: [REDACTED]		Phone Number: [REDACTED]		Injury Severity: C		Injury Location: 8						
OLN: [REDACTED]		State <input checked="" type="checkbox"/> 1) NV NV		Class: C		<input type="checkbox"/> 1) CDL <input checked="" type="checkbox"/> 2) DL		License Status: 0						
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements		Restrictions		Driver Factors								
Alcohol / Drug Involvement <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown		Method of Determination (check up to 2) <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 6) Preliminary Breath Test		Test Results:		<input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 10) Unknown								
Vehicle Year: 2010		Vehicle Make: CHEVROLET		Vehicle Model: COBALT		Vehicle Type: SEDAN 4-DOOR								
Plate / Permit No.: EX58405		State <input checked="" type="checkbox"/> 1) NV NV		Expiration Date: EX / EM / PT		Vehicle Color: GRN								
Vehicle Identification Number: 1G1AD5F55A7148977														
Registered Owner Name: NEVADA MOTOR POOL <input type="checkbox"/> 1) Same As Driver														
Registered Owner Address: 750 E KING ST, CARSON CITY, NV 89701														
Insurance Company Name: FLEET INSURED <input checked="" type="checkbox"/> 1) Insured														
Policy number:		Effective: / /		To: / /										
Insurance Company Address or Phone Number:														
<input type="checkbox"/> 1) Vehicle Towed		Towed By: D AND S TOWING												
Removed To: OWNERS RESIDENCE/REQUEST														
Traffic Control F <input type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 11) Stop Sign <input type="checkbox"/> 9) Flashing Traffic Control Signal <input type="checkbox"/> 12) Yield Sign <input type="checkbox"/> 4) School Zone Sign / Device <input type="checkbox"/> 13) Railway Crossing Sign / Device <input type="checkbox"/> 5) Pedestrian Signal / Sign Device <input type="checkbox"/> 17) Chain / Snow Tire Req. <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 20) Officer / Flagger <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 10) Other				Distance Traveled After Impact 3 FEET		Speed Estimate From 0 To 0 Limit 45			1st Contact 				Damaged Areas <input type="checkbox"/> 1) Front <input type="checkbox"/> 4) Total <input checked="" type="checkbox"/> 2) Right Side <input type="checkbox"/> 5) None <input type="checkbox"/> 3) Left Side <input type="checkbox"/> 6) Unknown <input type="checkbox"/> 4) Rear <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 7) Top <input type="checkbox"/> 8) Under Carriage <input type="checkbox"/> 9) Left Front <input type="checkbox"/> 10) Left Rear <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Other	
Extent of Damage <input type="checkbox"/> 1) Minor <input type="checkbox"/> 4) Total <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 5) None <input checked="" type="checkbox"/> 3) Major <input type="checkbox"/> 6) Unknown														
Sequence of Events														
Code #		Description				Collision With Fixed Object		Most Harmful Event						
1st 214		MOTOR VEHICLE IN TRANSPORT				<input type="checkbox"/>		<input checked="" type="checkbox"/>						
2nd						<input type="checkbox"/>		<input type="checkbox"/>						
3rd						<input type="checkbox"/>		<input type="checkbox"/>						
4th						<input type="checkbox"/>		<input type="checkbox"/>						
5th						<input type="checkbox"/>		<input type="checkbox"/>						
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending		Violation		NOC		Citation Number								
[3]														
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC		Violation		NOC		Citation Number								
[2]														
Investigator(s) Arellano		ID Number H6179		Date 4 / 14 / 2017		Reviewed By Gregory Moore		Date Reviewed 4 / 16 / 2017		Page 5 of 7				

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Event Number: 170401258		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016		Crash Number: NHP170401258		Vehicle Information		
				Agency Number: NEVADA HIGHWAY PATROL				
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____				
Street Address:				Transported To:				
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:		Injury Severity:	Injury Location:			
<input type="checkbox"/> 2) Female				Airbags:	Airbag Switch:	Ejected:	Trapped:	
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____				
Street Address:				Transported To:				
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:		Injury Severity:	Injury Location:			
<input type="checkbox"/> 2) Female				Airbags:	Airbag Switch:	Ejected:	Trapped:	
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____				
Street Address:				Transported To:				
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type:	Seating Position:	Occupant Restraints:
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	DOB: / /	Phone Number:		Injury Severity:	Injury Location:			
<input type="checkbox"/> 2) Female				Airbags:	Airbag Switch:	Ejected:	Trapped:	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:	State: <input type="checkbox"/> 1) NV	Type:		
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:	State: <input type="checkbox"/> 1) NV	Type:		
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:	State: <input type="checkbox"/> 1) NV	Type:		
Commercial Vehicle Configuration								
				<input type="checkbox"/> 1) Commercial Vehicle		<input type="checkbox"/> 2) School Bus		
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 4) Single > 3 Axle <input type="checkbox"/> 5) Any 4 Tire Vehicle			<input type="checkbox"/> 6) Tractor Only <input type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 8) Tractor / Doubles <input type="checkbox"/> 9) Tractor / Triples <input type="checkbox"/> 10) Truck with Trailer			<input type="checkbox"/> 11) Tractor / Semi Trailer <input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat) <input type="checkbox"/> 13) Light Truck, (Haz-Mat) <input type="checkbox"/> 14) Other Heavy Vehicle		
				Source				
				<input type="checkbox"/> 1) Driver		<input type="checkbox"/> 4) State Reg.		
				<input type="checkbox"/> 2) Log Book		<input type="checkbox"/> 5) Side Of Vehicle		
				<input type="checkbox"/> 3) Shipping Papers / Trip Manifest		<input type="checkbox"/> 6) Other		
Carrier Name:				Power Unit GCWR		<input type="checkbox"/> 1) Hazmat		
				<input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs.		<input type="checkbox"/> 2) Released		
Carrier Street Address:				City:		State <input type="checkbox"/> 1) NV	Zip Code:	
Cargo Body Type			Haz-Mat ID #:		Type of Carrier	NAS Safety Report #:		
<input type="checkbox"/> 1) Pole	<input type="checkbox"/> 6) Van / Box	<input type="checkbox"/> 11) Grain, Gravel Chips			<input type="checkbox"/> 1) Single State			
<input type="checkbox"/> 2) Tank	<input type="checkbox"/> 7) Concrete Mixer	<input type="checkbox"/> 12) Bus, 9-15 Occupants			<input type="checkbox"/> 2) USDOT			
<input type="checkbox"/> 3) Flatbed	<input type="checkbox"/> 8) Auto Carrier	<input type="checkbox"/> 13) Bus, > 15 Occupants			<input type="checkbox"/> 3) Canada			
<input type="checkbox"/> 4) Dump	<input type="checkbox"/> 9) Garbage / Refuse	<input type="checkbox"/> 14) Other			<input type="checkbox"/> 4) Mexico			
<input type="checkbox"/> 5) Unknown	<input type="checkbox"/> 10) Not Applicable			Hazard Classification #:	<input type="checkbox"/> 5) None			
						Carrier Number:		
						Page 6 of 7		

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Event Number: 170401258		STATE OF NEVADA TRAFFIC ACCIDENT REPORT Occupant / Witness Supplement <small>Revised 1/14/04</small>			Accident Number: NHP170401258		
						Agency Name: NEVADA HIGHWAY PATROL	
V #	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address: [REDACTED]			Transported To:				
City: [REDACTED]	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89511	Person Type: 3	Seating Position:	Occupant Restraints:		
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: [REDACTED]	Phone Number: [REDACTED]	Injury Severity:	Injury Location:			
[REDACTED]			Airbags:	Airbag Switch:	Ejected:	Trapped:	
V #	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address: [REDACTED]			Transported To:				
City: [REDACTED]	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: 89521	Person Type: 3	Seating Position:	Occupant Restraints:		
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female	DOB: [REDACTED]	Phone Number: [REDACTED]	Injury Severity:	Injury Location:			
[REDACTED]			Airbags:	Airbag Switch:	Ejected:	Trapped:	
V #	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address: [REDACTED]			Transported To:				
City: [REDACTED]	State / Country <input checked="" type="checkbox"/> 1) NV	Zip Code: [REDACTED]	Person Type: 3	Seating Position:	Occupant Restraints:		
<input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: [REDACTED]	Phone Number: [REDACTED]	Injury Severity:	Injury Location:			
[REDACTED]			Airbags:	Airbag Switch:	Ejected:	Trapped:	
V #	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address: [REDACTED]			Transported To:				
City: [REDACTED]	State / Country <input type="checkbox"/> 1) NV	Zip Code: [REDACTED]	Person Type:	Seating Position:	Occupant Restraints:		
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:	Injury Severity:	Injury Location:			
[REDACTED]			Airbags:	Airbag Switch:	Ejected:	Trapped:	
V #	Name: (Last Name, First Name, Middle Name Suffix) [REDACTED]			Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____			
Street Address: [REDACTED]			Transported To:				
City: [REDACTED]	State / Country <input type="checkbox"/> 1) NV	Zip Code:	Person Type:	Seating Position:	Occupant Restraints:		
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input type="checkbox"/> 2) Female	DOB: / /	Phone Number:	Injury Severity:	Injury Location:			
[REDACTED]			Airbags:	Airbag Switch:	Ejected:	Trapped:	
Investigator(s) Arellano		ID Number H6179	Date 4 / 14 / 2017	Reviewed By Gregory Moore	Date Reviewed 4 / 16 / 2017	Page 7 of 7	

Occupant / Witness Supplement

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You are? (Please circle one) <input type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Witness <input type="radio"/> Victim <input type="radio"/> Other			<h1 style="text-align: center;">VOLUNTARY STATEMENT</h1>		Event / Case No. 170401258 CAD No.
Date & Time of Statement: 4/14/17 18:30 Date & Time of Accident / Event: 4/14/17 18:00 Your current Location: 431 @ 895					Citation No. X0731694 Are you injured? Yes <input type="radio"/> No <input checked="" type="radio"/> N/A <input type="radio"/> If yes, please describe the injuries:
Your Name (Last / First / Middle): [Redacted]		Date of Birth: [Redacted]	Driver License Number: [Redacted]	State: NV	
Residence Address: (Number, Street & Bldg./Apt No.) [Redacted]		City: [Redacted]	State: NV	Zip Code: 89521	
Work Address: (Number & Street) [Redacted]		City: [Redacted]	State: NV	Zip Code: 89521	
Additional or Emergency Contact, Name(s) & Number(s):		Work Schedule (Hours):	Days Off:	Occupation:	
Best Place & Time of day to contact you:		Vehicle; Year & Make:	License No.:	State:	
				Did you use your seat belt? Yes <input type="radio"/> No <input type="radio"/> N/A <input type="radio"/>	

PASSENGER INFORMATION (OTHER THAN DRIVER)

Seating Position	Full Name	Address	Date of Birth	Phone Number	Restraints S/B A/B Injured

PLEASE WRITE BELOW WHAT HAPPENED:

I witnessed the vehicle driving erratically for several miles. He nearly rear-ended an F-150 at the 500 off-ramp S. of Longley, then drove aggressively, changing lanes, endangering people. I took a picture of his license plate at So Virginia and Dumonts Ranch and was on the phone w/ 911 when he attempted to merge onto 431 E. bound, lost control and collided with vehicle stopped in W. bound lane.


COPY

APR -- 2017

NOT TO BE RECOPIED OR RE-DISSEMINATED

This Statement is given voluntarily and I affirm the Truth and Accuracy of the facts contained herein: <input checked="" type="checkbox"/>	Witnessed by:	<input type="checkbox"/> Continued on back P No.
---	---------------	---



You are? (Please circle one) <input type="radio"/> Driver <input checked="" type="radio"/> Witness <input type="radio"/> Other			VOLUNTARY STATEMENT		Event / Case No. 170401258 CAD No.
Passenger Victim			Citation No. X0731694 If yes, please describe the injuries:		Date & Time of Statement 4-14 Date & Time of Accident / Event 4-14 5:59 Your current Location St. 451 - J. Wright Are you Injured? Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
Your Name (Last / First / Middle)		Date of Birth		Driver License Number	State NJ
Residence Address : (Number, Street & Bldg./Apt No)			City	State Zip Code	Home Phone:
Work Address: (Number & Street)			City	State Zip Code	Work/Cell Phone: Business / School / Agency Name:
Additional or Emergency Contact, Name(s) & Number(s):			Work Schedule (Hours)	Days Off	Occupation:
Best Place & Time of day to contact you:			Vehicle; Year & Make	License No.	State
					Depart Date (if visitor): Did you use your seat belt? Yes No N/A

PASSENGER INFORMATION (OTHER THAN DRIVER)

Seating Position	Full Name	Address	Date of Birth	Phone Number	Restraints	Injured
					S/B	A/B

PLEASE WRITE BELOW WHAT HAPPENED:

sitting at stop light heard screeching. looked left
 saw green toyota camry hit green chevy cabalt
 in the driver door. got out and checked on
 the people. everyone was ok. wife called 911

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OR RE-DISSEMINATED

Continued
 on back
 P No.

This Statement is given Voluntarily and I affirm the Truth and Accuracy of the facts contained herein:

Witnessed by:

X *Walt Smith*

Nevada Department of Public Safety

VOLUNTARY STATEMENT

You are? (Please circle one)
 Driver Passenger
 Witness Victim
 Other

Event / Case No. **170401258**
 CAD No. **X01731694**

Date & Time of Statement: **4/14/17**
 Date & Time of Accident / Event: **5:59 pm**
 Your current Location: **3955 Mt Rose Hwy**
 Are you injured? Yes No N/A

Your Name (Last / First / Middle): [Redacted]
 Date of Birth: [Redacted] Driver License Number: [Redacted] State: **NV**

Residence Address: (Number, Street & Bldg / Apt No.) [Redacted] City: [Redacted] State: [Redacted] Zip Code: [Redacted]
 Home Phone: [Redacted]

Work Address: (Number & Street) [Redacted] City: [Redacted] State: [Redacted] Zip Code: [Redacted]
 Work/Cell Phone: [Redacted] Business / School / Agency Name: [Redacted]

Additional or Emergency Contact Name(s) & Number(s): [Redacted] Work Schedule (Hours): [Redacted] Days Off: [Redacted]
 Occupation: [Redacted]

Best Place & Time of day to contact you: [Redacted] Vehicle; Year & Make: [Redacted] License No.: [Redacted] State: [Redacted]
 Depart Date (if visitor): [Redacted] Did you use your seat belt? Yes No N/A

PASSENGER INFORMATION (OTHER THAN DRIVER)

Seating Position	Full Name	Address	Date of Birth	Phone Number	Restraints S/B A/B	Injured

PLEASE WRITE BELOW WHAT HAPPENED:

I was on Geiger headed up Mt Rose Hwy. While waiting @ intersection a Toyota traveling S on Virginia lost control, jumped the median of mt. rose hwy & hit a car that was waiting to turn left from mt ^{Cheryl Robert} rose to Virginia headed north. She ^(Robert) was pretty shaken up, no obvious injury. He ^(Toyota) didn't say much but was pressing a hand to his head, said he wasn't injured.

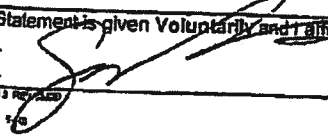
COPY

APR -- 2017


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Continued on back P No.

This Statement is given Voluntarily and affirms the Truth and Accuracy of the facts contained herein:

X 

Witnessed by

You are? (Please circle one) <input type="radio"/> Driver <input type="radio"/> Passenger <input type="radio"/> Witness <input type="radio"/> Victim <input type="radio"/> Other			VOLUNTARY STATEMENT		Event / Case No. CAD No. 170401258
					Citation No. X01731694
Date & Time of Statement 4/17	Date & Time of Accident / Event 4/14/17 0906	Your current Location Jay Summit	Are you injured? Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	If yes, please describe the injuries:	
Your Name (Last / First / Middle)		Date of Birth		Driver License Number	State ND
Residence Address : (Number, Street & Side (Apt No.)			City	State Zip Code	Home Phone:
Work Address: (Number & Street)			City	State Zip Code	Work/Cell Phone:
Additional or Emergency Contact, Name(s) & Number(s):			Work Schedule Hours	Days Off	Business / School / Agency Name:
Best Place & Time of day to contact you:			Vehicle; Year & Make	License No.	State
					Occupation:
					Depart Date (if visitor):
					Did you use your seat belt? Yes No N/A

PASSENGER INFORMATION (OTHER THAN DRIVER)

Seating Position	Full Name	Address	Date of Birth	Phone Number	Restraints S/B A/B	Injured

PLEASE WRITE BELOW WHAT HAPPENED:

What happened I was coming from Reno & taking him to railroad
 from how my first shift & the word the other side I was driving
 before 40-45 MPH - After I hit I saw who doing like to drive

COPY

APR -- 2017


NOT TO BE RECORDED OR RE-DISSEMINATE

Continued on back
 P No.

This Statement is given voluntarily and I affirm the Truth and Accuracy of the facts contained herein:

X 

Witnessed by:

You are? (Please circle one) <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Victim <input type="checkbox"/> Other		 VOLUNTARY STATEMENT	Event / Case No. 170406258 CAD No.
Date & Time of Statement: 4/14/17 6:00 pm Date & Time of Accident / Event: 4/14/17 6:00 pm Your current Location: 431 x Virginia			Citation No.: X01731894 If yes, please describe the injuries:
Your Name (Last / First / Middle): [Redacted]		Are you Injured? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Date of Birth: [Redacted] Driver License Number: [Redacted] State: NW
Residence Address: (Number, Street & Bldg./Apt No.) [Redacted] City: [Redacted] State: [Redacted] Zip Code: [Redacted]		Home Phone: [Redacted]	
Work Address: (Number & Street) [Redacted] City: [Redacted] State: [Redacted] Zip Code: [Redacted]		Work/Cell Phone: [Redacted] Business / School / Agency Name: [Redacted]	
Additional or Emergency Contact, Name(s) & Number(s):		Work Schedule (Hours)	Days Off
Best Place & Time of day to contact you:		Vehicle; Year & Make License No. State	Occupation: Depart Date (if visitor): Did you use your seat belt? Yes No N/A

PASSENGER INFORMATION (OTHER THAN DRIVER)

Seating Position	Full Name	Address	Date of Birth	Phone Number	Restraints S/B	A/S	Injured

PLEASE WRITE BELOW WHAT HAPPENED:

I was stopped at the light on Mt Rose in the L turn lane. A car was turning right from South bound Virginia onto Mt Rose. He came around the corner too fast and hit me on the L drivers door

COPY

APR -- 2017

NOT TO BE REPRODUCED OR RE-DISSEMINATED.

Continued on back P No.

This Statement is given voluntarily and I affirm the Truth and Accuracy of the facts contained herein:

Witnessed by:

[Signature]

STANDARD PAGE ~ BID# 8475 FLEET VEHICLES

fleet@fordcountrylv.com

Dealer Name: **Ford Country** **Tom Craddock** **702-558-8064**

Specify State's Vehicle Item Number: 1.2 Sedan: Intermediate; 4 door; 5 passenger (page 1)		
Please provide MSRP pricing: \$22,995		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
Ford, Fusion, 2018 (P0G)	\$19,292.00	\$18,992.00
State vehicle miles per gallon (MPG) 22 City - 34 Hwy		
State manufactures warranty: 3 year/36,000 bumper to bumper - 5 year/60,000 powertrain		
Specify engine size and emission rating: 2.5L I-4 16 valve PZEV		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List Available Colors:		
Shadow Black, White Gold, Magnetic, Lightning Blue, Ingot Silver, Oxford White, Blue Metallic		
Seats, Cloth: List available colors: Medium Light Stone		
GVW:	WHEELBASE: 108"	
(When Applicable)	(When Applicable)	

ITEMIZED OPTION PAGE ~ BID# 8475 FLEET VEHICLES

Specify State's Vehicle Item Number: 1.2 Sedan: Intermediate; 4 door; 5 passenger (page 3)

DEALER NAME: Ford Country Tom Craddock 702-558-8064
fleet@fordcountrylv.com

		DEDUCT AMOUNT
ABS Brake System	standard	\$-
Air Conditioning	standard	\$-
Cruise Control	standard	\$-
Tilt Steering	standard	\$-
Power Mirrors	standard	\$-
Power Locks	standard	\$-
Power Seat	Requires SE Trim	\$-
Power Windows	standard	\$-
Radio; AM/FM Stereo, CD	standard	\$-
Extra Key with Fob	\$195	\$-
Engine Block Heater	\$86	\$-
All Wheel Drive	\$4,621	\$-
Daytime Running Lamps	\$45	\$-
1.5L EcoBoost Engine (Requires SE Trim)	\$400	\$-
Remote Start	\$470	\$-
Trunk Cargo Net	\$49	\$-
All Weather Floor Mats	\$114	\$-
Rear Inflatable Seat Belts	\$214	\$-
Reverse Sensing System (Requires SE Trim)	\$280	\$-
Seats, Cloth		
Color: Medium Light Stone		
SYNC Communications	standard	\$-
		\$-
		\$-
		\$-
		\$-
Other:	\$	\$-

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

17-701



State of Nevada
VEHICLE ACCIDENT REPORT
Agency Form

For State Use Only:
State Claim No. 17-351
Budget Acct. No. _____
Coverage _____
Adjuster _____

INSTRUCTIONS: (If you need more space, attach a separate sheet of paper)

- Complete as much information as possible at the scene.
- REPORT all accidents involving third parties, whether or not there is damage or injury.
- Cooperate with investigating officer(s) and the State's adjuster(s).
- Notify Attorney General's Office ASAP if there is an injury. Tel.: (775) 684-1263; Fax: (775) 684-1275

- Sent original to AG's Office WITHIN 48 HOURS
Claims Manager, Office of the Attorney General,
100 N. Carson Street, Carson City, NV 89701
- Sent copy to Risk Management WITHIN 48 HOURS
Risk Management, 201 S. Roop Street, Suite 201,
Carson City, NV 89701

Date of Accident 5/11/17 Time 4:30 A.M. Location of Accident C/R 215 @ DEUSTUC

OUR INFORMATION:

Driver's Name [REDACTED] Agency NGCB ENF.
 Office Address 555 E WASHINGTON AVE W, NV # 2600 Bus. phone 702-486-2020
 Driver's Lic. No. [REDACTED] State NV Expiration Date 11/22/2023
 Contact Person Same Title _____ Phone _____

Is this a MOTOR POOL vehicle? Yes No Vehicle ID No. (VIN) _____

Plate No. [REDACTED] Year 2010 Make Ford Model Fusion

Location of Vehicle MOTOR POOL W

Describe damage to State vehicle: Windshield damage only; no other party involved
Significant Damage to rear concentrated on Right.

THEIR INFORMATION: Self-insurance card provided to driver/owner? Yes No
 TC-1 Claim form provided to driver/owner? Yes No (<http://ag.state.nv.us>)

OWNER'S NAME [REDACTED] Daytime Phone UNK
 Address [REDACTED] City/State/Zip 89103
 Insurance Company Allstate Policy No. [REDACTED] City/State Northbrook, IL
 Insurance Agent _____ Phone No. 1-800-255-7828

Plate No. 705 UPB State NV Year 1999 Make Ford Model EXPLORER

DRIVER'S NAME Same Daytime Phone _____
 Address _____ City/State/Zip _____

Driver's Lic. No. _____ State _____ Expiration Date _____

Describe damage to other vehicle and any injuries reported LEFT FRONT
DAMAGE (PHOTOS ATTACHED)

EXPLAIN WHAT HAPPENED:

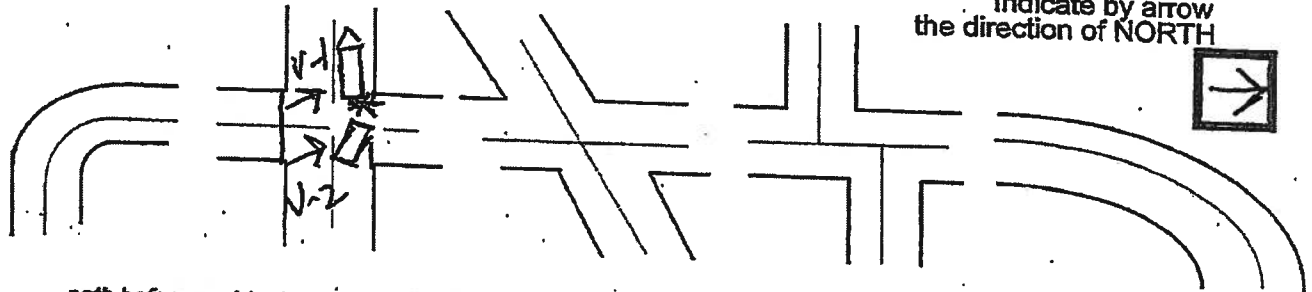
I WAS DRIVING (V-1) W/ B ON
 COUNTY ROUTE 215 @ DEATER IN HEAVY
 TRAFFIC AT APPROXIMATELY 20-25 MPH.
 AT THIS TIME V-2 APPARENTLY ACCELERATED
 AND VEERED TO THE RIGHT AND STRUCK
 V-1 IN THE REAR. DRIVER OF V-2 (EXPLORER) SAID
 SHE "FELL ASLEEP" AND ADDED SHE "HASN'T SLEPT IN 2 DAYS"

Accident Reported to (NHP, Metro, Reno P.D., etc.) NHP Report # 17050103

Citations Issued? No Yes If "Yes," explain UNK, POSSIBLE DUI (DRUGS)

Complete the following diagram showing direction and positions of automobiles involved. Clearly designate point of contact.

Indicate by arrow the direction of NORTH



— path before accident - - - - path after accident + + + + Railroad ◆ Stop Sign ○ Stop Light ⊕ Pedestrian

WITNESSES: Witness card given/statement taken

Name	Address	Phone
PLEASE REFER TO NHP REPORT		
WITNESS PROVIDED I.D. & STATEMENT TO RESPONDING OFFICERS.		

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

Name	Address	Phone
N/A		

Agency Information: Damage estimates attached Estimates will follow

State Driver's Signature [Signature] Date 5/12/17
 Reviewed by Safety Coordinator _____ Date _____
 Reviewed by Department Head [Signature] Date 5/12/17

STANDARD PAGE ~ BID# 8475 FLEET VEHICLES

fleet@fordcountrylv.com

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

Specify State's Vehicle Item Number: 1.3 Sedan: Compact; 4 door; 5 passenger (page 1)		
Please provide MSRP pricing: \$18,745		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
Ford, Focus S, 2017, (P3E)	\$16,708.00	\$16,308.00
State vehicle miles per gallon (MPG) 28 CITY - 38 HWY		
State manufactures warranty: 3yr - 36k bumper to bumper / 5yr - 100k powertrain		
Specify engine size and emission rating: 2.0L DI Ti-VCT 4 cyl E85 FLEX FUEL		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List available colors:		
Shadow Black, Magnetic, Ingot Silver, Oxford White		
Seats, Cloth: List available colors:		
Charcoal Black		
GVW:	WHEELBASE: 103"	
(When Applicable)	(When Applicable)	

ITEMIZED OPTION PAGE ~ BID# 8475 FLEET VEHICLES

Specify State's Vehicle Item Number: 1.3 Sedan: Compact; 4 door; 5 passenger (page 3)
DEALER NAME: Ford Country Tom Craddock 702-558-8064
 fleet@fordcountrylv.com DEDUCT AMOUNT

ABS Brake System	standard	\$-
Air Conditioning	standard	\$-
Cruise Control	SE Package Only	\$-
Diesel Engine	N/A	\$-
Engine Block Heater	\$33	\$-
Four Wheel Drive (4x4)	N/A	\$-
Daytime Running Lights	\$37	\$-
Rear View Camera	standard	\$-
Integrated Trailer Brake	N/A	\$-
Additional Key With Fob	\$185	\$-
Keyless Keypad	N/A	\$-
Rear View Camera	standard	\$-
Power Mirrors	standard	\$-
Power Locks	standard - front two	\$-
Power Seats	N/A	\$-
Power Windows	standard - front two	\$-
Cargo Protector	N/A	\$-
Radio; AM/FM Stereo, CD	standard	\$-
SYNC Communications	standard	\$-
Seats, Cloth Cloth Colors: Charcoal Black		
Remote Start	\$422	\$-
Tilt Steering	standard	\$-
Tire, Spare, Full Size	N/A	\$-
Reverse Sensors	\$425	\$-
Exterior Protection Pkg.	N/A	\$-
Other:		\$-

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

17-103



State of Nevada
VEHICLE ACCIDENT REPORT

For State Use Only:	
State Claim No.	17-352
Budget Acct. No.	
Coverage	
Adjuster	

INSTRUCTIONS: (If you need more space, attach a separate sheet of paper)
 ✎ Complete as much information as possible at the scene.
 ✎ **REPORT all accidents involving third parties**, whether or not there is damage or injury.
 ☑ Cooperate with investigating officer(s) and the State's adjuster(s).
 ☑ Notify Attorney General's Office ASAP if there is an injury. Tel.: (775) 684-1263; Fax: (775) 684-1275

- Sent original to AG's Office **WITHIN 48 HOURS**
 Claims Manager, Office of the Attorney General,
 100 N. Carson Street, Carson City, NV 89701
- Sent copy to Risk Management **WITHIN 48 HOURS**
 Risk Management, 201 S. Roop Street, Suite 201,
 Carson City, NV 89701

Date of Accident 5/16/17 Time 12:38 ^{A.M.}/_{P.M.} Location of Accident Sahara & Decatur

OUR INFORMATION:

Driver's Name [REDACTED] Agency ADSD - DRC

Office Address 5550 W. Flamingo Blvd. B1, Las Vegas, NV 89103 Bus. phone 702-486-5815

Driver's Lic. No. [REDACTED] State NV Expiration Date [REDACTED]

Contact Person [REDACTED] Title [REDACTED] Phone [REDACTED]

Is this a **MOTOR POOL** vehicle? Yes No Vehicle ID No.(VIN) 1G1AL55F767781016

Plate No. EX51069 Year 2006 Make Chevrolet Model Cobalt

Location of Vehicle
Motor Pool - 7060 LaCienega St., Las Vegas, NV 89119

Describe damage to State vehicle: Windshield damage only; no other party involved
Front end damage

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

OWNER'S NAME [REDACTED] Daytime Phone [REDACTED]

Address [REDACTED] City/State/Zip Las Vegas, NV 89129

Insurance Company [REDACTED] Policy No. [REDACTED] City/State [REDACTED]

Insurance Agent Cheryl Hassan Phone No. 702-384-5555

Plate No. 45J LJU State NV Year 2012 Make SCION Model TC

DRIVER'S NAME [REDACTED] Daytime Phone [REDACTED]

Address [REDACTED] City/State/Zip [REDACTED]

Driver's Lic. No. [REDACTED] State NV Expiration Date [REDACTED]

Describe damage to other vehicle and any injuries reported Rear end damage to vehicle.

Injuries reported: stiff back and bleeding lip.

Office of the Attorney General

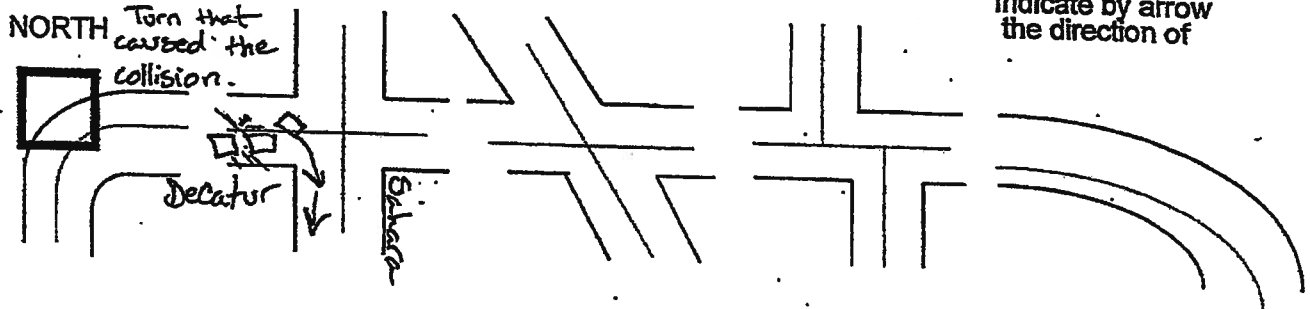
EXPLAIN WHAT HAPPENED:

As I was approaching Sahara from Decatur, the light just turned green and speed was picking up, suddenly the cars ahead of me suddenly stop to yield to the turning ~~truck~~ car. Causing the car ahead of me to stop suddenly and then the state vehicle hit the back of vehicle in front of me.

Accident Reported to (NHP, Metro, Reno P.D., etc.) Metro Police Dep. Report # 170516002017

Citations Issued? No Yes If "Yes," explain Following to close.

Complete the following diagram showing direction and positions of automobiles involved. Clearly designate point of contact.



_____ path before accident - - - - - path after accident + + + + + Railroad ◆ Stop Sign ○ Stop Light ↑ Pedestrian

WITNESSES: Witness card given/statement taken

Name	Address	Phone
[Redacted]		[Redacted]

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

Name	Address	Phone
Maja Yanos - Passenger		

Agency Information: Damage estimates attached Estimates will follow

State Driver's Signature _____ Date 5/24/17

Reviewed by Safety Coordinator _____ Date _____

Reviewed by Department Head _____ Date _____

STANDARD PAGE ~ BID# 8477 POLICE VEHICLES

fleet@fordcountrylv.com

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

Specify State's Vehicle Item Number: 1.2; SUV, 4 Door; 5-6 passengers (page 1)		
Please provide MSRP pricing: \$33,265		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
2018, Ford, Utility Police Interceptor AWD (K8A)	\$29,663.00	\$29,263.00
State vehicle miles per gallon (MPG) 17/23 AWD		
State manufactures warranty: 3yr - 36k bumper to bumper / 5yr - 60k powertrain		
Specify engine size and emission rating: 3.7L V6 E85 FLEX FUEL		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List available colors:		
Arizona Beige, Medium Brown, Smokestone, Dark Toreador Red, Kodiak Brown, Norsesea Blue,		
Dark Blue, Medium Titanuim, Light Blue, Vermillion Red, Silver Gray, Shadow Black,		
Oxford White, Sterling Gray, Ingot Silver, Royal Blue, Blue Metallic		
Seats, Cloth: List available colors: Charcoal Black		
GVW: N/A	WHEELBASE: 113" LENGTH: 197"	

Event Number: 170401220		STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 01/2016			Crash Number: NHP170401220		Scene Information		
Code Revision: 01/01/2016				<input checked="" type="checkbox"/> 1) Property <input type="checkbox"/> 2) Injury <input type="checkbox"/> 3) Fatal					
<input checked="" type="checkbox"/> 1) Urban <input type="checkbox"/> 2) Rural	<input type="checkbox"/> 1) Emergency Use <input type="checkbox"/> 2) Office Report	<input type="checkbox"/> 1) Preliminary Report <input checked="" type="checkbox"/> 2) Initial Report	<input type="checkbox"/> 3) Resubmission <input type="checkbox"/> 4) Supplement Report	<input type="checkbox"/> 1) Hit and Run <input type="checkbox"/> 2) Private Property	Agency Name: NEVADA HIGHWAY PATROL				
Crash Date 4 / 14 / 2017	Time 1335	Day FRI	Beat / Sector HRW1	<input checked="" type="checkbox"/> 1) County WASHOE	<input type="checkbox"/> 2) City				
Mile Marker 11	# Vehicles 2	# Non Motorists 0	# Occupants 2	# Fatalities 0	# Injured 0	# Restrained 2			
Occurred On: (Highway # or Street Name) <input type="checkbox"/> 1) Parking Lot <input type="checkbox"/> 2) Active School Zone IR80									
<input type="checkbox"/> 1) At Intersection With: <input checked="" type="checkbox"/> 2) Or 1000 <input checked="" type="checkbox"/> 3) Feet <input type="checkbox"/> 4) Miles <input checked="" type="checkbox"/> 5) Approximate WEST Of (Cross Street) MILE MARKER 11									
Surface <input checked="" type="checkbox"/> 1) Asphalt <input type="checkbox"/> 2) Concrete <input type="checkbox"/> 3) Gravel <input type="checkbox"/> 4) Dirt <input type="checkbox"/> 5) Other		Intersection <input type="checkbox"/> 1) Four Way <input type="checkbox"/> 4) Y <input type="checkbox"/> 2) > Four Way <input type="checkbox"/> 5) Roundabout <input type="checkbox"/> 3) T <input type="checkbox"/> 7) L <input type="checkbox"/> 6) Other		Paddle Markers <input type="checkbox"/> 1) None <input type="checkbox"/> 2) Left Side <input type="checkbox"/> 3) Right Side <input checked="" type="checkbox"/> 4) Both Sides <input type="checkbox"/> 5) Unknown		Access Control <input type="checkbox"/> 1) None <input checked="" type="checkbox"/> 2) Full <input type="checkbox"/> 3) Partial			
Roadway Character <input type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Hillcrest <input type="checkbox"/> 3) Curve & Level <input type="checkbox"/> 4) Straight & Grade <input type="checkbox"/> 5) Straight & Hillcrest <input checked="" type="checkbox"/> 6) Straight & Level <input type="checkbox"/> 7) Unknown <input type="checkbox"/> 8) Other		Roadway Conditions <input checked="" type="checkbox"/> 1) Dry <input type="checkbox"/> 7) Slush <input type="checkbox"/> 2) Icy <input type="checkbox"/> 8) Standing Water <input type="checkbox"/> 3) Wet <input type="checkbox"/> 9) Moving Water <input type="checkbox"/> 4) Snow <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Sand / Mud / Dirt / Gravel <input type="checkbox"/> 6) Other <input type="checkbox"/> 11) Oil		Total Thru Lanes Main Road <input type="checkbox"/> 1) One <input type="checkbox"/> 2) Two <input checked="" type="checkbox"/> 3) Three <input type="checkbox"/> 4) Four <input type="checkbox"/> 5) Five <input type="checkbox"/> 6) > 5 Total All Lanes: 3		Average Roadway Widths Travel Lane 12 Ft Storage / Turn Lane 0 Ft Median 20 Ft Paved Shoulder Inside 8 Outside 12		Roadway Grade <input checked="" type="checkbox"/> 1) Not Determined <input type="checkbox"/> 2) Relatively Level Roadway <input type="checkbox"/> 3) Up Slope (+) <input type="checkbox"/> 4) Down Slope (-) Grade %	
Pavement Markings <input type="checkbox"/> 1) Centerline, Broken Yellow <input type="checkbox"/> 2) Centerline, Solid Yellow <input type="checkbox"/> 3) Centerline, Double Yellow <input checked="" type="checkbox"/> 4) Lane Line, Broken White <input type="checkbox"/> 5) Lane Line, Solid White <input type="checkbox"/> 6) No Passing, Either Direction <input type="checkbox"/> 7) Turn Arrow Symbols			Roadway Description <input type="checkbox"/> 1) Two-Way, Not Divided <input type="checkbox"/> 2) Two-Way, Divided, Unpro, Median <input checked="" type="checkbox"/> 3) Two-Way, Divided, Median Barrier <input type="checkbox"/> 4) One-Way, Not Divided <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 6) Off Road		Weather Conditions <input checked="" type="checkbox"/> 1) Clear <input type="checkbox"/> 7) Fog, Smog, Smoke, Ash <input type="checkbox"/> 2) Cloudy <input type="checkbox"/> 8) Severe Crosswinds <input type="checkbox"/> 3) Snow <input type="checkbox"/> 9) Sleet / Hail <input type="checkbox"/> 4) Rain <input type="checkbox"/> 10) Unknown <input type="checkbox"/> 5) Blowing Sand, Dirt, Soil <input type="checkbox"/> 6) Other <input type="checkbox"/> 11) Blowing Snow				
Light Conditions <input type="checkbox"/> 1) Dark <input type="checkbox"/> 6) Dark—No Roadway Lighting <input type="checkbox"/> 2) Dawn <input type="checkbox"/> 7) Dark—Spot Roadway Lighting <input checked="" type="checkbox"/> 3) Daylight <input type="checkbox"/> 8) Dark—Continuous Roadway Lighting <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 9) Dark—Unknown Roadway Lighting <input type="checkbox"/> 5) Other		Vehicle Collision Type <input type="checkbox"/> 1) Head On <input type="checkbox"/> 6) Sideswipe - Meeting <input checked="" type="checkbox"/> 2) Rear End <input type="checkbox"/> 7) Sideswipe - Overtaking <input type="checkbox"/> 3) Backing <input type="checkbox"/> 8) Non Collision <input type="checkbox"/> 4) Angle <input type="checkbox"/> 9) Unknown <input type="checkbox"/> 5) Rear to Rear <input type="checkbox"/> 10) Rear to Side		Location of First Event <input checked="" type="checkbox"/> 1) Travel Lane 3 <input type="checkbox"/> 2) Turn Lane <input type="checkbox"/> 3) Gore <input type="checkbox"/> 4) Median <input type="checkbox"/> 5) Inside Shoulder <input type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 7) Intersection <input type="checkbox"/> 8) Private Property <input type="checkbox"/> 9) Roadside <input type="checkbox"/> 10) Other <input type="checkbox"/> 11) Ramp <input type="checkbox"/> 12) Unknown <input type="checkbox"/> 13) Separator <input type="checkbox"/> 14) Parking Lane/Zone					
Roadway / Environment Factors <input type="checkbox"/> 1) None <input type="checkbox"/> 2) Weather <input type="checkbox"/> 3) Debris <input type="checkbox"/> 4) Glare <input type="checkbox"/> 5) Other Roadway <input type="checkbox"/> 6) Other Environmental <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 8) Road Obstruction <input type="checkbox"/> 9) Worn Traffic Surface		Roadway / Environment Factors <input type="checkbox"/> 10) Wet, Icy, Snow, Slush <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 14) Animal in Roadway <input type="checkbox"/> 15) Unknown <input type="checkbox"/> 16) Visual Obstruction <input type="checkbox"/> 17) Backup Prior Crash <input type="checkbox"/> 18) Backup Non Recurring Incident		Type of Work Zone <input type="checkbox"/> 1) Lane Closure <input type="checkbox"/> 2) Lane Shift/Crossover <input type="checkbox"/> 3) Work on Shoulder or Median <input type="checkbox"/> 4) Intermittent/Moving Work <input type="checkbox"/> 5) Other Workers Present <input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No		Work Area Zone <input type="checkbox"/> 1) Advanced Warning Area <input type="checkbox"/> 2) Transition Area <input type="checkbox"/> 3) Activity Area <input type="checkbox"/> 4) Termination Area Law Enforcement Present <input type="checkbox"/> 1) No <input type="checkbox"/> 2) Officer Present <input type="checkbox"/> 3) LE Vehicle Only Present			
Describe Property Damage:				Property Damage To Other Than Vehicle					
				Owner's Name: _____ <input type="checkbox"/> 1) Owner Notified					
				Owner's Address: (Street Address City, State Zip) NV					
First Harmful Event	Code # 214	Description: MOTOR VEHICLE IN TRANSPORT							
Investigation Complete <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	Photos Taken <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	Scene Diagram <input type="checkbox"/> 1) Yes <input checked="" type="checkbox"/> 2) No	Statements <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No #2	Date Notified 4 / 14 / 2017	Time Notified 1337	Arrival Date 4 / 14 / 2017	Arrival Time 1347		
Investigator(s) Laprairie		ID Number H6320	Date 4 / 14 / 2017	Reviewed By Gregory Moore		Date Reviewed 4 / 17 / 2017	Page 1 of 6		

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Event Number: 170401220

Code Revision: 01/01/2016

**STATE OF NEVADA
TRAFFIC CRASH REPORT
SCENE INFORMATION SHEET**
Revised 10/20/15

Crash Number:
NHP170401220

Scene Information

Agency Name:
NEVADA HIGHWAY PATROL

Description of Crash / Narrative

V1 AND V2 WERE TRAVELING WESTBOUND IR 80 IN THE NUMBER 3 TRAVEL LANE. V1 WAS BEHIND V2. V2 SLOWED DOWN DUE TO TRAFFIC CONDITIONS AHEAD. THE FRONT OF V1 STRUCK THE REAR OF V2. BOTH VEHICLES WERE MOVED PRIOR TO THE ARRIVAL OF NHP.

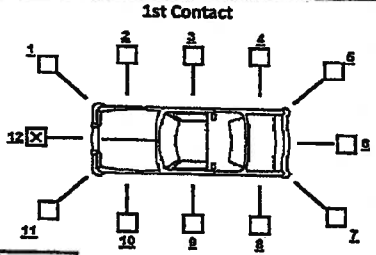


Indicate North

A.I.C.: _____

Page
2 of 6

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Event Number: 170401220		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016			Crash Number: NHP170401220		Vehicle Information								
Vehicle # V1	# Occupants 1	<input checked="" type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Number: NEVADA HIGHWAY PATROL											
Direction of Travel: <input type="checkbox"/> 1) North <input type="checkbox"/> 3) East <input type="checkbox"/> 2) South <input checked="" type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown		Roadway / Street Name: IR80			Travel Lane #: 3										
Vehicle Action: <input checked="" type="checkbox"/> 1) Straight <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 2) Backing <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 6) Parked		<input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 9) Passing <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 19) Unknown		<input type="checkbox"/> 8) Stopped <input type="checkbox"/> 10) Racing <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 15) Enter Parked <input type="checkbox"/> 17) Lane Change <input type="checkbox"/> 22) Negotiating a Curve											
Driver: (Last Name, First Name, Middle Name Suffix) [REDACTED]				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____											
Street Address: [REDACTED]				Transported To:											
City: RENO		State / Country <input checked="" type="checkbox"/> 1) NV		Zip Code: 89506		Person Type: 1		Seating Position: 1		Occupant Restraints: 7					
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <input checked="" type="checkbox"/> 2) Female		DOB: [REDACTED]		Phone Number: [REDACTED]		Injury Severity: 0		Injury Location:							
OLN: [REDACTED]		State: NV <input checked="" type="checkbox"/> 1) NV		Class: <input type="checkbox"/> 1) CDL <input checked="" type="checkbox"/> 2) DL		License Status: 0		Airbags: 2		Airbag Switch: [REDACTED]		Ejected: 0		Trapped: 0	
Compliance: <input type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements:		Restrictions:		Driver Factors									
Alcohol / Drug Involvement <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown		Method of Determination (check up to 2) <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 6) Preliminary Breath Test		Test Results:		<input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 10) Unknown									
Vehicle Year: 2006		Vehicle Make: STRN		Vehicle Model: ION LEVEL 3		Vehicle Type: SEDAN 4-DOOR									
Plate / Permit No.: DNCNWL		State: NV <input checked="" type="checkbox"/> 1) NV		Expiration Date: 10 / 15 / 2017		Vehicle Color: GLD									
Vehicle Identification Number: 1G8AL55B6Z143455															
Registered Owner Name: [REDACTED]															
<input type="checkbox"/> 1) Same As Driver															
Registered Owner Address: [REDACTED]															
Insurance Company Name: ALLSTATE															
<input checked="" type="checkbox"/> 1) Insured															
Policy number: [REDACTED] Effective: [REDACTED] To: [REDACTED]															
Insurance Company Address or Phone Number: 800-255-7828															
<input type="checkbox"/> 1) Vehicle Towed Towed By: AAA RENO															
Removed To: TOW YARD															
Traffic Control <input type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 11) Stop Sign <input type="checkbox"/> 3) Flashing Traffic Control Signal <input type="checkbox"/> 12) Yield Sign <input type="checkbox"/> 4) School Zone Sign / Device <input type="checkbox"/> 13) Railway Crossing Sign / Device <input type="checkbox"/> 5) Pedestrian Signal / Sign <input type="checkbox"/> 14) Chain / Snow Tire Req. Device <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 20) Officer / Flagger <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 10) Other _____				Distance Traveled After Impact MOVED		Speed Estimate From 45 To 55 Limit 65		1st Contact 				Damaged Areas <input type="checkbox"/> 1) Front <input type="checkbox"/> 2) Right Side <input type="checkbox"/> 3) Left Side <input type="checkbox"/> 4) Rear <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 7) Top <input type="checkbox"/> 8) Under Carriage <input type="checkbox"/> 9) Left Front <input type="checkbox"/> 10) Left Rear <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Other Extent of Damage <input type="checkbox"/> 1) Minor <input type="checkbox"/> 4) Total <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 5) None <input type="checkbox"/> 3) Major <input type="checkbox"/> 6) Unknown			
Sequence of Events															
Code #		Description				Collision With Fixed Object		Most Harmful Event							
1st 214		MOTOR VEHICLE IN TRANSPORT				<input type="checkbox"/>		<input checked="" type="checkbox"/>							
2nd						<input type="checkbox"/>		<input type="checkbox"/>							
3rd						<input type="checkbox"/>		<input type="checkbox"/>							
4th						<input type="checkbox"/>		<input type="checkbox"/>							
5th						<input type="checkbox"/>		<input type="checkbox"/>							
<input checked="" type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending (1) 484B.603		Violation FAILURE TO USE DUE CARE				NOC 53871		Citation Number X01761927							
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC (2)		Violation				NOC		Citation Number							
Investigator(s) Lapralrfe		ID Number H6320		Date 4 / 14 / 2017		Reviewed By Gregory Moore		Date Reviewed 4 / 17 / 2017		Page 3 of 6					

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Event Number: 170401220		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016		Crash Number: NHP170401220		Vehicle Information	
Name: (Last Name, First Name, Middle Name Suffix)				Agency Number: NEVADA HIGHWAY PATROL			
Street Address:				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Transported To:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown		DOB: / /		Phone Number:		Person Type:	
<input type="checkbox"/> 2) Female						Seating Position:	
						Occupant Restraints:	
						Injury Severity:	
						Injury Location:	
						Airbags:	
						Airbag Switch:	
						Ejected:	
						Trapped:	
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown		DOB: / /		Phone Number:		Seating Position:	
<input type="checkbox"/> 2) Female						Occupant Restraints:	
						Injury Severity:	
						Injury Location:	
						Airbags:	
						Airbag Switch:	
						Ejected:	
						Trapped:	
Name: (Last Name, First Name, Middle Name Suffix)				Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other			
Street Address:				Transported To:			
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type:	
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown		DOB: / /		Phone Number:		Seating Position:	
<input type="checkbox"/> 2) Female						Occupant Restraints:	
						Injury Severity:	
						Injury Location:	
						Airbags:	
						Airbag Switch:	
						Ejected:	
						Trapped:	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		State: <input type="checkbox"/> 1) NV Type:	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		State: <input type="checkbox"/> 1) NV Type:	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				Plate:		State: <input type="checkbox"/> 1) NV Type:	
Commercial Vehicle Configuration							
<input type="checkbox"/> 1) Commercial Vehicle				<input type="checkbox"/> 2) School Bus			
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 4) Single > 3 Axle <input type="checkbox"/> 5) Any 4 Tire Vehicle				<input type="checkbox"/> 6) Tractor Only <input type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 8) Tractor / Doubles <input type="checkbox"/> 9) Tractor / Triples <input type="checkbox"/> 10) Truck with Trailer			
<input type="checkbox"/> 11) Tractor / Semi Trailer <input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat) <input type="checkbox"/> 13) Light Truck, (Haz-Mat) <input type="checkbox"/> 14) Other Heavy Vehicle				Source <input type="checkbox"/> 1) Driver <input type="checkbox"/> 2) Log Book <input type="checkbox"/> 3) Shipping Papers / Trip Manifest <input type="checkbox"/> 4) State Reg. <input type="checkbox"/> 5) Side Of Vehicle <input type="checkbox"/> 6) Other			
Carrier Name:				Power Unit GCWR <input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs.			
				<input type="checkbox"/> 1) Hazmat <input type="checkbox"/> 2) Released			
Carrier Street Address:				City:		State <input type="checkbox"/> 1) NV Zip Code:	
Cargo Body Type				Haz-Mat ID #:		Type of Carrier	
<input type="checkbox"/> 1) Pole <input type="checkbox"/> 2) Tank <input type="checkbox"/> 3) Flatbed <input type="checkbox"/> 4) Dump <input type="checkbox"/> 5) Unknown				<input type="checkbox"/> 6) Van / Box <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 8) Auto Carrier <input type="checkbox"/> 9) Garbage / Refuse <input type="checkbox"/> 10) Not Applicable		<input type="checkbox"/> 11) Grain, Gravel Chips <input type="checkbox"/> 12) Bus, 9—15 Occupants <input type="checkbox"/> 13) Bus, > 15 Occupants <input type="checkbox"/> 14) Other	
				Hazard Classification #:		NAS Safety Report #:	
						Carrier Number:	
						Page 4 of 6	


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Event Number: 170401220		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016			Crash Number: NHP170401220		Vehicle Information						
Vehicle # V2	# Occupants 1	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Number: NEVADA HIGHWAY PATROL									
Direction of Travel: <input type="checkbox"/> 1) North <input type="checkbox"/> 2) South <input checked="" type="checkbox"/> 3) East <input checked="" type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown		Roadway / Street Name: IR80			Travel Lane #: 3								
Vehicle Action: <input checked="" type="checkbox"/> 1) Straight <input type="checkbox"/> 2) Backing <input type="checkbox"/> 3) Left Turn <input type="checkbox"/> 4) Right Turn <input type="checkbox"/> 5) U-Turn <input type="checkbox"/> 6) Parked <input type="checkbox"/> 7) Wrong Way <input type="checkbox"/> 8) Stopped <input type="checkbox"/> 9) Passing <input type="checkbox"/> 10) Raging <input type="checkbox"/> 11) Leaving Parked <input type="checkbox"/> 12) Entering Lane <input type="checkbox"/> 13) Leaving Lane <input type="checkbox"/> 14) Enter Parked <input type="checkbox"/> 15) Driverless Vehicle <input type="checkbox"/> 16) Lane Change <input type="checkbox"/> 17) Unknown <input type="checkbox"/> 18) Negotiating a Curve													
Driver: (Last Name, First Name, Middle Name, Suffix) [REDACTED]				Transported By: <input checked="" type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other									
Street Address: [REDACTED]				Transported To:									
City: RENO		State / Country: <input checked="" type="checkbox"/> 1) NV		Zip Code: 89506		Person Type: 1		Seating Position: 1		Occupant Restraints: 7			
<input type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female <input type="checkbox"/> 3) Unknown		DOB: [REDACTED]		Phone Number: [REDACTED]		Injury Severity: 0		Injury Location:					
State: NV		Class: C		License Status: 0		Airbags: 2		Airbag Switch:		Ejected: 0		Trapped: 0	
Compliance: <input checked="" type="checkbox"/> 1) Restrict <input type="checkbox"/> 2) Endorse		Endorsements:		Restrictions: 1		Driver Factors							
Alcohol / Drug Involvement: <input checked="" type="checkbox"/> 1) Not Involved <input type="checkbox"/> 2) Suspected Impairment <input type="checkbox"/> 3) Alcohol <input type="checkbox"/> 4) Drugs <input type="checkbox"/> 5) Unknown		Method of Determination (check up to 2): <input type="checkbox"/> 1) Field Sobriety Test <input type="checkbox"/> 2) Evidentiary Breath <input type="checkbox"/> 3) Driver Admission <input type="checkbox"/> 4) Urine Test <input type="checkbox"/> 5) Blood Test <input type="checkbox"/> 6) Preliminary Breath Test		Test Results:		<input checked="" type="checkbox"/> 1) Apparently Normal <input type="checkbox"/> 2) Had Been Drinking <input type="checkbox"/> 3) Drug Involvement <input type="checkbox"/> 4) Apparently Fatigued / Asleep <input type="checkbox"/> 5) Obstructed View <input type="checkbox"/> 6) Driver Ill / Injured <input type="checkbox"/> 7) Other Improper Driving <input type="checkbox"/> 8) Driver Inattention / Distracted <input type="checkbox"/> 9) Physical Impairment <input type="checkbox"/> 10) Unknown							
Vehicle Year: 2006		Vehicle Make: CHEVROLET		Vehicle Model: COBALT		Vehicle Type: SEDAN 4-DOOR							
Plate / Permit No.: EX51070		State: NV		Expiration Date: EX / EM / PT		Vehicle Color: BLU							
Vehicle Identification Number: 1G1AL55F967787691		Registered Owner Name: NEVADA STATE MOTOR POOL, <input type="checkbox"/> 1) Same As Driver											
Registered Owner Address: 750 E KING ST, CARSON CITY, NV 89701		Insurance Company Name: SELF INSURED <input checked="" type="checkbox"/> 1) Insured											
Policy number: SELF INSURED		Effective: 12 / 31 / 2016		To: 12 / 31 / 2017		Insurance Company Address or Phone Number:							
<input type="checkbox"/> 1) Vehicle Towed		Towed By: *RETAINED BY DRIVER											
Removed To:													
Traffic Control				Distance Traveled After Impact: MOVED		Speed Estimate: From 25 To 35 Limit 65		1st Contact Diagram				Damaged Areas	
<input type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 3) Flashing Traffic Control Signal <input type="checkbox"/> 4) School Zone Sign / Device <input type="checkbox"/> 5) Pedestrian Signal / Sign Device <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 9) Other				<input type="checkbox"/> 11) Stop Sign <input type="checkbox"/> 12) Yield Sign <input type="checkbox"/> 13) Railway Crossing Sign / Device <input type="checkbox"/> 14) Chain / Snow Tire Rest. <input type="checkbox"/> 15) Officer / Flagger <input type="checkbox"/> 16) Unknown		Sequence of Events				<input type="checkbox"/> 1) Front <input type="checkbox"/> 2) Right Side <input type="checkbox"/> 3) Left Side <input type="checkbox"/> 4) Rear <input type="checkbox"/> 5) Right Front <input type="checkbox"/> 6) Right Rear <input type="checkbox"/> 7) Top <input type="checkbox"/> 8) Under Carriage <input type="checkbox"/> 9) Left Front <input type="checkbox"/> 10) Left Rear <input type="checkbox"/> 11) Unknown <input type="checkbox"/> 12) Other			
<input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending <input type="checkbox"/> 1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC				Violation		NOC		Citation Number					
Investigator(s): Laprairie				ID Number: H6320		Date: 4 / 14 / 2017		Reviewed By: Gregory Moore		Date Reviewed: 4 / 17 / 2017		Page 5 of 6	

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Event Number: 170401220		STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016			Crash Number: NHP170401220		Vehicle Information				
					Agency Number: NEVADA HIGHWAY PATROL						
Name: (Last Name, First Name, Middle Name Suffix)						Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____					
Street Address:						Transported To: _____					
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type:	Seating Position:	Occupant Restraints:			
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3 Unknown		DOB: / /		Phone Number:		Injury Severity:	Injury Location:				
<input type="checkbox"/> 2) Female						Airbags:	Airbag Switch:	Ejected:			
							Trapped:				
Name: (Last Name, First Name, Middle Name Suffix)						Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____					
Street Address:						Transported To: _____					
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type:	Seating Position:	Occupant Restraints:			
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3 Unknown		DOB: / /		Phone Number:		Injury Severity:	Injury Location:				
<input type="checkbox"/> 2) Female						Airbags:	Airbag Switch:	Ejected:			
							Trapped:				
Name: (Last Name, First Name, Middle Name Suffix)						Transported By: <input type="checkbox"/> 1) Not Transported <input type="checkbox"/> 2) EMS <input type="checkbox"/> 3) Police <input type="checkbox"/> 4) Unknown <input type="checkbox"/> 5) Other _____					
Street Address:						Transported To: _____					
City:		State / Country <input type="checkbox"/> 1) NV		Zip Code:		Person Type:	Seating Position:	Occupant Restraints:			
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3 Unknown		DOB: / /		Phone Number:		Injury Severity:	Injury Location:				
<input type="checkbox"/> 2) Female						Airbags:	Airbag Switch:	Ejected:			
							Trapped:				
<input type="checkbox"/> 1) Trailing Unit 1 VIN :						Plate:	State:	<input type="checkbox"/> 1) NV Type:			
<input type="checkbox"/> 1) Trailing Unit 1 VIN :						Plate:	State:	<input type="checkbox"/> 1) NV Type:			
<input type="checkbox"/> 1) Trailing Unit 1 VIN :						Plate:	State:	<input type="checkbox"/> 1) NV Type:			
Commercial Vehicle Configuration											
						<input type="checkbox"/> 1) Commercial Vehicle			<input type="checkbox"/> 2) School Bus		
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 4) Single > 3 Axle <input type="checkbox"/> 5) Any 4 Tire Vehicle						<input type="checkbox"/> 6) Tractor Only <input type="checkbox"/> 7) Tractor / Trailer <input type="checkbox"/> 8) Tractor / Doubles <input type="checkbox"/> 9) Tractor / Triples <input type="checkbox"/> 10) Truck with Trailer			<input type="checkbox"/> 11) Tractor / Semi Trailer <input type="checkbox"/> 12) Passenger Vehicle, (Haz-Mat) <input type="checkbox"/> 13) Light Truck, (Haz-Mat) <input type="checkbox"/> 14) Other Heavy Vehicle		
						Source					
						<input type="checkbox"/> 1) Driver	<input type="checkbox"/> 2) Log Book	<input type="checkbox"/> 3) Shipping Papers / Trip Manifest	<input type="checkbox"/> 4) State Reg.	<input type="checkbox"/> 5) Side Of Vehicle	
						<input type="checkbox"/> 1) Hazmat	<input type="checkbox"/> 2) Released	<input type="checkbox"/> 6) Other			
Carrier Name:						Power Unit GCWR					
						<input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 25,000 Lbs. <input type="checkbox"/> 3) ≥ 25,001 Lbs.			<input type="checkbox"/> 1) Hazmat <input type="checkbox"/> 2) Released		
Carrier Street Address:						City:		State <input type="checkbox"/> 1) NV		Zip Code:	
Cargo Body Type <input type="checkbox"/> 1) Pole <input type="checkbox"/> 6) Van / Box <input type="checkbox"/> 11) Grain, Gravel Chips <input type="checkbox"/> 2) Tank <input type="checkbox"/> 7) Concrete Mixer <input type="checkbox"/> 12) Bus, 9-15 Occupants <input type="checkbox"/> 3) Flatbed <input type="checkbox"/> 8) Auto Carrier <input type="checkbox"/> 13) Bus, > 15 Occupants <input type="checkbox"/> 4) Dump <input type="checkbox"/> 9) Garbage / Refuse <input type="checkbox"/> 14) Other <input type="checkbox"/> 5) Unknown <input type="checkbox"/> 10) Not Applicable						Haz-Mat ID #:		Type of Carrier		NAS Safety Report #:	
						Hazard Classification #:		<input type="checkbox"/> 1) Single State	<input type="checkbox"/> 2) USDOT	Carrier Number:	
								<input type="checkbox"/> 3) Canada	<input type="checkbox"/> 4) Mexico		
								<input type="checkbox"/> 5) None		Page of	

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You are? (Please circle one) <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Victim <input type="checkbox"/> Other			<h1>VOLUNTARY STATEMENT</h1>		Event /
Date & Time of Statement					Date & Time of Accident / Event
Your Name (Last / First / Middle)		Date of Birth		Are you Injured?	Citation No.: <u>K01761927</u> If yes, please describe the injuries:
Residence Address: (Number, Street & Bldg./Apt No.)		City		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Driver License Number State
Work Address: (Number & Street)		City		State Zip Code	Home Phone: [REDACTED]
Additional or Emergency Contact Name(s) & Number(s):		Work Schedule (Hours)		Days Off	Work/Cell Phone: Business / School / Agency Name:
Best Place & Time of day to contact you:		Vehicle: Year & Make		License No. State	Occupation: [REDACTED] Depart Date (if visitor):
					Did you use your seat belt? <input checked="" type="checkbox"/> Yes No N/A

PASSENGER INFORMATION (OTHER THAN DRIVER)

Seating Position	Full Name	Address	Date of Birth	Phone Number	Restraints S/B A/B Injured


PLEASE WRITE BELOW WHAT HAPPENED:


I was driving towards to McClauran exit and was in the far right hand lane. The car in front of me started to slow down. I slammed on my breaks but did not stop in time and hit the car in front of me.

COPY

APR -- 2017

NOT TO BE REPRODUCED OR RE-DISSEMINATED

This Statement is given voluntarily and I affirm the Truth and Accuracy of the facts contained herein: X 	Witnessed by: _____ P No. _____	<input type="checkbox"/> Continued on back
---	------------------------------------	--

You are? (Please circle one) <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Witness <input type="checkbox"/> Victim <input type="checkbox"/> Other			<h1>VOLUNTARY STATEMENT</h1>		Event / Case No. <u>170401200</u> CAD No.
Date & Time of Statement: <u>4.4.17 10:00am</u> Date & Time of Accident / Event: <u>4.4.17 8:40pm</u>			Your current Location: <u>180W between KEVIN & MILLUM</u>	Are you injured? Yes No <input checked="" type="checkbox"/> N/A	Citation No.:
Your Name (Last / First / Middle): [REDACTED]		Date of Birth: [REDACTED]	Driver License Number: [REDACTED]	State:	
Residence Address: (Number, Street & Bldg./Apt No.) [REDACTED]		City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]	
Work Address: (Number & Street) [REDACTED]		City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]	
Additional or Emergency Contact, Name(s) & Number(s): [REDACTED]		Work Schedule (Hours): [REDACTED]	Days Off: [REDACTED]	Home Phone: [REDACTED]	
Best Place & Time of day to contact you: [REDACTED]		Vehicle; Year & Make: <u>Chev/Cobalt</u>	License No.: <u>8510X</u>	State:	
Business / School / Agency Name: <u>State of NV</u>		Occupation: <u>Police Officer</u>		Depart Date (if visitor):	
Did you use your seat belt?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			

PASSENGER INFORMATION (OTHER THAN DRIVER)

Seating Position	Full Name	Address	Date of Birth	Phone Number	Restraints	S/B	A/B	Injured
<i>None</i>								

PLEASE WRITE BELOW WHAT HAPPENED:

I slowed down as the traffic ahead of me was slowing down & she rear ended me.

COPY

APR 2017

NOT TO BE REPRODUCED OR RE-DISSEMINATED

This Statement is given Voluntarily and I affirm the Truth and Accuracy of the facts contained herein: <i>X [Signature]</i>	Witnessed by:	<input type="checkbox"/> Continued on back P No.
--	---------------	--

STANDARD PAGE ~ BID# 8477 POLICE VEHICLES

fleet@fordcountrylv.com

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

Specify State's Vehicle Item Number: 1.2; SUV, 4 Door; 5-6 passengers (page 1)		
Please provide MSRP pricing: \$33,265		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
2018, Ford, Utility Police Interceptor AWD (K8A)	\$29,663.00	\$29,263.00
State vehicle miles per gallon (MPG) 17/23 AWD		
State manufactures warranty: 3yr - 36k bumper to bumper / 5yr - 60k powertrain		
Specify engine size and emission rating: 3.7L V6 E85 FLEX FUEL		
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:		
Exterior Color: List available colors:		
Arizona Beige, Medium Brown, Smokestone, Dark Toreador Red, Kodiak Brown, Norsesea Blue,		
Dark Blue, Medium Titanuim, Light Blue, Vermillion Red, Silver Gray, Shadow Black,		
Oxford White, Sterling Gray, Ingot Silver, Royal Blue, Blue Metallic		
Seats, Cloth: List available colors: Charcoal Black		
GVW: N/A	WHEELBASE: 113" LENGTH: 197"	

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STATE OF NEVADA
 Department of Public Safety
 Vehicle Damage Notification

17-121

Page 1 of 1

REGION Northern/Rural		DIVISION P&P		CAD/ACCIDENT NUMBER 2017-12773	
DATE FORM FILLED OUT 6/28/17		FROM Lt.J.Harp		CONTACT PHONE NUMBER 775-753-1213	
SEVERITY (PROPERTY, INJURY, FATAL) Property		INVESTIGATING AGENCY'S NAME Elko Police Department		INVESTIGATING OFFICER F.McKown	
NAME OF INVOLVED EMPLOYEE [REDACTED]		<input checked="" type="checkbox"/> SWORN	DATE OF ACCIDENT 6/28/29	TIME OF ACCIDENT 1330	
LOCATION ACCIDENT OCCURRED 2050 Idaho Street Elko, Nv 89801		<input type="checkbox"/> CIVILIAN			
INVOLVED DIVISION VEHICLE DESCRIPTION					
LICENSE PLATE	[REDACTED]	VIN	1FM5K8B8XGGC93209		
YEAR	2016	MAKE	Ford		
MODEL	Explorer	UNIT NUMBER			
WHAT IS THE NATURE AND EXTENT OF THE VEHICLE DAMAGE? Moderate					
ENTER NARRATIVE IN SPACE BELOW IS DIVISION VEHICLE V-1, V-2, V-3, ETC?					
Employee was traveling East on Idaho Street and came to a stop at a marked pedestrian cross walk. There was a pedestrian within the crosswalk. A Toyota pickup truck was traveling behind the employee and failed to stop. The Toyota pickup hit the rear of the state vehicle with the front of the Toyota pickup. The employee was not injured but shaken up and later cleared by a physician.					
CLICK HERE TO E-MAIL THIS COMPLETED FORM TO THE FOLLOWING RECIPIENTS YOU MUST SAVE THIS FORM TO YOUR COMPUTER AND ATTACH THE FILE TO YOUR E-MAIL					
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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Updated 02/19/2016

STATE OF NEVADA
 Department of Public Safety
 Vehicle Damage Notification
 Page 2 of 2

AD/ACCIDENT NUMBER	2017-12773	UNIT NUMBER	
OTHER VEHICLE DESCRIPTION(S) (IF APPLICABLE)			
LICENSE PLATE		VIN	STFUU4EN3DX052852
YEAR	2013	MAKE	Toyota
MODEL	Tacoma	UNIT NUMBER	
NAME		COLN/STATE	Pending
ADDRESS			
INSURANCE CARRIER			
INSURANCE ADDRESS	6300 Wilson Mills Rd. Mayfield Village, Ohio 44143		
INSURANCE POLICY NUMBER			
LICENSE PLATE		VIN	
YEAR		MAKE	
MODEL		UNIT NUMBER	
NAME		COLN/STATE	
ADDRESS			
INSURANCE CARRIER			
INSURANCE ADDRESS			
INSURANCE POLICY NUMBER			
LICENSE PLATE		VIN	
YEAR		MAKE	
MODEL		UNIT NUMBER	
NAME		COLN/STATE	
ADDRESS			
INSURANCE CARRIER			
INSURANCE ADDRESS			
INSURANCE POLICY NUMBER			

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Department of Public Safety
Vehicle Damage Notification

Page 3 of

AD/ACCIDENT NUMBER	UNIT NUMBER
PASSENGER(S) DETAILS (IF APPLICABLE)	
VEHICLE NUMBER	SEATING POSITION
NAME	COLN/STATE
ADDRESS	
PASSENGER(S) DETAILS (IF APPLICABLE)	
VEHICLE NUMBER	SEATING POSITION
NAME	COLN/STATE
ADDRESS	
PASSENGER(S) DETAILS (IF APPLICABLE)	
VEHICLE NUMBER	SEATING POSITION
NAME	COLN/STATE
ADDRESS	
PASSENGER(S) DETAILS (IF APPLICABLE)	
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VEHICLE NUMBER	SEATING POSITION
NAME	COLN/STATE
ADDRESS	
PASSENGER(S) DETAILS (IF APPLICABLE)	
VEHICLE NUMBER	SEATING POSITION
NAME	COLN/STATE
ADDRESS	
PASSENGER(S) DETAILS (IF APPLICABLE)	
VEHICLE NUMBER	SEATING POSITION
NAME	COLN/STATE
ADDRESS	

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Progressive
P.O. Box 512926
Los Angeles, CA 90051



NEVADA FLEET SERVICES DIVISION
750 E KING ST
CARSON CITY, NV 89701

ADVISE FOR PAYMENT 210372485		
Payee: NEVADA FLEET SERVICES DIVISION	Payment Date	07/20/2017
	Total Payment Amount	\$28,180.66
	Total Number of Invoices	1
If you have any questions regarding this payment, please call us at 1-800-274-4499.		

Details							
Claim Number:	Name:	Date of Loss:	Invoice Number:	Company:			
171134199	NEVADA FLEET SERVICE, S DIVISION	06/28/2017	37842538	Progressive Northern Insurance Company			
Type	Description	*Coverage	Reference	Identifier	Service Dates	Deductible	Payment Amount
Total Loss	Progressive Obtains Salvage	PD	N/A	16 FORD EXPLORER C93209	N/A	\$0.00	\$28,180.66
Total Payment Amount						\$28,180.66	

***Full Description of Coverage:**

PD - Property Damage Liability

Brian Sandoval
Governor

James R. Wells, CPA
Director

Janet Murphy
Deputy Director



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

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

Date: August 25, 2017
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Heather Field, Executive Budget Officer
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF FORESTRY**

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Conservation and Natural Resources, Division of Forestry requests approval to purchase three wildland fire response vehicles not to exceed \$1,105,112. This request is contingent on the approval of work program #C39977 at the October 2017 Interim Finance Committee meeting.

Additional Information:

The division seeks approval to purchase three wildland fire response vehicles to support wildland fire response. The vehicles will be funded from the agency's reserves.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: _____

cm

ACTION ITEM: _____



STATE OF NEVADA
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
NEVADA DIVISION OF FORESTRY
2478 Fairview Drive
Carson City, Nevada 89701
Phone (775) 684-2500 Fax (775) 684-2570

Memorandum

Date: August 24, 2017

To: Curtis Palmer, Executive Branch Budget Officer
Heather Field, Executive Branch Budget Officer
Governor's Finance Office

From: Julie L. Kidd, Administrative Services Officer III
Nevada Division of Forestry


Subject: Board of Examiners Request for Approval to Purchase State Vehicles

Pursuant to NRS 334.010, attached is a completed Request for Approval to Purchase three (3) State Vehicles. Please submit this request for placement on the agenda for the October Board of Examiners meeting.

This request to purchase three engines was initially included in the Division of Forestry's One-Shot request, SB537, during the 2017 Legislature. During a hearing of the Senate Committee on Finance held on May 30, 2017 regarding the bill, LCB fiscal staff suggested that the three firetrucks should be purchased using reserve funds available in the Wildland Fire Protection Program budget account. The committee did not act on this suggestion but removed the funding from SB 537. This work program moves funds from Category 86 Reserve to Category 05 equipment to purchase the three engines consistent with suggestions and discussion in that hearing. Due to the extended time required to fabricate this type of equipment, a 10 percent price increase contingency has been included in this work program.

Thank you in advance for your consideration of this request. Please advise if additional steps are necessary to process this request.

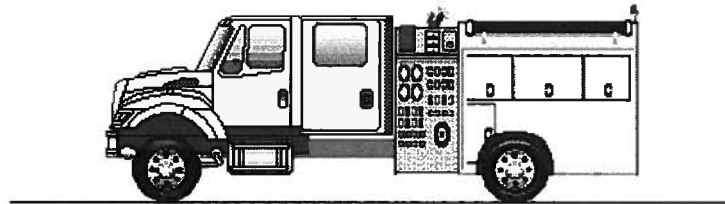
**Board of Examiners Request for Approval to Purchase a
State Vehicle Pursuant to NRS 334.010**

Agency Name: DCNR/Forestry	Budget Account #: 4194
Contact Name: Julie Kidd	Telephone Number: 775-884-2521
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p>Number of vehicles requested: <u>3</u> Amount of the request: <u>\$1,105,112.</u></p> <p>Is the requested vehicle(s) new or used: <u>New</u></p> <p>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Brush Engines</p> <p>Mission of the requested vehicle(s): Wildland Fire Protection</p>	
<p>Were funds legislatively approved for the request?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If yes, please provide the decision unit number:</p> <p>If no, please explain how the vehicles will be funded? With a transfer of funds from reserve</p>
<p>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</p> <p><input checked="" type="checkbox"/> <u> </u> Addition(s) <input type="checkbox"/> <u> </u> Replacement(s)</p>	
<p>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</p> <p>N/A</p>	
<p>Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p><u>Current Vehicle Information:</u> Vehicle #1 Model Year: Odometer Reading: Type of Vehicle:</p> <hr/> <p>Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:</p> <p><i>Please attach an additional sheet if necessary</i></p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</p> <p>N/A</p> <hr/> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p> <p>N/A</p>
<p>APPOINTING AUTHORITY APPROVAL:</p> <p> _____ <u>Acting State Forester</u> <u>8/24/17</u></p> <p>Agency Appointing Authority Title Date</p>	
<p>BOARD OF EXAMINERS' APPROVAL:</p> <p><input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase</p> <p>_____ Board of Examiners Date</p>	

Prepared For:
Nevada Division of Forestry
Brett Simerly
2478 Fairview Dr.
Carson City, NV 89701-6824
(775)687 - 4083
Reference ID: 2018 quote

Presented By:
SILVER STATE INTL
Ryan Parkins
2255 LARKIN CIRCLE
SPARKS NV 89431 -
(775)685-6000

Thank you for the opportunity to provide you with the following quotation on a new International truck. I am sure the following detailed specification will meet your operational requirements, and I look forward to serving your business needs.



Model Profile
2018 7400 SFA 4X4 (SR525)

APPLICATION:	Fire/Pumper (Emergency)
MISSION:	Requested GVWR: 39000. Calc. GVWR: 35000 Calc. Start / Grade Ability: 30.22% / 2.70% @ 55 MPH Calc. Geared Speed: 76.1 MPH
DIMENSION:	Wheelbase: 183.00, CA: 64.10, Axle to Frame: 41.00
ENGINE, DIESEL:	{Cummins L9 350} EPA 2017, 350 HP @ 2000 RPM, 1000 lb-ft Torque @ 1400 RPM, 2200 RPM Governed Speed, 350 Peak HP (Max)
TRANSMISSION, AUTOMATIC:	{Allison 3000EVS_P} 5th Generation Controls; Close Ratio, 6-Speed; with Double Overdrive, Includes Oil Level Sensor, with Provision for PTO, Less Retarder, with 80,000-lb GVW & GCW Max.
CLUTCH:	Omit Item (Clutch & Control)
AXLE, FRONT DRIVING:	{Meritor MX-12-120 EVO} Single Reduction, 12,000-lb Capacity, with Hub Piloted Wheel Mounting
AXLE, REAR, SINGLE:	{Meritor RS-23-160} Single Reduction, 23,000-lb Capacity, Driver Controlled Locking Differential, 200 Wheel Ends Gear Ratio: 5.38
CAB:	Conventional 6-Man Crew Cab
TIRE, FRONT:	(3) 11R22.5 Load Range H HSC1 (CONTINENTAL), 496 rev/mile, 75 MPH, All-Position
TIRE, REAR:	(4) 11R22.5 Load Range H HSC1 (CONTINENTAL), 496 rev/mile, 75 MPH, All-Position
SUSPENSION, RR, SPRING, SINGLE:	Vari-Rate; 23,500-lb Capacity
FRAME REINFORCEMENT:	Outer "C" Channel, Heat Treated Alloy Steel (120,000 PSI Yield); 10.813" x 3.892" x 0.312"; (274.6mm x 98.9mm x 8.0mm); 480.0" (12192mm) Maximum OAL
PAINT:	Cab schematic 100GM Location 1: 9219, Winter White (Std) Chassis schematic N/A

<u>Code</u>	<u>Description</u>	<u>F/R Wt</u> (lbs)	<u>Tot Wt</u> (lbs)
SR52500	Base Chassis, Model 7400 SFA 4X4 with 183.00 Wheelbase, 64.10 CA, and 41.00 Axle to Frame.	8098/4268	12366
1CBU	FRAME RAILS Heat Treated Alloy Steel (120,000 PSI Yield); 10.125" x 3.580" x 0.312" (257.2mm x 90.9mm x 8.0mm); 480.0" (12192) Maximum OAL	70/79	149
1GBP	FRAME REINFORCEMENT Outer "C" Channel, Heat Treated Alloy Steel (120,000 PSI Yield); 10.813" x 3.892" x 0.312"; (274.6mm x 98.9mm x 8.0mm); 480.0" (12192mm) Maximum OAL	383/427	810
1LLA	BUMPER, FRONT Steel, Swept Back <u>Includes</u> : BUMPER, FRONT Powder Coated Gray (Argent) Color	0/0	0
1WDS	FRAME EXTENSION, FRONT Integral; 20" In Front of Grille	139/-34	105
1WGG	WHEELBASE RANGE 181" (460cm) Through and Including 205" (520cm)	0/0	0
2GAB	AXLE, FRONT DRIVING {Meritor MX-12-120 EVO} Single Reduction, 12,000-lb Capacity, with Hub Piloted Wheel Mounting <u>Notes</u> : Axle Lead Time is 90 Days	0/0	0
2WLC	AXLE, FRONT DRIVING, LUBE {EmGard FE-75W-90} Synthetic Oil; 1 thru 29.99 Pints	28/0	28
3ADC	SUSPENSION, FRONT, SPRING Parabolic, Taper Leaf; 12,000-lb Capacity; with Shock Absorbers <u>Includes</u> : SPRING PINS Rubber Bushings, Maintenance-Free <u>Notes</u> : The following features should be considered when calculating Front GAWR: Front Axles; Front Suspension; Brake System; Brakes, Front Air Cam; Wheels; Tires.	9/0	9
4091	BRAKE SYSTEM, AIR Dual System for Straight Truck Applications <u>Includes</u> : BRAKE LINES Color and Size Coded Nylon : DRAIN VALVE Twist-Type : DUST SHIELDS, FRONT BRAKE : DUST SHIELDS, REAR BRAKE : GAUGE, AIR PRESSURE (2) Air 1 and Air 2 Gauges; Located in Instrument Cluster : PARKING BRAKE CONTROL Yellow Knob, Located on Instrument Panel : PARKING BRAKE VALVE For Truck : QUICK RELEASE VALVE On Rear Axle for Spring Brake Release: 1 for 4x2, 2 for 6x4 : SLACK ADJUSTERS, FRONT Automatic (with Air Cam Brakes) : SLACK ADJUSTERS, REAR Automatic (with Air Cam Brakes) : SPRING BRAKE MODULATOR VALVE R-7 for 4x2, SR-7 with relay valve for 6x4/8x6 <u>Notes</u> : Rear Axle is Limited to 23,000-lb GAWR with Code 04091 BRAKE SYSTEM, AIR and Standard Rear Air Cam Brakes Regardless of Axle/Suspension Ordered	0/0	0
4732	DRAIN VALVE {Berg} with Pull Chain, for Air Tank <u>Includes</u>	0/0	0

<u>Code</u>	<u>Description</u>	<u>F/R Wt</u> (lbs)	<u>Tot Wt</u> (lbs)
	: DRAIN VALVE Mounted in Wet Tank		
4AZA	AIR BRAKE ABS {Bendix AntiLock Brake System} Full Vehicle Wheel Control System (4-Channel)	0/0	0
4EBT	AIR DRYER {Bendix AD-IP} with Heater	0/0	0
	<u>Includes</u> : AIR DRYER LOCATION Outside Left Rail, Back of Cab		
4ERD	BRAKE CHAMBERS, SPRING Rotated Forward and Up For Maximum Ground Clearance with 4x4	0/0	0
4ETD	BRAKE CHAMBERS, FRONT AXLE {MGM} 20 SqIn	2/0	2
4EXU	BRAKE CHAMBERS, REAR AXLE {Bendix EverSure} 30/30 Spring Brake	0/0	0
4JCJ	BRAKES, FRONT, AIR CAM S-Cam; 16.5" x 5.0"; Includes 20 Sq. In. Long Stroke Brake Chambers	0/0	0
	<u>Notes</u> : The following features should be considered when calculating Front GAWR: Front Axles; Front Suspension; Brake System; Brakes, Front Air Cam; Wheels; Tires.		
4NDB	BRAKES, REAR, AIR CAM S-Cam; 16.5" x 7.0"; Includes 30/30 Sq.In. Long Stroke Brake Chamber and Spring Actuated Parking Brake	0/0	0
	<u>Notes</u> : The following features should be considered when calculating Rear GAWR: Rear Axles; Rear Suspension; Brake System; Brakes, Rear Air Cam; Brake Shoes, Rear; Special Rating, GAWR; Wheels; Tires.		
4SPA	AIR COMPRESSOR {Cummins} 18.7 CFM Capacity	0/0	0
4VDU	AIR TANK LOCATION (2) Mounted Left Side BOC Under Battery Box	0/0	0
4VGG	AIR DRYER LOCATION Mounted Inside Left Rail, Behind Transfer Case Mounting	0/0	0
5708	STEERING COLUMN Tilting	10/0	10
5CAL	STEERING WHEEL 2-Spoke, 18" Dia., Black	0/0	0
5PSA	STEERING GEAR {Sheppard M100} Power	0/0	0
6DBY	DRIVESHAFT {Dana Spicer} SPL170XL Series in lieu of SPL140	4/19	23
7BES	AFTERTREATMENT COVER Polished Aluminum	0/0	0
7BEW	AFTERTREATMENT with Special Temperature Control, for Stationary Applications	0/0	0
7BLC	EXHAUST SYSTEM Single, Horizontal Aftertreatment Device, Frame Mounted Right Side, Under Cab, for Single Horizontal Tail Pipe, Frame Mounted Right Side Back of Cab, for All-Wheel Drive	0/0	0
7SDP	ENGINE COMPRESSION BRAKE {Jacobs} for Cummins ISL/L9 Engines; with Selector Switch and On/Off Switch	0/0	0
7WZX	SWITCH, FOR EXHAUST 3 Position, Momentary, Lighted Momentary, ON/CANCEL, Center Stable, INHIBIT REGEN, Mounted in IP Inhibits Diesel Particulate Filter Regeneration When Switch is Moved to ON While Engine is Running, Resets When Ignition is Turned OFF	2/0	2
8000	ELECTRICAL SYSTEM 12-Volt, Standard Equipment	0/0	0
	<u>Includes</u>		

<u>Code</u>	<u>Description</u>	<u>F/R Wt</u> (lbs)	<u>Tot Wt</u> (lbs)
	: DATA LINK CONNECTOR For Vehicle Programming and Diagnostics In Cab : HAZARD SWITCH Push On/Push Off, Located on Top of Steering Column Cover : HEADLIGHT DIMMER SWITCH Integral with Turn Signal Lever : HEADLIGHTS (2) Sealed Beam, Round, with Chrome Plated Bezels : JUMP START STUD Located on Positive Terminal of Outermost Battery : PARKING LIGHT Integral with Front Turn Signal and Rear Tail Light : STARTER SWITCH Electric, Key Operated : STOP, TURN, TAIL & B/U LIGHTS Dual, Rear, Combination with Reflector : TURN SIGNAL SWITCH Self-Cancelling for Trucks, Manual Cancelling for Tractors, with Lane Change Feature : WINDSHIELD WIPER SWITCH 2-Speed with Wash and Intermittent Feature (5 Pre-Set Delays), Integral with Turn Signal Lever : WINDSHIELD WIPERS Single Motor, Electric, Cowl Mounted : WIRING, CHASSIS Color Coded and Continuously Numbered		
8518	CIGAR LIGHTER Includes Ash Cup	1/0	1
8541	HORN, ELECTRIC (2) Disc Style	1/0	1
8585	FOG LIGHTS Prewire; Includes Auxiliary Switch and Wiring to Front Bumper, for Driving Lights or Fog Lights Mounted by Customer	1/0	1
8718	POWER SOURCE Cigar Type Receptacle without Plug and Cord	1/0	1
8GWY	ALTERNATOR {Leece-Neville 14931PAH} Brush Type, 12 Volt 320 Amp. Capacity, Pad Mount	11/0	11
8HAE	BODY BUILDER WIRING Rear of Frame; Includes Sealed Connectors for Tail/ Amber Turn/Marker/ Backup/Accessory Power/Ground and Sealed Connector for Stop/Turn	0/3	3
8MKX	BATTERY SYSTEM {International} Maintenance-Free, (3) 12-Volt 2775CCA Total	49/14	63
8NAA	TAIL LIGHT WIRING MODIFIED Includes: Wiring for Standard Lt & Rt Tail Lights; Separate 8.0' of Extra Cable Wiring for Lt & Rt Body Mounted Tail Lights	0/2	2
8REA	2-WAY RADIO Wiring Effects; Wiring with 20 Amp Fuse Protection, Includes Ignition Wire with 5 Amp Fuse, Wire Ends Heat Shrink and 10' Coil Taped to Base Harness	2/0	2
8RMB	RADIO AM/FM/CD/WB/Clock/Bluetooth/USB Input/3MM Auxiliary Input, MP3, Apple Device Play & Control, Bluetooth for Phone & Music, with Multiple Speakers	1/0	1
8THB	BACK-UP ALARM Electric, 102 dBA	0/3	3
8VTV	STOP-LIGHT WIRING MODIFIED Stop-Lights Turned on When Engine Compression Brake, Exhaust Brake or Retarder is Activated	0/0	0
8WDB	BATTERY BOX Steel, with Plastic Cover, 30" Wide, 2, 3 or 4 Battery Capacity, Mounted Left Side Back of Fuel Tank	-22/-8	-30
8WGL	WINDSHIELD WIPER SPD CONTROL Force Wipers to Slowest Intermittent Speed When Park Brake Set and Wipers Left on for a Predetermined Time	0/0	0
8WHE	HORN, AIR ACCOMMODATION PACKAGE; less Horn	2/0	2
8WML	HEADLIGHTS Long Life Halogen; for Two Light System	0/0	0
8WPH	CLEARANCE/MARKER LIGHTS (5) {Truck Lite} Amber LED Lights, Flush Mounted on Cab or Sunshade	0/0	0
8WPZ	TEST EXTERIOR LIGHTS Pre-Trip Inspection will Cycle all Exterior Lamps Except Back-up Lights	0/0	0

<u>Code</u>	<u>Description</u>	<u>F/R Wt</u> (lbs)	<u>Tot Wt</u> (lbs)
8WRB	HEADLIGHTS ON W/WIPERS Headlights Will Automatically Turn on if Windshield Wipers are turned on	0/0	0
8WTL	STARTING MOTOR {Delco Remy 39MT} 12 Volt; Gear Reduced, with Thermal Over-Crank Protection	0/0	0
8WWJ	INDICATOR, LOW COOLANT LEVEL with Audible Alarm	0/0	0
8WXD	ALARM, PARKING BRAKE Electric Horn Sounds in Repetitive Manner When Vehicle Park Brake is "NOT" Set, with Ignition "OFF" and any Door Opened	0/0	0
8WZP	INDICATOR, BATTERY WARNING Green BATTERY ON Indicator, Mounted on Left Side of Instrument Panel, To be Used with Factory Installed or Customer Mounted Battery Disconnect Switch	1/0	1
8XAH	CIRCUIT BREAKERS Manual-Reset (Main Panel) SAE Type III with Trip Indicators, Replaces All Fuses	0/0	0
8XGT	TURN SIGNALS, FRONT Includes LED Side Turn Lights Mounted on Fender	0/0	0
8XHV	BATTERY DISCONNECT SWITCH for Cab Power Disconnect Switch; Cab Mounted, Disconnects Power to Power Distribution Center (PDC) and Body Builder Through Solenoid, Does Not Disconnect Charging Circuits; Locks with Padlock	0/0	0
9585	FENDER EXTENSIONS Rubber	0/0	0
9HAN	INSULATION, UNDER HOOD for Sound Abatement	10/0	10
9HBM	GRILLE Stationary, Chrome	0/0	0
9HBN	INSULATION, SPLASH PANELS for Sound Abatement	2/0	2
9WAC	BUG SCREEN Mounted Behind Grille	5/0	5
9WBC	FRONT END Tilting, Fiberglass, with Three Piece Construction; for WorkStar	0/0	0
9WBT	GRILLE EMBER SCREEN Mounted to Grille and Cowl Tray to Keep Hot Embers out of Engine and HVAC Air Intake System	0/0	0
10060	PAINT SCHEMATIC, PT-1 Single Color, Design 100 <u>Includes</u> : PAINT SCHEMATIC ID LETTERS "GM"	0/0	0
10506	TOOL KIT Rim Wrench and Handle Only	10/0	10
10761	PAINT TYPE Base Coat/Clear Coat, 1-2 Tone	0/0	0
10WCY	SAFETY TRIANGLES	6/0	6
10WJH	PROMOTIONAL PACKAGE Government and Municipal Silver Package; Two Year Limited Subscription of On-Command Service Information (Formerly Fleet ISIS), and On-Command Parts Information (Formerly Fleet Parts Catalog), Requires Specific Feature Combinations	0/0	0
11001	CLUTCH Omit Item (Clutch & Control)	-63/-12	-75
12703	ANTI-FREEZE Red, Extended Life Coolant; To -40 Degrees F/ -40 Degrees C, Freeze Protection	0/0	0
12EHX	ENGINE, DIESEL {Cummins L9 350} EPA 2017, 350 HP @ 2000 RPM, 1000 lb-ft Torque @ 1400 RPM, 2200 RPM Governed Speed, 350 Peak HP (Max)	0/0	0
12THT	FAN DRIVE {Horton Drivemaster} Direct Drive Type, Two Speed with Residual Torque Device for Disengaged Fan Speed	-37/4	-33

<u>Code</u>	<u>Description</u>	<u>F/R Wt</u> (lbs)	<u>Tot Wt</u> (lbs)
	<u>Includes</u> : FAN Nylon		
12UWZ	RADIATOR Cross Flow, Series System; 1228 SqIn Aluminum Radiator Core with Internal Water to Oil Transmission Cooler and 1167 In Charge Air Cooler	17/-9	8
	<u>Includes</u> : DEAERATION SYSTEM with Surge Tank : HOSE CLAMPS, RADIATOR HOSES Gates Shrink Band Type; Thermoplastic Coolant Hose Clamps : RADIATOR HOSES Premium, Rubber		
12VBB	AIR CLEANER Dual Element	4/0	4
	<u>Includes</u> : GAUGE, AIR CLEANER RESTRICTION Air Cleaner Mounted		
12VXU	THROTTLE, HAND CONTROL Engine Speed Control for PTO; Electronic, Stationary Pre-Set, Two Speed Settings; Mounted on Steering Wheel	0/0	0
12WBR	FAN OVERRIDE Manual; with Electric Switch on Instrument Panel, (Fan On with Switch On)	0/0	0
12WYK	ENGINE WATER COOLER {Sen-Dure} Auxiliary, For Use with Fire Trucks	6/0	6
12WZD	EMISSION COMPLIANCE Engine Shutdown System Exempt Vehicles, Complies with California Clean Air Regulations	0/0	0
12XAT	ENGINE CONTROL, REMOTE MOUNTED Provision for; Includes Wiring for Body Builder Installation of PTO Controls; with Ignition Switch Control for Cummins ISB/ B6.7 or ISL/L9 Engines	0/0	0
12XZG	FEDERAL EMISSIONS {Cummins L9} EPA, OBD and GHG Certified for Calendar Year 2017	0/0	0
13AUK	TRANSMISSION, AUTOMATIC {Allison 3000EVS_P} 5th Generation Controls; Close Ratio, 6-Speed; with Double Overdrive, Includes Oil Level Sensor, with Provision for PTO, Less Retarder, with 80,000-lb GVW & GCW Max.	184/65	249
13TKK	TRANSFER CASE {Meritor T-4210 2} 2 Spd, 10000 lb-ft Total Capacity, without Provision for PTO, With Electric Over Air Control, with Lube Pump	94/121	215
	<u>Includes</u> : LIGHT, INDIC, ALL-WHEEL DRIVE Illuminates With All Wheel Drive Engaged, Located on Instrument Panel		
13WDB	TRANSFER CASE LUBE {EmGard 50W} Synthetic; 1 thru 14.99 Pints	0/0	0
13WDV	OIL COOLER, TRANSFER CASE Remote Mounted Back of Cab	4/7	11
13WLP	TRANSMISSION OIL Synthetic; 29 thru 42 Pints	0/0	0
13WUE	ALLISON SPARE INPUT/OUTPUT for Emergency Vehicle Series (EVS); Fire/ Pumper, Tank, Aerial/Ladder	0/0	0
13WVN	TRANSMISSION SHIFT CONTROL {Allison} Bump Shifter Type; for Allison 3000 & 4000 Transmission	0/0	0
13WYU	SHIFT CONTROL PARAMETERS Allison 3000 or 4000 Series Transmissions, 5th Generation Controls, Performance Programming	0/0	0
13XAM	PTO LOCATION Dual, Left and Right Side of Transmission	0/0	0

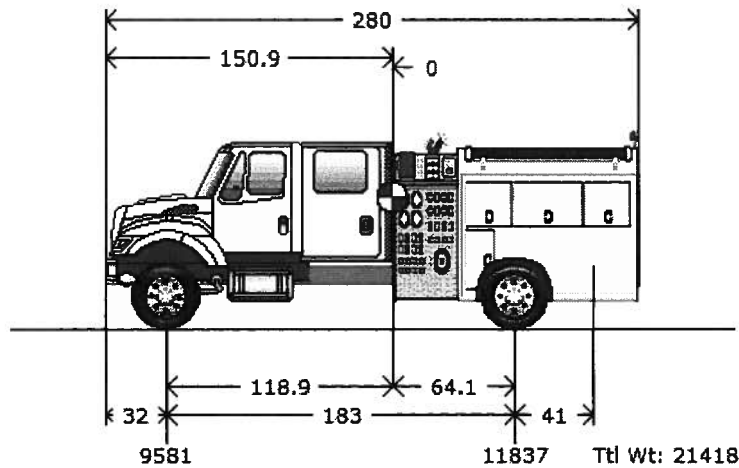
<u>Code</u>	<u>Description</u>	<u>F/R Wt</u> (lbs)	<u>Tot Wt</u> (lbs)
14ARB	AXLE, REAR, SINGLE {Meritor RS-23-160} Single Reduction, 23,000-lb Capacity, Driver Controlled Locking Differential, 200 Wheel Ends . Gear Ratio: 5.38 <u>Includes</u> : REAR AXLE DRAIN PLUG (1) Magnetic, For Single Rear Axle <u>Notes</u> : The following features should be considered when calculating Rear GAWR: Rear Axles; Rear Suspension; Brake System; Brakes, Rear Air Cam; Brake Shoes, Rear; Special Rating, GAWR; Wheels; Tires. : When Specifying Axle Ratio, Check Performance Guidelines and TCAPE for Startability and Performance	0/223	223
14SAN	SUSPENSION, RR, SPRING, SINGLE Vari-Rate; 23,500-lb Capacity <u>Notes</u> : The following features should be considered when calculating Rear GAWR: Rear Axles; Rear Suspension; Brake System; Brakes, Rear Air Cam; Brake Shoes, Rear; Special Rating, GAWR; Wheels; Tires.	0/35	35
14SZB	SPRINGS, REAR AUXILIARY Multileaf; 4,500-lb Capacity	0/78	78
14WAP	SHOCK ABSORBERS, REAR (2)	0/45	45
14WMG	AXLE, REAR, LUBE {EmGard FE-75W-90} Synthetic Oil; 30 thru 39.99 Pints	0/0	0
15LLZ	LOCATION FUEL/WATER SEPARATOR Mounted Outside Left Rail 41" Back of Cab	0/0	0
15LMN	FUEL/WATER SEPARATOR {Racor 400 Series,} 12 Volt Pre-Heater, with Primer Pump, and WIF Sensor	0/0	0
15SWY	FUEL TANK Top Draw; D-Style, Polished Aluminum, 19" Deep, 50 U.S. Gal., 189 L Capacity, with Quick Connect Outlet, Mounted Left Side, Under Cab	6/1	7
15WCS	FUEL COOLER Less Thermostat; Mounted in Front of Cooling Module	0/0	0
15WDG	DEF TANK 7 U.S. Gal. 26.5L Capacity, Frame Mounted Outside Left Rail, Under Cab	0/0	0
16196	CAB Conventional 6-Man Crew Cab <u>Includes</u> : ARM REST (2) Molded Plastic; One Each Door : COAT HOOK, CAB Located on Rear Wall, Centered Above Rear Window : CUP HOLDERS Two Cup Holders, Located in Lower Center of Instrument Panel : DOME LIGHT, CAB Rectangular, Door Activated and Push On-Off at Light Lens, Timed Theater Dimming, Integral to Console, Center Mounted : GLASS, ALL WINDOWS Tinted : GRAB HANDLE, CAB INTERIOR (1) "A" Pillar Mounted, Passenger Side : GRAB HANDLE, CAB INTERIOR (2) Front of "B" Pillar Mounted, One Each Side : GRAB HANDLE, CAB INTERIOR (4) Two Each Side, Rear Door Mounted at Hinge Side and "C" Pillar Mounted : INTERIOR SHEET METAL Upper Door (Above Window Ledge) Painted Exterior Color : STEP (8) Two Steps Per Door <u>Notes</u> : 43.9" CA Loss	234/120	354
16HBA	GAUGE CLUSTER English with English Electronic Speedometer <u>Includes</u>	0/0	0

<u>Code</u>	<u>Description</u>	<u>F/R Wt</u> (lbs)	<u>Tot Wt</u> (lbs)
	: GAUGE CLUSTER (6) Engine Oil Pressure (Electronic), Water Temperature (Electronic), Fuel (Electronic), Tachometer (Electronic), Voltmeter, Washer Fluid Level : ODOMETER DISPLAY, Miles, Trip Miles, Engine Hours, Trip Hours, Fault Code Readout : WARNING SYSTEM Low Fuel, Low Oil Pressure, High Engine Coolant Temp, and Low Battery Voltage (Visual and Audible)		
16HGH	GAUGE, OIL TEMP, AUTO TRANS , for Allison Transmission	1/0	1
16HHE	GAUGE, AIR CLEANER RESTRICTION {Filter-Minder} with Black Bezel Mounted in Instrument Panel	2/0	2
16HKT	IP CLUSTER DISPLAY On Board Diagnostics Display of Fault Codes in Gauge Cluster	0/0	0
16HLJ	GAUGE, DEF FLUID LEVEL	0/0	0
16JJE	SEAT, DRIVER {National 2000} NFPA Compliant, Air Suspension, High Back with Integral Headrest, Vinyl, Isolator, 1 Chamber Lumbar, 2 Position Front Cushion Adjust, -3 to +14 Degree Back Angle Adjust	27/12	39
	<u>Includes</u> : SEAT BELT 3-Point, Lap and Shoulder Belt Type		
16LKA	SEAT, REAR {National 2000} Two Individual Outboard Seats, NFPA Compliant, Air Suspension, High Back, Vinyl, Isolator, with 2 Position Front Cushion Adjustment, -3 to +14 Degree Seat Back Adjustment, Lumbar, with 18" Wide Cushion and 20" Seat Back	118/54	172
	<u>Includes</u> : SEAT BELT Two 3-Point Shoulder Belts		
16PPG	SEAT, PASSENGER {National 2000} NFPA Compliant, Air Suspension, High Back with Integral Headrest, Vinyl, Isolator, 1 Chamber Lumbar, 2 Position Front Cushion Adjustment, -3 to +14 Degree Back Angle Adjust	27/12	39
	<u>Includes</u> : SEAT BELT 3-Point, Lap and Shoulder Belt Type		
16SDC	GRAB HANDLE (2) Chrome Towel Bar Type with Anti-Slip Rubber Inserts; for Cab Entry, Mounted Left and Right, Each Side at "B" Pillar	6/0	6
16SDD	GRAB HANDLE, ADDITIONAL EXT (2) Chrome; Towel Bar Type with Anti-Slip Rubber Inserts; Mounted Left and Right Side on Exterior, Rear of Rear Doors, with Crew Cab	5/0	5
16SDU	MIRRORS (2) {Lang Mekra} Styled; Rectangular, Power Both Sides, Thermostatically Controlled Heated Heads, Clearance Lights LED, Bright Finish Heads & Brackets, Breakaway Type, 7.09" x 15.75" & Integral Convex Both Sides, 102" Inside Spacing	8/0	8
16VCA	SEAT BELT All Red; 4 to 6	0/0	0
16WCT	AIR CONDITIONER {Blend-Air} with Integral Heater & Defroster	39/8	47
	<u>Includes</u> : HEATER HOSES Premium : HOSE CLAMPS, HEATER HOSE Mubea Constant Tension Clamps : REFRIGERANT Hydrofluorocarbon HFC-134A		
16WJS	INSTRUMENT PANEL Center Section, Flat Panel	0/0	0

<u>Code</u>	<u>Description</u>	<u>F/R Wt</u> (lbs)	<u>Tot Wt</u> (lbs)
16WJV	WINDOW, POWER (4) And Power Door Locks, Front and Rear Doors, Left and Right, Includes Express Down Feature	10/0	10
16WKY	HVAC FRESH AIR FILTER	0/0	0
16WLM	HOURMETER, PTO for Customer Provided PTO; with Indicator Light and Hourmeter in Gauge Cluster Includes Return Wire for PTO Feedback Switch	2/0	2
16WSJ	CAB INTERIOR TRIM Premium; for Crew Cab	0/0	0
	<u>Includes</u> : CAB INTERIOR TRIM PANELS Cloth Covered Molded Plastic, Full Height; All Exposed Interior Sheet Metal is Covered Except for the Following: with a Two-Man Passenger Seat or with a Full Bench Seat the Back Panel is Completely Void of Covering : CAB SOUND INSULATION Includes Dash and Engine Cover Insulators : CAB, INTERIOR TRIM, CLOSEOUT Lower Dash Closeout Panel; Molded Plastic; Under Instrument Panel Driver Side : CONSOLE, OVERHEAD Molded Plastic; With Dual Storage Pockets with Retainer Nets, CB Radio Pocket, Speakers, and Reading Lights : COURTESY LIGHT (4) Mounted In Front and Rear Map Pockets - Left and Right Sides : DOOR TRIM PANELS with Cloth Insert on Bolster Driver and Passenger Doors : FLOOR COVERING Rubber, Black : GAUGE, TEMPERATURE, AMBIENT Includes Wiring and Sensor With Display Unit Mounted in Cluster : HEADLINER Soft Padded Cloth : INSTRUMENT PANEL TRIM Molded Plastic with Black Center Section : STORAGE POCKET, DOOR (2) Molded Plastic (Carpet Texture), Full-Length; Driver and Passenger Doors : SUN VISOR (3) Padded Vinyl: 2 Moveable (Front-to-Side) Primary Visors, Driver Side with Vanity Mirror and Toll Ticket Strap, plus 1 Auxiliary Visor (Front Only), Driver Side		
16WSK	CAB REAR SUSPENSION Air Bag Type	0/0	0
26DUW	WHEEL, SPARE, DISC {Accuride 51408} 22.5x8.25 Rims, Powder Coat Steel, 10-Stud, 285.75mm BC, Hub-Piloted	0/0	0
27DUW	WHEELS, FRONT {Accuride 51408} DISC; 22.5x8.25 Rims, Powder Coat Steel, 2-Hand Hole, 10-Stud, 285.75mm BC, Hub-Piloted, Flanged Nut, with Steel Hubs	0/0	0
28DUW	WHEELS, REAR {Accuride 51408} DUAL DISC; 22.5x8.25 Rims, Powder Coat Steel, 2-Hand Hole, 10-Stud, 285.75mm BC, Hub-Piloted, Flanged Nut, with Steel Hubs	0/0	0
29007	TIRE, SPARE Equal to Model Standard	45/46	91
	<u>Notes</u> : NOTE: Only One Spare Tire per Truck Ordered. Order Must Reflect Number of Tires Required (Including Spare). 10-Digit Tire Code and Spare Rim/Wheel Code Must be Specified.		
7382135419	(3) TIRE, FRONT 11R22.5 Load Range H HSC1 (CONTINENTAL), 496 rev/mile, 75 MPH, All-Position	30/0	30
7382135419	(4) TIRE, REAR 11R22.5 Load Range H HSC1 (CONTINENTAL), 496 rev/mile, 75 MPH, All-Position	0/40	40
OBD001	MISCELLANEOUS Auxillary Fuel Draw Tube located at auxillary Port on Fuel Tank	0/0	0

<u>Code</u>	<u>Description</u>	<u>F/R Wt</u> (lbs)	<u>Tot Wt</u> (lbs)
	Services Section:		
40115	WARRANTY Standard for WorkStar 7300/7400 (4x2, 4x4, 6x4, 6x6), Effective with Vehicles Built January 2, 2015 or Later, CTS-2002U	0/0	0
	Total Component Weight:	9595/5623	15218
1	HME Build Up	0/0	0
	Total Body Allied:	0/0	0
	Inspection Flights	0/0	0
	Additional Armrests	0/0	0
	Tools	0/0	0
	Total Goods Purchased:	0/0	0

The weight calculations included in this proposal are an estimate of future vehicle weight. The actual weight as manufactured may be different from the estimated weight. Navistar, Inc. shall not be liable for any consequences resulting from any differences between the estimated weight of a vehicle and the actual weight.



Graphics are provided as visual aids only and are not intended to represent the actual scale, shape, or color of the truck or its components. All weights are represented in lbs.

Truck			Body/Trailer			Chassis/Empty Weights	
Bumper to Axle	(BA)	32.0	Body Length	(BL)	129	Tractor Front Axle:	9,595
Wheelbase	(WB)	183.00				Tractor Rear Axle:	5,623
Axle to Frame	(AF)	41.00					
Axle to Back Cab	(ABC)	118.9					
Cab to Axle	(CA)	64.1					
Usable CA		64.1					
CA Reduction Adjustment		0.00					
Fuel-Diesel(Gals)		0					
DEF(Gals)		0					

Before the Cab			Cab			Payloads Chassis			Body			After the Body		
#	Weight	CG	#	Weight	CG	#	Weight	CG	#	Weight	CG	#	Weight	CG
									1	0	0			

Loads	
Payload Weight:	0
Driver:	0
Fuel-Diesel(Lbs):	0
DEF(Lbs):	0

Weight Distribution	
Total Front Axle:	9,581
Total Rear Axle:	11,837
Total Weight:	21,418

Weights and clearances in this proposal are estimates only. Navistar, Inc. is not liable for any consequences resulting from any differences between the estimated weights and clearances and the actual manufactured weights and clearances.

Weight Distribution

All weights are represented in lbs.

	<u>Truck</u>		
	Front	Rear	Total
<u>Chassis Weight</u>			
Chassis Weight:	9,595	5,623	15,218
Fuel:	0	0	0
DEF:	0	0	0
Empty Body:	-14	6,214	6,200
(Curb Weight):	9,581	11,837	21,418

Loads

Payloads:	0	0	0
Driver:	0	0	0
Axle Totals (Gross Weight):	9,581	11,837	21,418

Weight Ratings

	<u>Truck</u>	
	Front	Rear
Axle(axle capacity)	12,000	23,000
Tire(tire capacity)	13,220	26,440
Suspension(suspension capacity)	12,000	0
Spring:	0	
Fed Bridge Law (axle spread):	20,000	20,000

Wheel Combination	Load	Limit
1 - 2	21,418	45,000

Federal Total Vehicle Weight Limit: 80,000

Maximum Gross Vehicle Weight Rating (GVWR) 35,000 - Gross Vehicle Weight(GVW) 21,418 = 13,582 Reserves

Weight Summary

* Distributed weights are within capacity limits

<u>Description</u>	<u>(US DOLLAR)</u>	<u>Price</u>
Factory List Prices:		
Product Items	\$166,903.00	
Service Items	\$0.00	
Total Factory List Price Including Options:		\$166,903.00
Total Goods Purchased:		\$20,200.00
Freight	\$2,200.00	
Total Freight:		\$2,200.00
Total Factory List Price Including Freight:		\$189,303.00
Less Customer Allowance:		(\$43,420.84)
Total Vehicle Price:		\$145,882.16
Total Body/Allied Equipment:		\$189,000.00
Total Sale Price:		\$334,882.16
Total Per Vehicle Sales Price:		\$334,882.16
Total For 3 Vehicle Sales:		\$1,004,646.48
Net Sales Price:		\$1,004,646.48

Please feel free to contact me regarding these specifications should your interests or needs change. I am confident you will be pleased with the quality and service of an International vehicle.

Approved by Seller:

Accepted by Purchaser:

Official Title and Date

Firm or Business Name

Authorized Signature

Authorized Signature and Date

This proposal is not binding upon the seller without Seller's Authorized Signature

Official Title and Date

The TOPS FET calculation is an estimate for reference purposes only. The seller or retailer is responsible for calculating and reporting/paying appropriate FET to the IRS.

Brian Sandoval
Governor

James R. Wells, CPA
Director



Janet Murphy
Deputy Director

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

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

Date: September 11, 2017
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Paul Nicks, Executive Branch Budget Officer
Budget Division *PN*
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

APPROVAL TO PAY A CASH SETTLEMENT

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

Agenda Item Write-up:

Department of Transportation (NDOT) – Administration - \$749,300

The Department requests settlement approval in the total amount of \$1,700,000 to fully resolve an eminent domain action to acquire .44 acres of real property owned by Reich Series LLC, located at 550 S. Martin Luther King Boulevard in Las Vegas. NDOT previously deposited \$950,700 with the Court for a right of occupancy. NDOT now requests an additional \$749,300 to resolve the action.

Additional Information:

NDOT has considered the benefits of settlement and has made the decision that settlement is reasonable, prudent, and in the public interest. If the board approves the

settlement, NDOT will pay the agreed-upon balance, and have the court enter a Judgment and a Final Order of Condemnation transferring ownership of the property to NDOT, resolving the action in full, inclusive of all attorneys' fees, costs, and interest. NDOT will seek reimbursement from the Federal Highway Administration for the proposed settlement amount.

Statutory Authority:

NRS 41.037

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






1263 South Stewart Street
Carson City, Nevada 89712
Phone: (775) 888-7420
Fax: (775) 888-7309

RECEIVED

SEP 05 2017

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

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

From: Rudy Malfabon, Director, Nevada Department of Transportation
Dennis Gallagher, Chief Deputy Attorney General 
R. Douglas Kurdziel, Special Counsel 

Subject: Proposed Settlement of an Eminent Domain Action,
State of Nevada, ex rel. its Department of Transportation, v. Reich Series, et al.
Eighth Judicial District Court Case No. A-15-720434-C

Date: September 5, 2017

SUMMARY

State of Nevada, *ex rel.* its Department of Transportation (the "State"), filed an eminent domain complaint to acquire in fee simple Reich Series LLC's ("Reich") property The Plaza 550 Studio Apartments, located at 550 Martin Luther King Boulevard South, Las Vegas, Nevada, on June 24, 2015. The property is a total of 21,070 s/f (.44 acres) and is improved with a 7,182 s/f two-story, twenty-four (24) unit studio apartment building that was constructed in or about 1979.

Reich filed a counterclaim seeking precondemnation damages based on its alleged lost opportunity to construct and maintain a cell tower on its property. It estimated that its precondemnation damages could be between \$168,000.00 and \$1,680,000.00. Immediate Occupancy was granted upon the State's depositing \$950,700.00 with the Clerk of the Court. The State presently occupies the subject parcel. The settlement authority needed is for an additional \$749,300.00 "new money." As this settlement would fully resolve the litigation, including the claim for precondemnation damages and is inclusive of all costs and fees, it is considered in the best interest of the State to enter into the settlement.

THE PROPERTY

The parcel is located at 550 Martin Luther King Boulevard South, Las Vegas, Nevada 89102, and is commonly identified as Parcel No. 139-33-308-004, NDOT #1-015-CL-042.112. The property is improved with Class D apartment complexes and sits within the City of Las Vegas Medical District. The site's improvements include minimal landscaping, curbs, gutters, sidewalks and has paved parking for 34 marked spaces and on-street parking. The State's appraiser, Ms. Tami Campa, MAI, valued the property and its improvements at \$1,160,000.00, based on a July 14, 2015 date of value. This value does not include Reich's alleged precondemnation damages.

Board of Examiners
Proposed Settlement
State of Nevada v. Reich Series LLC, et al.
September 5, 2017

POINTS THAT FAVOR SETTLEMENT

The case was scheduled to begin trial on September 5, 2017. Prior to the Transportation Board authorizing the State to acquire the subject property through eminent domain, NDOT had offered Reich \$1,560,000.00 to settle this matter. NDOT's former Chief Right-of-Way Agent, Paul Saucedo, opined the subject property could be valued as high as \$1,741,000.00 based on NDOT's re-evaluation of the property's income stream and the alleged opportunity to install a cell tower. Although the State does not believe that there is a viable precondemnation claim, the court denied the State's Motion for Partial Summary Judgment on this issue. Plaintiff has indicated it would be seeking approximately \$576,000.00 in precondemnation damages. In addition to the foregoing, the State will also have to pay prejudgment interest and joint litigation costs that could easily exceed \$200,000.00.

If this settlement is approved, it will resolve the entire eminent domain case, including Reich's precondemnation claim, eliminating accrued prejudgment interest, joint litigation costs and the potential for additional fees and costs should either party determine that an appeal is warranted.

RECOMMENDATION

NDOT has considered the benefits of settlement and has made the decision that settlement is reasonable, prudent, and in the public interest. NDOT requests the authority to settle the Action for the total amount of \$1,700,000.00 (\$749,300.00 in new money plus the \$950,700.00 already deposited with the Court). If the Board approves the settlement, NDOT will pay the agreed-upon balance, and have the Court enter a Judgment and a Final Order of Condemnation transferring ownership of the property previously described in the Complaint to NDOT, resolving the State's eminent domain Action and precondemnation in its entirety as among all parties, inclusive of all attorney's fees, costs and interest.

FISCAL NOTE STATEMENT

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

Brian Sandoval
Governor

James R. Wells, CPA
Director



Janet Murphy
Deputy Director

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

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

Date: September 11, 2017
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Paul Nicks, Executive Branch Budget Officer
Budget Division *PN*
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

APPROVAL TO PAY A CASH SETTLEMENT

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

Agenda Item Write-up:

Department of Transportation (NDOT) – Administration - \$700,000

The Department requests settlement approval in the total amount of \$2,200,000 to fully resolve an eminent domain action to acquire a total of 1.02 acres of real property owned by Ranch Properties LLC, located at 801, 811, and 821 Desert Lane in Las Vegas. NDOT previously deposited \$1,500,000 with the Court for a right of occupancy. NDOT now requests an additional \$700,000 to resolve the action.

Additional Information:

NDOT has considered the benefits of settlement and has made the decision that

settlement is reasonable, prudent, and in the public interest. If the board approves the settlement, NDOT will pay the agreed-upon balance, and have the court enter a Judgment and a Final Order of Condemnation transferring ownership of the property to NDOT, resolving the action in full, inclusive of all attorneys' fees, costs, and interest. NDOT will seek reimbursement from the Federal Highway Administration for the proposed settlement amount.

Statutory Authority:

NRS 41.037

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



1263 South Stewart Street
Carson City, Nevada 89712
Phone: (775) 888-7420
Fax: (775) 888-7309

MEMORANDUM

RECEIVED

SEP 05 2017

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Date: September 1, 2017

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

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

Subject: Proposed Settlement of an Eminent Domain Action,
State of Nevada v. Ranch Properties LLC
Eighth Judicial District Court Case No. A-15-727992-C

SUMMARY

NDOT filed the above-referenced eminent domain action to acquire six separate single story four-plex apartment buildings built in 1962 and located at 800, 810 and 820 Martin Luther King Boulevard South ("MLK Blvd.") and at 801, 811 and 821 Desert Lane in Las Vegas as part of Project NEON. The acreage for each of the six (6) parcels is .017 acres or 1.02 acres in total. Each of the six buildings contains 2,824 s/f.

Project NEON necessitates the total acquisition of these parcels as the land will become a part of the new MLK Blvd. alignment. Just compensation was set for these acquisitions at \$1,500,000. The offer was made and rejected and the condemnation action was filed on November 20, 2015. After extended negotiations, the landowners' attorney proposed a settlement of \$2,200,000. Because NDOT has already deposited \$1,500,000 with the Court, the settlement would require payment of an additional \$700,000 in "new money." As this settlement would fully resolve the litigation, inclusive of all costs and fees, it is considered to be in the best interest of the State to accept this settlement.

THE PROPERTY

The properties were initially appraised by Tami Campa, MAI, with a February 16, 2015 date of value. She concluded that the fee simple value of the combined parcels was \$1,500,000. Ms. Campa's appraisal was reviewed and approved by Chris Lauger, MAI and just compensation was set at this amount. The landowner rejected this offer and the litigation was filed and occupancy granted upon NDOT's deposit of \$1,500,000 with the Court.

Board of Examiners
Proposed Settlement
State of Nevada v. Ranch Properties LLC, et al.
September 1, 2017

In eminent domain cases, the land must be valued at the statutory date of value, which is the service of the summons and complaint. In this case, that occurred on December 15, 2015. Ms. Campa updated her appraisal to reflect the new date of value and concluded the property was worth \$1,780,000 as of that date. The Landowners retained an expert that would opine that the property's value was \$3,000,000. As this is an income producing property, the appraisers, including NDOT's, typically employ an "income approach" analysis where they estimate the income the property generates, minus certain expenses and capitalize that annual income at an appropriate capitalization rate. This rate is subject to differing opinions and can lead to vastly different results.

In this case, NDOT's expert opined that the property would generate an annual gross income of \$205,800 minus total expenses/vacancy of \$81,264 equating to a net annual income of \$124,536. She then capitalized this income at 7% to reach her opinion of value at \$1,780,000. The landowner and the landowner's expert would challenge the estimated income, the estimated expenses and the capitalization rate, asserting 5% is more appropriate for an apartment complex. Even assuming a jury agreed with NDOT's expert on every other estimate and accepted just the landowner's 5% capitalization rate, the result would be an approximately \$2.5 million dollar verdict, plus interest and costs. More likely would be a capitalization percentage in between those two opinions, which would result in a verdict closer to this settlement, plus interest and costs.

POINTS THAT FAVOR SETTLEMENT

The proposed settlement would avoid litigation where NDOT would be facing exposure in excess of \$3,000,000 plus costs.

RECOMMENDATION

NDOT has considered the benefits of settlement and has made the decision that settlement is reasonable, prudent, and in the public interest. NDOT requests the authority to settle the Action for the total amount of \$2,200,000 (\$700,000 in new money plus the \$1,500,000 previously deposited with the Court). If the Board approves the settlement, NDOT will deposit the agreed-upon balance and the Court will enter a Judgment and a Final Order of Condemnation transferring ownership of the property previously described in the Complaint to NDOT, resolving this Action in its entirety as among all parties, inclusive of all attorney's fees, costs and interest.

FISCAL NOTE STATEMENT

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

Brian Sandoval
Governor

James R. Wells, CPA
Director

Janet Murphy
Deputy Director




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

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

Date: August 25, 2017

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

From: Paul Nicks, Executive Branch Budget Officer 
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF TRANSPORTATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Transportation requests authority to contract with a former employee, Steve Bird. The CA Group plans to utilize Mr. Bird as a roadway engineer in the development of conceptual roadway plans and cost estimates for the Northern Nevada Traffic Study.

Additional Information:

In October 2015 the Department of Transportation selected the CA group through the RFP process to perform the required services for the traffic study. Mr. Bird retired from the state in July 2017 and started working for the CA Group in August 2017. He had no influence or authority over the selection of the CA group for this project.

Statutory Authority:

NRS 333.705

REVIEWED:  _____
ACTION ITEM: _____



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

MEMORANDUM

August 18, 2017

RECEIVED

AUG 22 2017

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

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

DocuSigned by:
Rudy Malfabon
C4C7CE5CD584415

SUMMARY

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Mr. Steve Bird. Mr. Bird, retired from state service on July 5, 2017. The CA Group has hired Mr. Bird to fill a roadway engineer position and is requesting to use his expertise in development of conceptual roadway plans and project cost estimates for the Northern Nevada Traffic Study, Agreement P133-15-015, Project SPR17P3L.

BACKGROUND

The greater Reno/Sparks metropolitan area is experiencing a complete recovery and expansion from the Great Recession. NDOT has initiated a study to evaluate freeway operations throughout the Reno Sparks Metropolitan area along I-80, I-580 and US 395. The purpose of the study is to identify current and future capacity needs within the area and develop a concept that meets future travel demands for the 2040 design year.

Through a Request for Proposal (RFP) process, the CA Group was selected to perform the required services for the Traffic Study in October 2015. The services require expertise of a senior roadway engineer to develop concepts and preliminary construction costs. Mr. Bird has recently begun his employment with the CA Group in August 2017. Upon his start, the CA Group has requested to use Mr. Bird's expertise to aid the development of the freeway concepts and develop the construction costs estimates. Mr. Bird spent over 25 years with the NDOT design division and brings tremendous value and expertise to this project.

At no time during Mr. Bird's state service was Mr. Bird involved in the RFP procurement and selection of the CA Group for the traffic study, nor did he participate in the project in any capacity leading up to his retirement.

RECOMMENDATION

We respectfully request your consideration for approval for NDOT to allow the addition of Mr. Bird to the CA Group team to complete the conceptual roadway plans associated with the Northern Nevada Traffic Study, Agreement P133-15.015, Project SPR17P3L.

Authorization to Contract with a Former Employee

Former Employee Name:	<u>Steve Bird</u>
Former Employee ID number:	<u>08220</u>
Former Job Title:	<u>Senior Road Designer, Supervisor III AE</u>
Former Employing Agency:	<u>NDOT</u>
Former Class and Grade:	<u>Class P80H Grade 40</u>
Employment Dates:	<u>May 5th , 1990 through July 5th 2017</u>
Contracting Agency:	<u>CA Group</u>

Please check which of the following applies:

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

a. Summarize scope of contract work.	Traffic analysis and conceptual design for the US 395, I-580 and I-80 within Washoe County, Nevada
b. Document former job description.	Supervisor III overseeing NDOT roadway design squads.
c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?	Steve is being hired because of his knowledge of roadway design, engineering and ability to prepare design plans in accordance with Local, State and Federal criteria. There are no clauses in his contract for transferring this knowledge.
d. Explain why existing State employees within your agency cannot perform this function.	This project is utilizing a consultant procurement based on direction for NDOT management.
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750 .	Not Applicable. Steve was not involved in any procurements activities for NDOT or CA Group related to this project.

f. List contractor's hourly rate.	
g. List the range of comparable State employee rates.	
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?	
i. Document justification for hiring contractor.	CA Group was selected through the standard NDOT consultant procurement which was based on CA Group having demonstrated extensive project knowledge and understanding. Steve brings extensive roadway design and development knowledge to CA Group to help supplement our other knowledgeable staff.

Comments:

DocuSigned by:



Contracting Agency Head's Signature and Date



Budget Analyst

8/25/17

Clerk of the Board of Examiners

Brian Sandoval
Governor

James R. Wells, CPA
Director



Janet Murphy
Deputy Director

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

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

Date: September 12, 2017

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

From: Bessie J. Wooldridge, Executive Branch Budget Officer
Budget Division

A handwritten signature in blue ink, appearing to read "Bessie J. Wooldridge".

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES -
AGING AND DISABILITY SERVICES DIVISION – NEVADA EARLY INTERVENTION
SERVICES**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the division requests approval to contract with former employee, Robbin Hickman to support the division's Nevada Early Intervention Service program to administer physical therapy. Ms. Hickman is anticipated to work approximately 30 hours per week through June 30, 2018.

Additional Information:

Ms. Hickman is a Nevada Licensed Physical Therapist specializing in pediatric physical therapy to infant and toddlers with disabilities. Historically physical therapists have been difficult to recruit at the state rate. NEIS does not have a licensed physical therapist but is required by NRS 427A to provide services to aging persons and persons with disabilities.

Statutory Authority:

NRS 333.705

REVIEWED:

ACTION ITEM:

Handwritten initials in blue ink, possibly "JAW".

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

DENA SCHMIDT
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES
3416 Goni Road, Suite D-132
Carson City, NV, 89706
Telephone (775) 687-4210 • Fax (775) 687-0574
<http://adsd.nv.gov>

September 6, 2017

MEMORANDUM

To: James R. Wells, Director, Department of Administration

From: Dena Schmidt, Administrator, Aging and Disability Services Division *DS*

Through: *RW* Richard Whitley, Director, Department of Health and Human Services *RW*

Subject: Request Approval for Authorization to Contract with Former Employee

The Aging and Disability Services Division would like to request to contract with a former employee, as per NRS 333.705. This request is on behalf of the Nevada Early Intervention Services (NEIS) program to administer physical therapy services. Nevada Early Intervention Services (NEIS) does not have a licensed physical therapist but is required by NRS 427A and the Individuals with Disabilities Education Act to provide services to aging persons and persons with disabilities. These services will address the promotion of sensorimotor function and gross motor development provided by a licensed physical therapist.

Robbin Hickman is a Physical Therapist that worked for the University of Nevada, Las Vegas from July 2013 to June 2016. This former employee of UNLV is a licensed physical therapist and has experience with providing pediatric physical therapy to infants and toddlers with disabilities. Her immense knowledge and background in pediatric therapies will lend itself to the efficacy and fidelity of physical therapy strategies within the early intervention system of care. This leads to better outcomes for children receiving early intervention services.

After receiving BOE authorization approval, ADSD will move forward with approval of the Provider Agreement with Robbin Hickman for these services. Estimated 30 hours per week at \$65.00 per hour beginning 10/10/17 to 6/30/18.

The Authorization to Contract with a Former Employee form is attached for review and consideration. Should you have any questions, please contact Rique Robb at (775) 687-0971.

Authorization to Contract with a Former Employee

Former Employee Name: Robbin Hickman
Former Employee ID number: Unavailable
Former Job Title: Associate Professor Physical Therapy
Former Employing Agency: University of Nevada, Las Vegas
Former Class and Grade: Unavailable
Employment Dates: July 2013 – June 2016
Contracting Agency: Aging and Disability Services Division

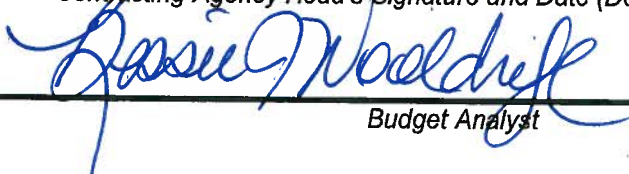
<p>Please check which of the following applies:</p> <p><input checked="" type="checkbox"/> Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-i below.</p> <p><input type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps except f-h below.</p>	
a. Summarize scope of contract work.	These services will address the promotion of sensorimotor function and gross motor development provided by a licensed physical therapist.
b. Document former job description.	Associate Professor Physical Therapy that performed teaching Physical Therapy Education with the University of Nevada, Las Vegas.
c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?	This former employee of UNLV is a licensed physical therapist and has experience with providing pediatric physical therapy to infants and toddlers with disabilities. Her immense knowledge and background in pediatric therapies will lend itself to the efficacy and fidelity of physical therapy strategies within the early intervention system of care. This leads to better outcomes for children receiving early intervention services.
d. Explain why existing State employees within your agency cannot perform this function.	The State contracts out for these services and does not have the State positions to meet this need.
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate	No

<u>NAC 284.750.</u>	
f. List contractor's hourly rate.	\$65.00/hour estimated for 30 hours per week beginning 10/10/17 to 6/30/18
g. List the range of comparable State employee rates.	A comparable rate for state employees does not exist for Physical Therapists
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?	Not Applicable
i. Document justification for hiring contractor.	Nevada Early Intervention Services (NEIS) does not have a licensed physical therapist but is required by NRS 427A and the Individuals with Disabilities Education Act to provide services to aging persons and persons with disabilities. These services will address the promotion of sensorimotor function and gross motor development provided by a licensed physical therapist.

Comments:



Contracting Agency Head's Signature and Date (Deputy Administrator)



Budget Analyst

Clerk of the Board of Examiners

Brian Sandoval
Governor

James R. Wells, CPA
Director

Janet Murphy
Deputy Director



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

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

Date: September 18, 2017

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

From: Andre Urruty, Executive Branch Budget Officer
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, appearing to be "Andre Urruty", written over the "From:" line of the memo.

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

DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION

Agenda Item Write-up:


Pursuant to NRS 333.705, subsection 1, the division requests authority to contract with Adam Luis, a former Correctional Officer, to provide uniformed security guard services through Allied Universal Security Services .

Additional Information:

Adam Luis was employed by the Nevada Department of Corrections from November 2007 through January 2017, and possesses the appropriate law enforcement experience required by agencies utilizing the contract with Allied Universal Security Services. There are not sufficient Capitol Police officers to provide uniformed security guard services to all agencies that require security services.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: 
ACTION ITEM: _____

Brian Sandoval
Governor



Patrick Cates
Director

Jeffrey Haag
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

August 9, 2017

MEMORANDUM

To: Andre Urruty
From: Annette Morfin, Purchasing Officer
Subject: CETS Contract 14094 – Allied Universal Security Services
RFP 2030 – Uniformed Security Guards

RECEIVED

AUG 09 2017

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Please find attached a copy of the "Authorization to Contract with a Former Employee for Adam Luis who Allied Universal Security Services wants to hire. Allied Universal Security Services is aware he would not be able to start with them until approval of BOE on October 10, 2017.

Adam Luis recently left state service and is within the two (2) year window.

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

Authorization to Contract with a Former Employee

Former Employee Name:	<u>Adam Luis</u>
Former Employee ID number:	<u>40284</u>
Former Job Title:	<u>Correctional Officer</u>
Former Employing Agency:	<u>Nevada Department of Corrections</u>
Former Class and Grade:	<u>Grade 33 Step 5</u>
Employment Dates:	<u>11-2007 to 1-2017</u>
Contracting Agency:	<u>Allied Universal Security</u>

Please check which of the following applies:

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

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

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

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

Comments:



8/9/17

Contracting Agency Head's Signature and Date



9/18/17

Budget Analyst

Clerk of the Board of Examiners

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: September 15, 2017

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

From: Debi Reynolds, Executive Branch Budget Officer
Governor's Finance Office, Budget Division *DR*

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF
HEALTHCARE FINANCING AND POLICY**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Division of Healthcare Financing and Policy (DHCFP) requests authority to contract with Hanqui (Mark) Ma, a graduate student currently employed by the University of Nevada, Reno. This will be a part-time position to conduct interpretation and statistical analysis on Medicaid claims data. This employee will support DHCFP for approximately 20 hours per week from October 16, 2017 through April 16, 2018.

Additional Information:

The position will be funded by the Division of Healthcare Financing and Policy, but will be located and supervised in the Department of Health and Human Services (DHHS) Director's Office. DHHS is working on creating a partnership with the University to give graduate students work experience to fill future needs in the department.

Statutory Authority:

NRS 333.705

REVIEWED: <u> <i>DR</i> </u>
ACTION ITEM: _____

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Administrator

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

RECEIVED
SEP 14 2017

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

August 22, 2017

To: Jim Wells, Clerk
Board of Examiners

From: Ellen Crecelius, Deputy Director Fiscal Services
Department of Health & Human Services *ecrecelius*

Through: Marta Jensen, Administrator *M. Jensen*
Division of Health Care Financing and Policy

Through: Richard Whitley, Director *RH for RW*
Department of Health & Human Services

RE: Authorization to Contract with Current State Employee

The Department of Health & Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP) requests approval to contract with a graduate student currently employed by the University of Nevada, Reno: Hanqiu (Mark) Ma. This will be a part-time position to conduct interpretation and statistical analysis on Medicaid claims data.

The position will be funded by the DHCFP, but will be located and supervised in the DHHS Director's Office working with current economist staff. DHHS is working on creating a partnership with the University to give graduate students work experience and to grow people to fill future needs in the department.

The Authorization to Contract with Current Employee form is attached for review and consideration. Should you have any questions, please contact Ellen Crecelius at 775 684-4004.

Director's Office

SEP 07 2017

DHHS

Authorization to Contract with a Current Employee

Employee Name:	<u>Hanqiu (Mark) Ma</u>
Employee ID number:	<u>N/A</u>
Job Title:	<u>Data Analyst</u>
Current Agency:	<u>UNR</u>
Current class and grade:	<u>Research Assistant</u>
Employment Dates:	<u>3/2016 - current</u>
Contracting Agency:	<u>DHHS – Division of Health Care Financing & Policy</u>

Please check which of the following applies:

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

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

a. Summarize scope of contract work.	Analyze and interpret data. Under supervision, prepare predictive analyses on department datasets, including but not limited to Medicaid claims data. Utilize appropriate statistical methodologies and software to accurately compile, validate, and disseminate appropriate data for grant applications, statistical requests, reports, and other duties as assigned during evaluation period. Perform quality control, assessments, and extract data from various databases. Create and maintain up-to-date data dictionaries.
b. Document the employee's current job description.	Temporary faculty member performing research for the Department of Economics, UNR. Duties include validating and updating employment wage data in economic modelling software IMPLAN but using data from the Bureau of Labor and Statistics.
c. Explain how this differs from current State duties.	Current duties are as a temporary faculty member performing research on labor data, whereas temporary staff duties with DHCFP will involve analyzing Medicaid data and does not relate to university duties.
d. Explain why existing State employees within your agency cannot perform this function.	Data requests exceed the existing capacity to fulfill them.
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so; explain relationship and why this would not violate NAC 284.750.	N/A

f. List contractor's hourly rate.	\$19.57
g. List the range of comparable State employee rates.	Step 1: \$19.57; Step 5: \$23.15; Step 10: \$28.78 (Fiscal/Business Professional Trainee)
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent.	N/A
i. Identify the date and time the contract work will be performed.	9/11/17 - 3/9/18 (proposed) 10/16/17 - 4/16/18 per Suzanne West 9/15/17 DR
j. Identify the State employee's work schedule.	Contract work will be provided in the DHHS Director's Office and will be recorded on a timesheet submitted bi-weekly. (Up to 20 hours per week within the hours of Monday through Friday, 8am - 5pm)
k. Document the controls that will be in place to ensure contract work will not occur during State work or sick time.	Contract work will be provided in the DHHS Director's Office and will be recorded on a timesheet submitted bi-weekly. Deliverables will be measurable and performed from internal and secure data warehouse.
l. Document the justification for hiring contractor.	Data requests exceeded the existing capacity to fulfill them.

Comments:

DHHS is working on creating a partnership with the University to give graduate students work experience and to grow people to fill future needs in the department.

Marta Jensen 8/24/17

Contracting Agency Head's Signature and Date

See attached signed copy

Current Employee's Agency Head's Signature and Date

[Signature] 9/15/17

Budget Analyst

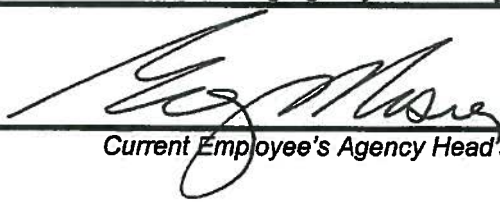
Clerk of the Board of Examiners

f. List contractor's hourly rate.	\$19.57
g. List the range of comparable State employee rates.	Step 1: \$19.57; Step 5: \$23.15; Step 10: \$28.78 (Fiscal/Business Professional Trainee)
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent.	N/A
i. Identify the date and time the contract work will be performed.	8/11/17 - 3/9/18 (proposed) 10/16/17 - 4/16/18 per Suzanne Webb 9/15/17 AIR
j. Identify the State employee's work schedule.	Contract work will be provided in the DHHS Director's Office and will be recorded on a timesheet submitted bi-weekly. (Up to 20 hours per week within the hours of Monday through Friday, 8am - 5pm)
k. Document the controls that will be in place to ensure contract work will not occur during State work or sick time.	Contract work will be provided in the DHHS Director's Office and will be recorded on a timesheet submitted bi-weekly. Deliverables will be measurable and performed from internal and secure data warehouse.
l. Document the justification for hiring contractor.	Data requests exceeded the existing capacity to fulfill them.

Comments:

DHHS is working on creating a partnership with the University to give graduate students work experience and to grow people to fill future needs in the department.

Contracting Agency Head's Signature and Date



Current Employee's Agency Head's Signature and Date

Budget Analyst

Clerk of the Board of Examiners

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: September 15, 2017

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

From: Debi Reynolds, Executive Branch Budget Officer, *DR*
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF
HEALTHCARE FINANCING AND POLICY**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Division of Healthcare Financing and Policy (DHCFP) requests authority to contract with Mina Mahmoudi, a graduate student currently employed by the University of Nevada, Reno. This will be a part-time position to conduct interpretation and statistical analysis on Medicaid claims data. This employee will support DHCFP for approximately 20 hours per week from October 16, 2017 through April 16, 2018.

Additional Information:

The position will be funded by the Division of Healthcare Financing and Policy, but will be located and supervised in the Department of Health and Human Services (DHHS) Director's Office. DHHS is working on creating a partnership with the University to give graduate students work experience to fill future needs in the department.

Statutory Authority:

NRS 333.705

REVIEWED: <u> <i>MR</i> </u>
ACTION ITEM: _____

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Administrator

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

RECEIVED

SEP 14 2017

August 22, 2017

To: Jim Wells, Clerk
Board of Examiners

From: Ellen Crecelius, Deputy Director Fiscal Services
Department of Health & Human Services

Through: Marta Jensen, Administrator
Division of Health Care Financing and Policy

Through: Richard Whitley, Director
Department of Health & Human Services

RE: Authorization to Contract with Current State Employee

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Crecelius

M. Jensen

Whitley

The Department of Health & Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP) requests approval to contract with a graduate student currently employed by the University of Nevada, Reno: Mina Mahmoudi. This will be a part-time position to conduct interpretation and statistical analysis on Medicaid claims data.

The position will be funded by the DHCFP, but will be located and supervised in the DHHS Director's Office working with current economist staff. DHHS is working on creating a partnership with the University to give graduate students work experience and to grow people to fill future needs in the department.

The Authorization to Contract with Current Employee form is attached for review and consideration. Should you have any questions, please contact Ellen Crecelius at 775 684-4004.

Director's Office

SEP 08 2017



Authorization to Contract with a Current Employee

Employee Name:	Mina Mahmoudi
Employee ID number:	N/A
Job Title:	Data Analyst
Current Agency:	UNR
Current class and grade:	Teaching Assistant
Employment Dates:	8/1/2012 - current
Contracting Agency:	DHHS – Division of Health Care Financing & Policy

Please check which of the following applies:

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

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

Please check which of the following applies:	
<p><input checked="" type="checkbox"/> Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee. Please complete steps a-l below.</p> <p><input type="checkbox"/> Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services. Please complete all steps except f-h below.</p>	
<p>a. Summarize scope of contract work.</p>	<p>Analyze and interpret data. Under supervision, prepare predictive analyses on department datasets, including but not limited to Medicaid claims data. Utilize appropriate statistical methodologies and software to accurately compile, validate, and disseminate appropriate data for grant applications, statistical requests, reports, and other duties as assigned during evaluation period. Perform quality control, assessments, and extract data from various databases. Create and maintain up-to-date data dictionaries.</p>
<p>b. Document the employee's current job description.</p>	<p>UNR Lecturer for Statistics and Calculus 1 and 2 for undergraduate students. Teaching, grading and preparing classes.</p>
<p>c. Explain how this differs from current State duties.</p>	<p>Current duties are as a university Lecture, whereas temporary staff duties with DHCFP will involve analyzing Medicaid data and does not relate to university duties.</p>
<p>d. Explain why existing State employees within your agency cannot perform this function.</p>	<p>Data requests exceed the existing capacity to fulfill them.</p>
<p>e. Document if the individual overseeing or establishing the contract is related to the contractor – if so; explain relationship and why this would not violate NAC 284.750.</p>	<p>N/A</p>
<p>f. List contractor's hourly rate.</p>	<p>\$21.30</p>

g. List the range of comparable State employee rates.	Step 1: \$21.30 - Step 10: \$31.49 /hour (Economist 1)
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent.	N/A
i. Identify the date and time the contract work will be performed.	9/11/17 - 9/9/18 10/16/17 - 4/16/18 OK per stranne web 9/15/17
j. Identify the State employee's work schedule.	Contract work will be provided in the DHHS Director's Office and will be recorded on a timesheet submitted bi-weekly. (Up to 20 hours per week within the hours of Monday through Friday, 8am - 5pm) UNR work is approximately 10 hours per week. All UNR classes occur after 4pm.
k. Document the controls that will be in place to ensure contract work will not occur during State work or sick time.	Contract work will be provided in the DHHS Director's Office and will be recorded on a timesheet submitted bi-weekly. Deliverables will be measurable and performed from internal and secure data warehouse.
l. Document the justification for hiring contractor.	Data requests exceeded the existing capacity to fulfill them.

Comments:

DHHS is working on creating a partnership with the University to give graduate students work experience and to grow people to fill future needs in the department.

Marta Jensen 8/24/17

Contracting Agency Head's Signature and Date

See attached signed copy

Current Employee's Agency Head's Signature and Date

[Signature] 9/15/17

Budget Analyst

Clerk of the Board of Examiners

g. List the range of comparable State employee rates.	Step 1: \$21.30 - Step 10: \$31.49 /hour (Economist 1)
h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent.	N/A
i. Identify the date and time the contract work will be performed.	9/11/17 - 3/0/18 10/16/17 - 4/11/18 <i>UNR per Suzanne Webb 9/15/17</i>
j. Identify the State employee's work schedule.	Contract work will be provided in the DHHS Director's Office and will be recorded on a timesheet submitted bi-weekly. (Up to 20 hours per week within the hours of Monday through Friday, 8am - 5pm) UNR work is approximately 10 hours per week. All UNR classes occur after 4pm.
k. Document the controls that will be in place to ensure contract work will not occur during State work or sick time.	Contract work will be provided in the DHHS Director's Office and will be recorded on a timesheet submitted bi-weekly. Deliverables will be measurable and performed from internal and secure data warehouse.
l. Document the justification for hiring contractor.	Data requests exceeded the existing capacity to fulfill them.

Comments:

DHHS is working on creating a partnership with the University to give graduate students work experience and to grow people to fill future needs in the department.

Contracting Agency Head's Signature and Date



9/7/2017

Current Employee's Agency Head's Signature and Date

Budget Analyst

Clerk of the Board of Examiners

Brian Sandoval
Governor

James R. Wells, CPA
Director



Janet Murphy
Deputy Director

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

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

Date: August 25, 2017

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

From: Bridgette Garrison, Executive Branch Budget Officer
Budget Division

A handwritten signature in blue ink, likely belonging to Bridgette Garrison.

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF CORRECTIONS – DIRECTOR'S OFFICE

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Corrections requests authority to contract with a former employee, Traci Dori. The department plans to utilize Ms. Dori to provide needed training in communications, policies & procedures to ensure the continued success of the program supporting Nevada crime victims.

Additional Information:

Effective September 19, 2017 the Department has successfully recruited for the vacancy and is pleased to announce Jennifer Rey as the new Victim Services Officer. Because the Victim Services Officer position is critical to the proper dissemination of information, services and support to the Nevada crime victims, the Department is requesting to contract with a former employee for a time period not to exceed 30 days.

Statutory Authority:

NRS 333.705

REVIEWED: my

ACTION ITEM: _____

Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3285

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9912



Brian Sandoval
Governor

James Dzurenda
Director

**State of Nevada
Department of Corrections**

August 21, 2017

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

From: James E. Dzurenda, Director
Nevada Department of Corrections

Re: Critical Hire

Recently the Nevada Department of Corrections experienced a vacancy in the Victim Services Unit. The Victim Services Unit is an important element to the correctional process as the unit provides Nevada crime victims a voice in the corrections process by providing information, services and support with compassion, respect and sensitivity.

This critical vacancy was the result of the retirement of long time Victim Services Officer (Program Officer III) Traci Dory. Effective September 19, 2017 the Department has successfully recruited for the vacancy and is pleased to announce Jennifer Rey as the new Victim Services Officer.

Because the Victim Services Officer position is critical to the proper dissemination of information, services and support to the Nevada crime victims, the Department is requesting a critical hire request of former Program Officer III Traci Dori for a time period not to exceed 30 days from Board of Examiners approval. The former Program Officer III Traci Dori would provide needed training in communications, policies & procedures to ensure the continued success of the program supporting Nevada crime victims.

If you have any questions please contact Scott Ewart, Chief of Fiscal Services at 887-3210 or via email at sewart@doc.nv.gov.

Thank you

A handwritten signature in blue ink, appearing to read "James E. Dzurenda", is written over a circular stamp or seal.

James E. Dzurenda, Director

CC: Scott Ewart

Authorization to Contract with a Former Employee

Former Employee Name: Traci Dory
Former Employee ID number: 008929
Former Job Title: Program Officer 3 – Victim Services Officer
Former Employing Agency: Nevada Department of Corrections
Former Class and Grade: 7.643 (Grande 35 Step 10)
Employment Dates: 3/6/1999 – 7/5/2017
Contracting Agency: NV Dept. of Corrections

Please check which of the following applies:

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

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

a. Summarize scope of contract work.	To provide training and consultation to the agency newly hired Program Officer 3, Victim Services. Such training will include, but not limited to, use of any and all software programs used to conduct business as the Victim Services Officer, introduction to and training on all processes dedicated to the Victim Services program and any other functions, protocols or services provided by the Victim Services Officer.
b. Document former job description.	See attached
c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?	The former employee was the singular resource of services available to victims of crimes perpetrated by inmates. The program grew and developed under her leadership, including development of a website an online resource program for victims. As such, she is the only individual that could provide the in depth orientation and training to the incoming Victim Services Officer who does not have prior State of Nevada, or Dept. of Corrections experience. Ms. Dory has specialized knowledge of the program as it exists in its current form and is the logical and necessary person to transfer as much information, knowledge and training as is possible to help the incoming employee maintain the high level of service enjoyed by the consumers of this service.
d. Explain why existing State employees within your agency cannot perform this function.	No other current employees have the in depth knowledge of the program as Ms. Dory who was the subject matter expert of this particular program. No one else has her expertise with the intricacies of the position.
e. Document if the individual overseeing or establishing the contract is related to the contractor – if so,	No personal or business relationship exists.

*memo state
until position
is filled*

<p>explain the relationship and why this would not affect independence and why this would not violate <u>NAC 284.750.</u></p>	
<p>f. List contractor's hourly rate.</p>	<p>\$30.17</p>
<p>g. List the range of comparable State employee rates.</p>	<p>\$23.15- \$34.39</p>
<p>h. Justify contract rate if it exceeds the maximum employee/employer rate paid for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?</p>	<p>The proposed hourly rate is equal to the hourly rate that Ms. Dory earned at the time of her retirement.</p>
<p>i. Document justification for hiring contractor.</p>	<p>The Victim Services Officer performs and critical service to and provides invaluable support to the victims of crimes perpetrated by NV Dept. of Corrections inmates as set forth in the Vision and Mission Statement of the Victim Services Division. Having Ms. Dory train and orient the incoming Victim Services Officer will allow that the Vision and Mission goals continue at the high level expected by the Director and the citizens this Division serves.</p> <p>The Victim Services Officer serves as a pint of contract within Corrections that is responsive to the needs of crime victims. Through this office, crime victims, their family members, threatened parties or concerned citizens can receive assistance. This position serves a critical role in the Operations Division, to integrate victims rights and services into program planning throughout the Department of corrections including, but not limited to, training of NDOC staff on the impact of crime on victims and developing community partnerships to advance victim issues. Ms. Dory is the logical person to impart the intricacies of this program to the incoming officer.</p>

Comments:

Budget Analyst

Clerk of the Board of Examiners

Brian Sandoval
Governor



James R. Wells, CPA
Director

Janet Murphy
Deputy Director

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

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

Date: September 27, 2017
To: James R. Wells, CPA, Director
Governor's Finance Office
From: Jim Rodriguez, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

The following describes an action item submitted for placement on the agenda of the next Interim Finance Committee meeting. An analysis of the action item and recommendation is also provided.

DEPARTMENT OF PUBLIC SAFETY – DIVISION OF EMERGENCY MANAGEMENT
Agenda Item Write-up:

Pursuant to NRS 353.268, subsection 1, the Division of Emergency Management (DEM) requests an allocation of \$845,510 from the Interim Finance Committee Contingency Account to cover immediate costs associated Emergency Management Assistance Compact (EMAC) activations of the Nevada National Guard in support of recent request for assistance from Texas, Oregon and Puerto Rico.

Additional Information:

The agency is requesting emergency funding in the amount of \$845,510 to cover DEM costs related to National Guard support efforts associated with the following emergencies:

1. \$452,0000 - Nevada Guard EMAC support for Hurricane Harvey - Texas.
2. \$333,0000 - Nevada Guard EMAC support for the Oregon wildfires.
3. \$ 60,510 - Nevada Guard EMAC support of Hurricane Maria – Puerto Rico

The EMAC activation costs are 100% reimbursable from the requesting state and once received by DEM will be returned to the Contingency fund.

Statutory Authority:

NRS 353.268 (1)

REVIEWED: JM
ACTION ITEM: _____

Brian Sandoval
Governor



James M. Wright
Director

Caleb S. Cage
Chief

**Division of Emergency Management
Homeland Security**

2478 Fairview Drive
Carson City, Nevada 89701

Telephone (775) 687-0300 • Fax (775) 687-0322 • <https://dem.nv.gov>

September 27, 2017

TO: James Wells, Director – Governor’s Finance Office
Rick Combs, Director – Legislative Counsel Bureau

THROUGH: Jim Rodriguez, Budget Officer – Governor’s Finance Office
Kristen Kolbe, Program Analyst – Legislative Counsel Bureau


FROM: Justin Luna, Administrative Services Officer on behalf of Caleb Cage, Chief
DPS Division of Emergency Management

SUBJECT: Emergency funding request

The Department of Public Safety, Division of Emergency Management, is requesting assistance to provide funding for costs associated with emergency response efforts for multiple Emergency Management Assistance Compact requests for the Nevada National Guard to provide support to Texas during the response to Hurricane Harvey, to provide support to Oregon for wildland fire fighting operations, and to provide communication support to the Commonwealth of Puerto Rico.

Currently, the balance of the Emergency Assistance Account (BA 1336) is less than \$4,000 which limits the division’s ability to respond to and recover from emergencies and disasters. The costs for the emergency response efforts listed above must be realized prior to seeking reimbursement from the requesting agencies. It is anticipated that the majority of these costs will eventually be reimbursed; however, receipt of those reimbursement funds may not occur until after the close of State Fiscal Year 2018. The division is requesting a loan for emergency funding in the amount of \$845,510 to cover these projected emergency expenditures.

Please contact me at justin.luna@dps.state.nv.us or 775-687-0304 if you have any questions or need additional information to process this request.

Respectfully, Justin 

State Fiscal Year 2018 Summary as of 9/27/2017
654 Division of Emergency Management
Emergency funding request

Projected Expenditures

Emergency Management Assistance Compact
National Guard support for Hurricane Harvey

Travel	1,200.00
Personnel	22,800.00
Equipment	428,000.00
	<u>\$452,000.00</u>

Emergency Management Assistance Compact
National Guard support for Oregon wildfires

Travel	2,500.00
Personnel	35,500.00
Equipment	295,000.00
	<u>\$333,000.00</u>

Emergency Management Assistance Compact
National Guard support for Puerto Rico

Travel	0.00
Personnel	58,260.00
Equipment	2,250.00
	<u>\$60,510.00</u>

IMMEDIATE NEED TO FUND EM 845,510.00

SFY18 EMAC expenditures listed above may not receive reimbursements until after the close of SFY18

Brian Sandoval
Governor

James R. Wells, CPA
Director



Janet Murphy
Deputy Director

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

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

Date: September 13, 2017
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Colleen Murphy, Executive Budget Officer *cm*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION
DIVISION OF ENTERPRISE INFORMATION TECHNOLOGY SERVICES**

Agenda Item Write-up:

The Department of Administration, Division of Enterprise Information Technology Services, seeks approval for the second amendment to the existing master lease agreement with Dell Financial Services which provides mid-range equipment for state applications not to exceed \$4,126,456.63.

Additional Information:

This amendment extends the termination date from March 31, 2018 to January 1, 2022 and increases the maximum amount from \$1,224,704.12 to \$4,126,456.63 due to the refresh of mid-range hardware for various state applications (NEATS, CETS, NDOT financial, etc.). The state runs the risk of not being able to support these applications without these services.

Statutory Authority:

Relates to CETS contract #15133 (A2).

REVIEWED: CM
ACTION ITEM: _____

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15133** Amendment Number: **2**
 Agency Name: **ADMIN - ENTERPRISE IT SERVICES** Legal Entity Name: **DELL FINANCIAL SERVICES LLC**
 Agency Code: **180** Contractor Name: **DELL FINANCIAL SERVICES LLC**
 Appropriation Unit: **1385-26** Address: **1 DELL WAY**
 Is budget authority available?: **Yes** City/State/Zip: **ROUND ROCK, TX 78682-7000**
 If "No" please explain: **Not Applicable** Contact/Phone: **925-487-1051**
 Vendor No.: **T29019314**
 NV Business ID: **NV19971069039**

To what State Fiscal Year(s) will the contract be charged? **2014-2022**

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

General Funds	0.00 %	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 **08/01/2013**
 Anticipated BOE meeting date **10/2017**

RECEIVED
SEP 08 2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

GOVERNOR'S FINANCE OFFICE
 BUDGET DIVISION

3. Previously Approved Termination Date: **03/31/2018**
 Contract term: **8 years and 155 days**
 4. Type of contract: **Lease/Purchase Agreement**
 Contract description: **Storage Equipment**

5. Purpose of contract:
This is the second amendment to the original master lease that provides CommVault and Compellent Open System Storage equipment required to replace/expand existing storage that will no longer be available for back-up of State data as of August 28, 2013. This amendment increases the total maximum amount from \$1,933,256.00 to \$4,126,456.03 and extends the termination date from 03/31/2018 to 01/01/2022.

6. CONTRACT AMENDMENT *SP*

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$968,496.51	\$968,496.51	\$968,496.51	Yes - Action
a. Amendment 1:	\$1,933,256.03	\$1,933,256.03	\$1,933,256.03	Yes - Action
2. Amount of current amendment (#2):	\$1,224,704.09	\$1,224,704.12	\$1,224,704.12	Yes - Action
3. New maximum contract amount:	\$4,126,456.63			
and/or the termination date of the original contract has changed to:	01/01/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

CommVault and Compellent Open System Storage equipment required to replace/expand existing storage that will no longer be available for back-up of State data as of August 28, 2013.

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 #: 130710

Approval Date: 07/31/2013

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. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	09/08/2017 15:49:17 PM
Division Approval	ddav12	09/08/2017 15:49:22 PM
Department Approval	ddav12	09/08/2017 15:49:27 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#:	130710 F

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:	Enterprise IT Services	
	Contact Name and Title	Phone Number	Email Address
	Sean Montierth, IT Manager II	775-684-4313	smontierth@admin.nv.gov
	Alexa Marangi, Management Analyst I	775-684-0241	aemarangi@admin.nv.gov

1b	Vendor Information:	
	Identify Vendor:	Dell Financial Services LLC (Lessor)
		Dell EMC (Service provider for installation of equipment)
	On October 12, 2015 Dell announced it would acquire EMC Corp. The merger closed on September 7, 2016.	
	Contact Name:	Robert Kraft, Western US Finance and Leasing Manager
	Address:	One Dell Way, Round Rock, TX 78682
Telephone Number:	(925) 487-1051	
Email Address:	robert.kraft@dell.com	

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

1d	Contract Information:			
	Is this a new Contract?	Yes	No	x
	Amendment:	#2		
	CETS:	#15133		

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	01/01/2018	End Date:

1f	Funding:	
	State Appropriated:	100%
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$1,224,704.09

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>This is for an operating lease of VXRail Hyper converge Open System Storage & Compute Equipment.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>The existing data storage system is comprised of all Dell/EMC hardware. For technical reasons, only Dell/EMC equipment will work in the existing system.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>Enterprise IT Services has made a significant investment (\$2.9MIL to date) in the leasing of Dell/EMC Equipment. Both the existing legacy system and pilot hyper converged system components are comprised of all Dell/EMC hardware. State IT experts have determined that only Dell/EMC equipment will work in the existing system. To completely replace this system and replace non Dell/EMC equipment would be difficult and not fiscally responsible.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				
	<i>An alternative system would require a costly replacement and at this point in time, it would be impractical and cost prohibitive to completely replace the existing system. Additionally, Dell/EMC is an awarded State Contractor (MSA) who can provide storage hardware at Nevada State contracted pricing, which was competitively bid.</i>				

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.			Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>		
	8/2013	3/2018	\$109,175	Order #6 (Blades & VMware)	Waiver #130710 E		
	8/2013	3/2018	\$651,252	Order #5 (Backup expansion)	Waiver #130710 D		

	8/2013	7/2017	\$14,950	Order #4 (Hard drives – CC & LV)	Waiver #130710 C
	8/2013	11/2017	\$901,658	Order #3 (Server, SAN, DBA servers)	Waiver #130710 B
	8/2013	3/2018	\$256,218	Order #2 (Servers & Switches)	Waiver #130710 A
	8/2013	3/2018	\$968,496	Orders #1 & (CommVault & Compellent)	Waiver #130710

7 What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
Failure to acquire this equipment timely would expose the State of Nevada to failures of the servers that house customer's databases. In the event of a system failure, Enterprise IT Services would have to restore the databases, causing unexpected downtime which could prevent the Dept of Public Safety from readily accessing their data, including warrant and criminal history information; thus, putting all law enforcement personnel in danger.

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?
Prices on the underlying assets are based on the existing MSA for Dell/EMC hardware. The existing data storage system is comprised of all Dell/EMC hardware. State IT experts have determined that only Dell/EMC equipment will work in the existing system. To completely replace this system and replace with non Dell/EMC equipment would be difficult and not fiscally responsible.

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes: <input type="checkbox"/>	X	No: <input type="checkbox"/>	
	a. <i>If yes, please provide details regarding future obligations or needs.</i> <i>Equipment end-of-life, end of support, and potential expansion requirements will indeed obligate the State for future purchases and/or services.</i>				

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

Alexa Marangi
Agency Representative Initiating Request

Alexa Marangi
Print Name of Agency Representative Initiating Request

8/8/17
Date

Shannon Rahming
Signature of Agency Head Authorizing Request

Shannon Rahming
Print Name of Agency Head Authorizing Request

8/29/17
Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Signed:

[Signature]
Administrator, Purchasing Division or Designee

9-5-2017
Date

ADAM PAUL LAXALT
Attorney General



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City, Nevada 89701

WESLEY K. DUNCAN
First Assistant Attorney General
NICHOLAS A. TRUTANICH
Chief of Staff
KETAN D. BHIRUD
General Counsel

September 8, 2017

via InterOffice Mail

Ms. Shannon Rahming
Administrator and Chief Information Officer
Department of Administration
Division of Enterprise Information Technology Services
100 N. Stewart Street, Suite 100
Carson City, NV 89701

Re: Amendment No. 2 and Schedule No. 001-6687934-007 to Master Lease Agreement No. 6687934 between Dell Financial Services and the State of Nevada Department of Administration, Division of Enterprise Information Services

Dear Ms. Rahming:

The Office of the Attorney General has acted as counsel with respect to Amendment No. 2 and Schedule No. 001-6687934-007 to the above Master Lease Purchase Agreement (the "Agreement") between Dell Financial Services L.L.C. ("Lessor") and the State of Nevada, Department of Administration, Division of Enterprise Information Technology Services ("Lessee").

Subject to the qualifications and limitations expressed below, as of the date of this letter, it is our opinion that:

1. Lessee is a state or fully constituted political subdivision or agency of the state and is duly organized, existing and operating under the constitution and laws of the State of Nevada.
2. The execution, delivery and performance of the Agreement by Lessee are duly authorized by all necessary action on the part of Lessee in accordance with Nevada law.

3. Under fully disclosed current Nevada law, upon execution by all parties, approval as to form on behalf of the Nevada Attorney General, and approval by the Division of Purchasing under NRS 333.150, the Agreement constitutes a legal, valid and binding contract enforceable in accordance with its terms, except to the extent limited by local, state, and federal laws affecting remedies and by bankruptcy, reorganization, or other laws of general application relating to or affecting the enforcement of creditor's rights.

The undersigned certifies that he is qualified to practice law in the State of Nevada. This Office expresses no opinion with respect to the laws of any jurisdiction other than the internal laws of the State of Nevada. Our opinion is based upon such laws as are in effect on the date of this opinion letter, and we expressly disclaim any undertaking to advise you of any subsequent changes in law.

Sincerely,

ADAM PAUL LAXALT
Attorney General

By: 
Jeffrey D. Menicucci
Senior Deputy Attorney
Telephone: (775) 684-1214
Email: jmenicucci@ag.nv.gov

JDM/klr

cc: Mr. Jeffrey Haag, Administrator, Division of Purchasing
Dell Financial Services, LLC

Brian Sandoval
Governor

James R. Wells, CPA
Director



Janet Murphy
Deputy Director

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

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

Date: September 13, 2017
To: James R. Wells, Clerk of the Board
Governor's Finance Office
From: Colleen Murphy, Executive Budget Officer *CM*
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION
DIVISION OF ENTERPRISE INFORMATION TECHNOLOGY SERVICES**

Agenda Item Write-up:

The Department of Administration, Division of Enterprise Information Technology Services, seeks approval for the third amendment to the existing master lease agreement with International Business Machines (IBM) which provides mainframe storage equipment, software and services not to exceed \$10,259,963.18.

Additional Information:

This amendment increases the maximum amount from \$1,024,967.18 to \$10,259,963.18 due to the purchase/lease of software (including the refresh of ELA), software licenses, software maintenance and services for the mainframe server. The state runs the risk of not being able to provide the state mainframe infrastructure without these services.

Statutory Authority:

Relates to CETS contract #18409 (A3).

REVIEWED: AM

ACTION ITEM: _____

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18409** Amendment Number: **3**

Agency Name: **ADMIN - ENTERPRISE IT SERVICES** Legal Entity Name: **INTERNATIONAL BUSINESS MACHINES**

Agency Code: **180** Contractor Name: **INTERNATIONAL BUSINESS MACHINES**

Appropriation Unit: **1385-27** Address: **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: **NV2031004664**

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

Agency Reference #: **2338051**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/14/2017**Anticipated BOE meeting date **10/2017**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2021**

Termination Date:

Contract term: **4 years and 136 days**4. Type of contract: **Lease/Purchase Agreement**Contract description: **Mainframe Storage**

5. Purpose of contract:

This is the third amendment to the original master lease agreement which continues IBM mainframe storage equipment required to upgrade/replace existing storage that cannot perform parallel access volumes or encryption of data at rest. This amendment increases the maximum amount from \$1,024,967.18 to \$10,259,963.18 due to the purchase/lease of software, software licenses, software maintenance and services for the mainframe server.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$91,035.77	\$91,035.77	\$91,035.77	Yes - Action
a. Amendment 1:	-\$973.17	-\$973.17	-\$973.17	No
b. Amendment 2:	\$934,904.58	\$933,931.41	\$933,931.41	Yes - Action
2. Amount of current amendment (#3):	\$9,234,996.00	\$9,234,996.00	\$9,234,996.00	Yes - Action
3. New maximum contract amount:	\$10,259,963.18			

II. JUSTIFICATION

7. What conditions require that this work be done?

Obtaining new and replacement IBM Mainframe product software licenses directly from IBM is required for successful functionality with the existing hardware, as the current software will become defunct and unsupported. Acquiring software from a different provider can result in extensive delays, a mismatched software operating system, and ultimately place the entire Mainframe infrastructure at risk for an enterprise-wide cataclysmic failure if the upgrade of software is not accurately configured and completed before reaching its end-of-life.

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 #: 170704

Approval Date: 07/17/2017

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

EITS periodically reevaluates its Mainframe supplemental software seeking the lowest priced equitable products available; however, non -IBM Mainframe production are frequently priced higher than IBM's. Supplemental operating system software products which enhance mainframe functionality are sold by other vendors, yet their pricing is oftentimes greater than IBM's.

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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, DOA - Enterprise IT Services, satisfactory

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	amarangi	09/05/2017 15:39:11 PM
Division Approval	amarangi	09/05/2017 15:39:16 PM
Department Approval	amarangi	09/05/2017 15:39:21 PM
Contract Manager Approval	amarangi	09/05/2017 15:39:26 PM
EITS Approval	lolso3	09/07/2017 16:36:31 PM
Budget Analyst Approval	cmurph3	09/11/2017 08:21:52 AM
BOE Agenda Approval	Pending	

State of Nevada
Department of Administration

Purchasing Division

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



Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Hang
Administrator

Purchasing Use Only:	
Approval#:	170704

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:	EITS	
	Contact Name and Title	Phone Number	Email Address
	Kathleen McLaughlin, Mainframe Systems ITM	(775) 684-4325	kfunclaug@admin.nv.gov

1b	Vendor Information:	
	Identify Vendor:	Sirius Computer Solutions
	Contact Name:	John Stransky
	Address:	10100 Reunion Place, Ste 500, San Antonio, TX 78216
	Telephone Number:	(702) 612-3684
Email Address:	john.stransky@siriuscom.com	

1b	Vendor Information:	
	Identify Vendor:	IBM Global Financing
	Contact Name:	Jelita Holmesly / John Belanger
	Address:	Lockbox 534151, Atlanta, GA 30353
	Telephone Number:	(714) 270-3437 / (714) 815-8049
Email Address:	jelita@us.ibm.com / jrbelanger@us.ibm.com	

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

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

1e	Term:				
	One (1) Time Purchase:	<input type="checkbox"/>			
	Contract:	Start Date:	08/01/2017	End Date:	07/31/2021

1f	Funding:	
	State Appropriated:	Internal service funds
	Federal Funds:	

Grant Funds:	
Other (Explain):	

Total Estimated Value of this Service Contract, Amendment or Purchase: \$19.5 mil. (over 4 years)									
1g	<table border="0"> <tr> <td><i>AIX Hardware including maintenance/support</i></td> <td><i>\$1.1 million</i></td> </tr> <tr> <td><i>Mainframe Hardware including maintenance/support</i></td> <td><i>\$3 million</i></td> </tr> <tr> <td><i>Software (including ELA of \$9 million)</i></td> <td><i>\$15 million</i></td> </tr> <tr> <td><i>Services implementation/enhancements</i></td> <td><i>\$350,000</i></td> </tr> </table>	<i>AIX Hardware including maintenance/support</i>	<i>\$1.1 million</i>	<i>Mainframe Hardware including maintenance/support</i>	<i>\$3 million</i>	<i>Software (including ELA of \$9 million)</i>	<i>\$15 million</i>	<i>Services implementation/enhancements</i>	<i>\$350,000</i>
<i>AIX Hardware including maintenance/support</i>	<i>\$1.1 million</i>								
<i>Mainframe Hardware including maintenance/support</i>	<i>\$3 million</i>								
<i>Software (including ELA of \$9 million)</i>	<i>\$15 million</i>								
<i>Services implementation/enhancements</i>	<i>\$350,000</i>								

Provide a description of work/services to be performed or commodity/good to be purchased:	
2	<p><i>Purchasing upgrade and/or replacement hardware for the North and South Mainframe enterprise CPU, direct access storage, and virtual tape libraries. Procuring associated installation services required for successfully completing Mainframe hardware upgrades and refreshes. Obtaining new and replacement IBM Mainframe product software licenses.</i></p>

What are the unique features/qualifications required for this service or good that are not available from any other vendor:	
3	<p><i>The IBM business model requires customers go through their business partners to purchase their hardware because they do not sell hardware directly to customers. Sirius is a value added reseller whom EITS has a long history collaborating with to provide the State of Nevada hardware equipment refreshes at pricing levels lower than the State Government standard pricing. They have historically and continue provide the EITS datacenter with exceptional customer service. Their technical staff is composed of highly skilled industry experts, who expeditiously respond. When EITS needs assistance resolving problems or requests technical assistance with the EITS Mainframe hardware and software enterprise they are our number one support vehicle.</i></p> <p><i>The EITS North and South Mainframe enterprise is composed of a highly complex and intricate IBM hardware configuration. To successfully function, the EITS Mainframe hardware configuration must have its internal software and the EITS specific enterprise configurations correctly co-defined at time of hardware installation. Sirius has worked diligently to comprehensively understand EITS' configuration and learn EITS' operation flow.</i></p> <p><i>The Mainframe platform's core operating system is IBM's z/OS which can only be purchased either directly from IBM or through an IBM business partner.</i></p>

Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:	
4	<p><i>When service providers provide a proposal for hardware costs the pricing is based with the consideration they will be completing the entire project including performing the necessary services detailed in their submitted Scope of Work. To educate an outside vendor on the intricacies of EITS' Mainframe hardware enterprise would be exhaustive and counterproductive to business and result in an increase of the overall project cost.</i></p> <p><i>The operating system for Mainframe technology can only be purchased directly from IBM or from an</i></p>

IBM business partner. Supplemental operating system software products which enhance mainframe functionality are sold by other vendors, yet their pricing is oftentimes greater than IBM's.

5	Were alternative services or commodities evaluated? Check One.		Yes:	<input checked="" type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>					
	<i>EITS periodically reevaluates its Mainframe supplemental software seeking the lowest priced equitable products available; however, non-IBM Mainframe products are frequently priced higher than IBM's.</i>					
b. <i>If not, why were alternatives not evaluated?</i>						
<i>Over the past six plus years, EITS has built a complex Mainframe enterprise, and Sirius has a comprehensive knowledge of the required hardware purchases specific to upgrading EITS' hardware to keep the enterprise supported and current.</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 type="checkbox"/>	No:	<input checked="" type="checkbox"/>	
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>							
	Term		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)			
	Start	End Dates						
			\$					
			\$					
		\$						
		\$						

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?	
	<i>Not using a vendor who comprehensively understands the complexities of the EITS Mainframe enterprise can result in extensive delays, as the other vendor would require being meticulously educated on our hardware configuration. Using a different vendor puts EITS at risk of getting an improperly and/or incompatible hardware solution and a mismatched software operating system. Hardware and software installation delays can potentially place the entire Mainframe infrastructure at risk for an enterprise-wide cataclysmic failure if the upgrade is not accurately configured and completed before reaching its end-of-life.</i>	

8	<p>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</p>
	<p><i>Going outside of the IBM Mainframe hardware and/or software solution would require an entire conversion and replacement of existing Mainframe related CPUs, disk arrays, and virtual tape subsystems. When service providers provide a proposal for hardware costs the pricing is based with the consideration they will be completing the entire project including performing the necessary services detailed in their submitted Scope of Work. Sirius continues to negotiate pricing to a level that is lower than the State Government standard pricing. Allowing another vendor to complete the Statement of Work services for hardware installations, will most likely result in an overall increase to the project cost.</i></p>

9	<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 type="checkbox"/>	X <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	
	<p>a. If yes, please provide details regarding future obligations or needs.</p>				
	<p><i>The State will be obligated to purchase future upgrade equipment and operating system software from IBM to replace existing equipment and products, as support will eventually expire. Additionally, the directive for acquiring this type of hardware equipment has been to process via an operating lease.</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

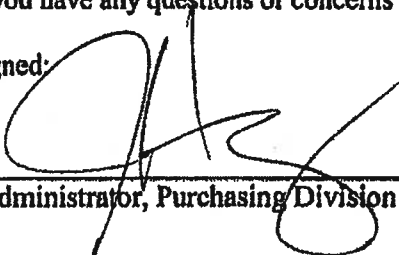
Print Name of Representative Providing Review

Date

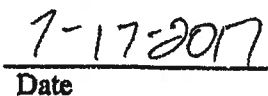
Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought 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

ADAM PAUL LAXALT
Attorney General



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City, Nevada 89701

WESLEY K. DUNCAN
First Assistant Attorney General

NICHOLAS A. TRUTANICH
Chief of Staff

KETAN D. BHIRUD
General Counsel

September 5, 2017

Sent via Inter-Office Mail

Shannon Rahming, Chief Information Officer
Division of Enterprise Information Technology Services
Department of Administration
100 N. Stewart Street, Suite 100
Carson City, NV 89701

Re: Lease/Purchase Master Agreement (067808063G) between IBM Credit, LLC and State of Nevada, Division of Enterprise Information Technology Services and Lease/Purchase Supplement 038549

Dear Ms. Rahming:

In connection with the Lease/Purchase Master Agreement No. 067808063G between State of Nevada, Division of Enterprise Information Technology Services, Department of Administration, as Lessee, and IBM Credit LLC as Lessor, together with Lease/Purchase Supplement No. 038549 (the "Agreement"), I have examined the law and such other papers necessary to render the following opinion:

1. Lessee is a Division of the Department of Administration of the State of Nevada, as described under Chapter 242 of the Nevada Revised Statutes, and is a state or political subdivision of a State within the meaning of Section 103 of the Internal Revenue Code of 1986.
2. Lessee has all requisite power and authority to enter into the Agreement and to perform its obligations thereunder.

3. The authorization and approval of the Agreement, the execution thereof, and the transactions contemplated thereby have been conducted in accordance with all applicable laws.
4. The Agreement has been duly executed and delivered by Lessee and when the signature page relative to this Supplement and Addendum has been fully executed, it will constitute a legal, valid, and binding obligation of Lessee, enforceable against Lessee in accordance with the terms thereof, except insofar as the enforcement thereof may be limited by (i) any applicable bankruptcy, insolvency, moratorium, reorganization or other laws of equitable principles of general application, (ii) laws or rules applicable the State, municipalities, or political subdivisions such as the Lessee, affecting remedies or creditors' rights generally, including, but not limited to, limits resulting from sovereign immunity, and (iii) the exercise of judicial discretion in appropriate cases.
5. As of the date hereof, based on such inquiry and investigation as we have deemed sufficient, no litigation is pending, (or, to our actual knowledge, threatened) against Lessee in any court (a) seeking to restrain or enjoin the delivery of the Agreement; (b) questioning the authority of Lessee to execute the Agreement, or the validity of the Agreement, or the payment of principal of or interest on the Agreement; (c) questioning the constitutionality of any statute, or the validity of any proceedings, authorizing the execution of the Agreement; or (d) affecting the provisions made for the payment of or security of the Agreement.

...

...

...

Shannon Rahming
Page 3
September 5, 2017

This Office expresses no opinion with respect to the laws of any jurisdiction other than the internal laws of the State of Nevada. Our opinion is based upon such laws as are in effect on the date of this opinion letter, and we expressly disclaim any undertaking to advise you of any subsequent changes in law.

Respectfully Yours,

By:



Jeffrey D. Menicucci

Senior Deputy Attorney General

Ph.: (775) 684-1214

Email: Jmenicucci@ag.nv.gov

JDM/aej

cc: Jeffrey Haag, Administrator, Division of Purchasing
IBM Credit, LLC



STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: September 13, 2017

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

From: Katrina Nielsen, Executive Branch Budget Officer

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION – VICTIMS OF CRIME PROGRAM

Agenda Item Write-up:

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

Additional Information:

The issue before the Board is an appeal filed pursuant to NRS 217.117 by [REDACTED] for denied compensation by the Victims of Crime Program for a motor vehicle versus bicycle incident occurring September 22, 2014. [REDACTED] filed an Application for Compensation on December 7, 2016. On December 14, 2016, a Compensation Officer issued a determination denying the application citing the application was received more than two years after the incident. Statutes require an application be submitted within one year of the incident. A Hearings Officer on March 24, 2017 issued a Decision and Order affirming the underlying December 14, 2016 determination to deny the Applicant's claim. An Appeal's Officer Decision filed August 2, 2017; the Appeals Officer affirmed the Hearing Officer's decision and the Victim of Crime Program's (VOCP) denial of the application citing the untimely application and concluding the September 22, 2014 accident is outside of the scope of the Victim of Crimes Program coverage. [REDACTED] appeal to the Board is postmarked August 18, 2017 and is attached for your review and consideration.

NRS 217.117, Section 3 - the applicant or Clerk of the Board may, within 15 days after the appeals officer renders a decision, appeal the decision to the Board. The Board shall consider the appeal on the record at its next scheduled meeting if the appeal and the record are received by the Board at least 5 days before the meeting. Within 15 days after the meeting the Board shall render its decision in the case or give notice to the applicant that a hearing will be held. The hearing must be held within 30 days after the notice is given and the Board shall render its decision in the case within 15 days after the hearing. The Board may affirm, modify or reverse the decision of the appeals officer.

Statutory Authority:

NRS 217.117

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

APPEAL REQUEST FOR V.V.C.

TO: STATE BOARD OF EXAMINERS,

AUG 14, 2017

RE: [REDACTED]

Claim no. [REDACTED]

HEARING NO. [REDACTED]

APPEAL NO. [REDACTED]

GOVERNOR'S FIN. OFFICE
BUDGET DIVISION

I AM writting the board of Examiners a request for an appeal that the final determination was filed August 2, 2017 I was a Pedestrian in a crosswalk ran over by a man who was on a cell phone. The officer didnt take my statement and concluded with the drivers statement which by the way he lied about his direction and admitted he moved myself and my bicycle at the scene before my Police or paramedics got there. I have sustained 2 head injurias which to this day leave me dizzy upon rising and lying down and locking up or reaking up. Also my right leg is in a bracket mold due to 3 lacerations after my knee was smushed by him. The officer did not make a statement at scene nor come to hospital. I hired a lawyer whom has sought release of attorney for me cause I wanted a trial He also advised me not to give police my statement. The medical records indicate the point of impact which is my left temple and he ran over me dragging me 35 ft. The bike was 15 ft as to I was not riding it. Please be patient with my situation due to the fact I did sustain real injurias and dont know if all my faculties will return. Thank-you

[REDACTED]

1 NEVADA DEPARTMENT OF ADMINISTRATION
2 BEFORE THE APPEALS OFFICER

3 1050 E. WILLIAM, SUITE 450
4 CARSON CITY, NV 89701

FILED

AUG - 2 2017

DEPT. OF ADMINISTRATION
APPEALS OFFICER

6 In the Matter of the Contested
7 Victims of Crime Claim of:

9 [REDACTED]

10 Applicant.

Claim No: [REDACTED]

Hearing No: [REDACTED]

Appeal No: [REDACTED]

12 DECISION OF THE APPEALS OFFICER

13 The above entitled matter was heard July 17, 2017. The self-
14 represented applicant appeared by phone. The Nevada Victims of Crime Program
15 (VOCP) Compensation Officer was not present, however had contacted the
16 Appeals Office immediately prior to the hearing to notify the office that she stood
17 on the record and her decision. The matter was continued to allow Applicant
18 further opportunity to supplement the record. This matter was submitted on July
19 24, 2017. The evidence considered consists of a total of five (5) documentary
20 exhibits which were marked and entered as Exhibits 1-5, and the Applicant's
21 sworn testimony.

22 The above-captioned appeal arises from a March 24, 2017 Decision
23 and Order of the Hearing Officer which affirmed the underlying December 14,
24 2016 VOCP determination to deny the Applicant's claim; stemming from a
25 September 22, 2014 incident involving the Applicant riding her bike when she hit
26 a car. The hearing was conducted pursuant to NRS Chapter 217, and all
27 applicable administrative regulations.

28 ...

RECEIVED

AUG 07 2017

CCM

1 Based on the documentary evidence and consideration of the
2 testimony herein, the Appeals Officer hereby renders the following Findings of
3 Fact and Conclusions of Law:

4 **FINDINGS OF FACT**

5 On September 22, 2014, [REDACTED] was riding her bike when she hit a
6 car. The driver stopped his car to render aid to [REDACTED]. The police report
7 indicates [REDACTED] was at fault. See Exhibit 1, Pages 8-11.

8 On December 7, 2016, [REDACTED] submitted an application with the
9 VOCP. See Exhibit 1, Page 12. On December 14, 2016, a VOCP Compensation
10 Officer issued a determination denying [REDACTED] application on the grounds the
11 application was late filed without proper excuse or waiver, and that [REDACTED] was
12 not a pedestrian during a hit and run accident. See Exhibit 1, Page 5.

13 [REDACTED] appealed the Compensation Officer's December 14, 2016
14 determination, which was subsequently affirmed by the Hearing Officer. See
15 Exhibit 1, Pages 13-14. The Hearing Officer found the Applicant did not qualify for
16 the benefits offered by the VOCP, including due to failing to meet required criteria,
17 and, for the alleged crime not being an eligible crime. Id. Specifically, the Hearing
18 Officer found Applicant's December 7, 2016 application for the VOCP to be
19 untimely, without any waiver or excuse for the late filing. The Hearing Officer
20 noted that the Applicant likewise failed to timely file a police report. Further, [REDACTED]
21 [REDACTED] account and description of the incident in question was found to be
22 contradictory to the description provided in the police report. The Applicant was
23 found to not have met the burden of proof, by clear and convincing evidence, to
24 support a compensable VOCP claim, stemming from vehicle-related crimes.

25 Claimant testified at length on the record and was given additional
26 time to supplement the record.¹ Neither Claimant's testimony or the additional
27

28

¹ At the time of the hearing, Applicant was reminded that any threats being made in regards to the investigating officer, or anyone else involved with these proceedings would be taken seriously and reported to the appropriate authorities.

1 supplemental exhibits marked and entered as Exhibits 4 and 5, change or impact
2 the issues surrounding the timeliness of Claimant's application or the applicable
3 eligibility standards and criteria.

4 Claimant's December 7, 2016 application was filed more than two
5 years subsequent to the underlying September 22, 2014 accident. Regardless of
6 whether any charges for operating a bicycle in the wrong direction were dismissed
7 or not, they don't change the fact Applicant was riding a bicycle at the time of the
8 September 22, 2014 incident when she ran into a stopped motor vehicle. See
9 Exhibit 5.

10 CONCLUSIONS OF LAW

11 It is the policy of the State of Nevada to provide assistance to persons
12 who are victims of violent crimes. NRS 217.010.

13 In determining whether to make an Order for Compensation, the
14 Compensation Officer shall consider the provocation, consent, or any other
15 behavior of the victim that directly or indirectly contributed to the injury or death of
16 the victim. NRS 217.180(1).

17 **NRS 217.180(1) Provides in pertinent part:**

18 1. In determining whether to make an order for compensation,
19 the compensation officer shall consider the provocation, consent
20 or any other behavior of the victim that directly or indirectly
21 contributed to his injury or death, the prior case or social
22 history, if any, of the victim, the need of the victim or his
23 dependents for financial aid and other relevant matters.
24 In addition, the Board of Examiners has adopted policies and
25 procedures to administer the Victims of Crime fund. *Section*
26 *XII Contributory Conduct* states in part the claims must be
denied if the victim "used poor judgment because of
intoxication or drugs" and "was injured because his conduct was
not that of prudent person."

27 Statute requires an application to be made within one year of the
28 incident's occurrence. NRS 217.210.

1 **NRS 217.210 Provides in pertinent part:**

2
3 1. Except as otherwise provided in subsection 2, an order for the
4 payment of compensation must not be made unless the
5 application is made within 1 year after the date of the personal
6 injury or death on which the claim is based, unless waived by
7 the Board of Examiners or a person designated by the Board for
8 good cause shown, and the personal injury or death was the
9 result of an incident or offense that was reported to the police
10 within 5 days of its occurrence, or if the incident or offense
11 could not reasonably have been reported within that period,
12 within 5 days of the time when a report could reasonably have
13 been made.

14 Most vehicle-related crimes are not covered by the VOCP. Board of
15 Examiner's Policy, Section Eight. Eligibility Standards and Criteria. Injuries from
16 accidents caused by speeding, reckless or careless driving, and similar crimes are
17 outside the scope of VOCP coverage. NRS 217.220 prohibits acceptance of motor
18 vehicle accident injuries except in the limited circumstances. Vehicle crimes qualify
19 for the VOCP if injury or death is intentionally inflicted through the use of a motor
20 vehicle, aircraft or a water vehicle, if the injuries are caused by someone driving
21 under the influence (DUI), vehicular manslaughter, or if a pedestrian injury or death
22 is caused by a hit and run. NRS 217.220, NRS 217.070, NRS 484.219 and NRS
23 484.3775. Traffic crimes are considered to be ineligible crimes.

24 [REDACTED] December 7, 2016 application for the VOCP was
25 untimely. It was filed more than two years subsequent to the September 22, 2014
26 accident. During the September 22, 2014 accident, [REDACTED] was riding her bike
27 when she hit a car. The driver of the car stopped his vehicle to render aid to Ms.
28 Danna. Ms. Danna was found to be at fault. The September 22, 2014 accident is
outside the scope of VOCP coverage.

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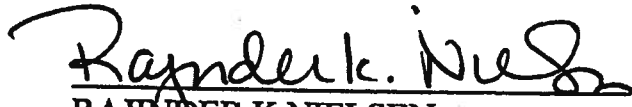
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ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the determination of the Victims of Crime Program dated December 14, 2016 and the subsequent March 24, 2017 Decision and Order of the Hearing Officer are **AFFIRMED.**

IT IS SO ORDERED.



**RAJINDER K NIELSEN
APPEALS OFFICER**

NOTICE: Pursuant to NRS 217.117, should any party desire to appeal this final determination of the Appeal Officer, a written request for an appeal must be filed with the State Board of Examiners, 209 East Musser, #200, Carson City, NV 89710, within fifteen (15) days of the date of this decision.



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Victims of Crime Program

Northern Nevada:
1050 E. William St. Ste. 400
Carson City, Nevada 89701
(775) 687-8428 | Fax (775) 687-8411

voc.nv.gov

Southern Nevada:
2200 S. Rancho Dr. Ste. 210-A
Las Vegas, Nevada 89102
(702) 486-2740 | Fax (702) 486-2825

September 7, 2017

To: James Wells, Clerk, Board of Examiners

From: Rebecca Salazar, Program Manager

Re: Appeal of [REDACTED]
Claim No. 17-10034417-CC



Case Summary

[REDACTED] appeals the denial of benefits for a motor vehicle accident that occurred on September 22, 2014. Information received from police indicates the collision occurred when [REDACTED] hit a car while riding her bike. The driver stopped to render aid to

Further, [REDACTED] application was filed over two years after the crime occurred, which is beyond the year deadline allowed by NRS 217.210.

Recommendation

NRS 217.210 Limitations on time for making order for payment of compensation; exceptions.

1. Except as otherwise provided in subsection 2, an order for the payment of compensation must not be made unless the application is made within 1 year after the date of the personal injury or death on which the claim is based, unless waived by the Board of Examiners or a person designated by the Board for good cause shown, and the personal injury or death was the result of an incident or offense that was reported to the police within 5 days of its occurrence or, if the incident or offense could not reasonably have been reported within that period, within 5 days of the time when a report could reasonably have been made.

NRS 217.180 Order for compensation: Considerations.

1. Except as otherwise provided in subsection 2, in determining whether to make an order for compensation, the compensation officer shall consider the provocation, consent or any other behavior of the victim that directly or indirectly contributed to the injury or death of the victim, the prior case or social history, if any, of the victim, the need of the victim or the dependents of the victim for financial aid and other relevant matters.

It is recommended that the Board uphold the denial of this claim.



INDEX OF DOCUMENTS

1. SUMMARY
2. REQUEST FOR BOE APPEAL
3. DECISION AND ORDER OF AO NIELSEN DATED AUGUST 2, 2017
4. EVIDENCE SUBMITTED BY MS. D'ANNA TO AO NIELSEN DATED JULY 21, 2017
5. TRANSCRIPT OF PROCEEDINGS OF JULY 17, 2017
6. ORDER FOR CONTINUANCE DATED JUNE 20, 2017
7. REQUEST FOR CONTINUANCE DATED JUNE 16, 2017
8. ORDER FOR CONTINUANCE DATED MAY 19, 2017
9. ORDER FOR CONTINUANCE DATED MAY 5, 2017
10. VOCP APPEAL STATEMENT DATED APRIL 19, 2017
11. NOTICE OF HEARING DATED APRIL 12, 2017
12. REQUEST FOR HEARING FILED APRIL 10, 2017
13. DECISION AND ORDER OF HEARING OFFICER AMODEI DATED MARCH 24, 2017
14. NOTICE OF RESETTING DATED MARCH 8, 2017
15. NOTICE OF RESETTING DATED MARCH 2, 2017
16. NOTICE OF RESETTING DATED FEBRUARY 8, 2017
17. VOCP HEARING STATEMENT DATED FEBRUARY 1, 2017
18. NOTICE OF HEARING DATED JANUARY 18, 2017
19. REQUEST FOR HEARING, NOT DATED
20. COMPENSATION OFFICER DENIAL DATED DECEMBER 14, 2016
21. STATE OF NEVADA TRAFFIC ACCIDENT REPORT
22. VOCP APPLICATION
23. CORRESPONDENCE FROM MS. D'ANNA DATED DECEMBER 7, 2016

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AUG 28 2017

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AUG 14, 2017

TO: STATE BOARD OF

EXAMINERS,

RE: [REDACTED]

RECEIVED

AUG 25 2017

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

I AM writing the board of Examiners a request for an appeal that the final determination was filed August 2, 2017. It was a Pedestrian in a crosswalk ran over by a man who was on a cell phone. The officer didn't take my statement and concluded with the driver's statement which by the way he lied about his direction and admitted he moved myself and my bicycle at the scene before any police or paramedics got there. I have sustained 2 head injuries which to this day leave me dizzy upon rising and lying down and looking up or reaching up. Also my right leg is in a bracket mold due to 3 operations after my knee was smashed by him. The officer did not make a statement at scene nor come to hospital. I hired a lawyer whom has sought release of attorney Bill me since I wanted a trial. He also advised me not to give police my statement. The medical records indicate the point of impact which is my left temple and he ran over me dragging me 35 ft. The bike went 15 ft as to it was not riding it. Please be patient with my situation due to the fact I did sustain real injuries and don't know if all my faculties

1 NEVADA DEPARTMENT OF ADMINISTRATION
2 BEFORE THE APPEALS OFFICER

3 1050 E. WILLIAM, SUITE 450
4 CARSON CITY, NV 89701

FILED

AUG - 2 2017

DEPT. OF ADMINISTRATION
APPEALS OFFICER

6 In the Matter of the Contested
7 Victims of Crime Claim of:

9 [REDACTED]

10 Applicant.

Claim No: [REDACTED]

Hearing No: [REDACTED]

Appeal No: [REDACTED]

12 DECISION OF THE APPEALS OFFICER

13 The above entitled matter was heard July 17, 2017. The self-
14 represented applicant appeared by phone. The Nevada Victims of Crime Program
15 (VOCP) Compensation Officer was not present, however had contacted the
16 Appeals Office immediately prior to the hearing to notify the office that she stood
17 on the record and her decision. The matter was continued to allow Applicant
18 further opportunity to supplement the record. This matter was submitted on July
19 24, 2017. The evidence considered consists of a total of five (5) documentary
20 exhibits which were marked and entered as Exhibits 1-5, and the Applicant's
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23 and Order of the Hearing Officer which affirmed the underlying December 14,
24 2016 VOCP determination to deny the Applicant's claim; stemming from a
25 September 22, 2014 incident involving the Applicant riding her bike when she hit
26 a car. The hearing was conducted pursuant to NRS Chapter 217, and all
27 applicable administrative regulations.

28 ...

1 supplemental exhibits marked and entered as Exhibits 4 and 5, change or impact
2 the issues surrounding the timeliness of Claimant's application or the applicable
3 eligibility standards and criteria.

4 Claimant's December 7, 2016 application was filed more than two
5 years subsequent to the underlying September 22, 2014 accident. Regardless of
6 whether any charges for operating a bicycle in the wrong direction were dismissed
7 or not, they don't change the fact Applicant was riding a bicycle at the time of the
8 September 22, 2014 incident when she ran into a stopped motor vehicle. See
9 Exhibit 5.

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11 It is the policy of the State of Nevada to provide assistance to persons
12 who are victims of violent crimes. NRS 217.010.

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14 Compensation Officer shall consider the provocation, consent, or any other
15 behavior of the victim that directly or indirectly contributed to the injury or death of
16 the victim. NRS 217.180(1).

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25 procedures to administer the Victims of Crime fund. *Section*
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Statute requires an application to be made within one year of the
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14 Examiner's Policy, Section Eight. Eligibility Standards and Criteria. Injuries from
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19 vehicle, aircraft or a water vehicle, if the injuries are caused by someone driving
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21 is caused by a hit and run. NRS 217.220, NRS 217.070, NRS 484.219 and NRS
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23 ██████████ December 7, 2016 application for the VOCP was
24 untimely. It was filed more than two years subsequent to the September 22, 2014
25 accident. During the September 22, 2014 accident, ██████████ was riding her bike
26 when she hit a car. The driver of the car stopped his vehicle to render aid to ██████████
27 ██████████ was found to be at fault. The September 22, 2014 accident is
28 outside the scope of VOCP coverage.


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ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the determination of the Victims of Crime Program dated December 14, 2016 and the subsequent March 24, 2017 Decision and Order of the Hearing Officer are **AFFIRMED.**

IT IS SO ORDERED.


RAJINDER K NIELSEN
APPEALS OFFICER

NOTICE: Pursuant to NRS 217.117, should any party desire to appeal this final determination of the Appeal Officer, a written request for an appeal must be filed with the State Board of Examiners, 209 East Musser, #200, Carson City, NV 89710, within fifteen (15) days of the date of this decision.

PG 1

FAX [REDACTED]
APPEALS DEPT.

JULY 21, 2017

REGARDS TO:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

CLAIMING:

HEARING:

APPEALING:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IN REGARDS TO MY APPEAL HEARING
UNDER OATH WHICH TOOK PLACE ON
MONDAY JULY 17, 2017 AT 10:30 AM
MY TESTIMONY ON MY BEHALF IS
REFLECTED IN THESE DOCUMENTS
THAT I'M SENDING YOU TODAY. I'LL
TRY TO KEEP THEM IN ORDER OF THE
TIME FROM THE ACCIDENT TIL PRESENT.

ON SEPT. 22, 2014 I WAS STRUCK AND
DRAGGED UNDERNEATH A FORD RANGER
PICK UP TRUCK. I WAS IN A CROSSWALK
WITH MY BICYCLE TO MY RIGHT. I WAS
STRUCK ON MY LEFT SIDE AND RAN
UNDERNEATH FOR APPROX 35 FT I WAS
UNCONSCIOUS UNTIL OCT. 10th WHEN I
WAS IN A PRIVATE ROOM AT REHAB.

Pg 2 FAX. [REDACTED]

July 21, 2017

Re: [REDACTED]

I spoke with officer sicilia approx 2 ~~more~~ months ago in regards to my statement of facts of the medical accident 09/22/2014 at approx 1:30pm. I also CPT MM MEDICAL DESCRIPTION OF INJURIES. THE OFFICER REFUSES TO REEVALUATE THE INCIDENT HE IS STANDING FIRM ON HIS PERFORMANCE.

Fact no. 1 - it was from a citation (ticket) which the officer states is signed. It is not my signature but a bunch of spiggly circles

Fact no 2. THE OFFICER NEVER GOT (RELEASED) A STATEMENT FROM ME AT THE PAPER'S SCENE OR AT THE HOSPITAL.

Fact 3. It showed up for court outcome) and the man who ran me over did (ticket) not appear nor the officer.

Pg 3

FAX [REDACTED]

July 21, 2017

Re: [REDACTED]

I retained a lawyer Terry Friedman and I had lots of doctor appointments. I told my lawyer the man who ran me over was on a cell phone and my lawyer said he wasn't a criminal lawyer. I told him I also was given a ticket and he did not assist me at all about the court. I also ask my lawyer if I could go to Reno Police Dept and give them my statement due to the fact the insurance company for the driver refused to settle because his client [REDACTED] stated that I hit him head on going south in a North bound lane on the street. My lawyer said no do not go to RPD and give them your statement. He also told me and sent a letter stating any mail in regards to this case be given to him. When I asked why he just said that's the way I do things.

PP

RE: [REDACTED]

July 21, 2017

RE: [REDACTED]

Upon my reading of the Doctor's statement: He lied about how the truck ran over, and he also moved evidence at the scene before the medical and Police arrival. He even states that he put my Bicycle on the sidewalk - which didn't have a scratch when I seen it upon my arrival at home on 10th 2014, 2745 WINDYBAY DR #11 RENO NV, 89507 was my Boyfriends place which we were evicted from late in 2015. I was homeless until August 2016 and from the extent of the head injuries I was then and still now slow at processing organized daily living routines. The application PG 5 of 9 asks for signature to assist the Victim of crime program for releasing medical, police etc etc, information to ~~the~~ completely investigate facts

PSS

FAX [REDACTED]

July 21/2017

RE: [REDACTED]

I was denied by Decision of information on my application / and in police report.

① Application was filed late and not excused.

② Victim was not a pedestrian during hit and run.

I was not informed ever of a certain time factor to file my application.

I know I had to have a residence and I acquired 1400 Apt. Orland 0616.

My lawyer was granted his release of counsel July 23, 2015. A trial was scheduled for April 18, 2016 and a letter from lawyer to myself after his request was granted states, "I have enough time to seek other counsel before the Trial."

My lawyer had appointed when he to go over deposition and he changed the appointment date to later 2 weeks and that's when he filed the request to be released.

P. 96

[REDACTED] 112 8441

JULY 21, 2017

RE:

[REDACTED]

THE OPPOSING COUNSEL FOR THE DEPOSITION REQUESTED A DISMISSAL AND I WAS NEVER SERVED A OCT 8th 2015 letter from his office EPSON ESQ

ENCLOSED ARE TICKET FROM ACCIDENT

STATEMENT BY CHRISTOPHER WASSERMAN
 I HAVE HIGHLIGHTED THE COURT PAPERS FOR THE
 ITEMS THAT PERTAIN TO MY TESTIMONY AND THAT I FEEL WERE NOT CONDUCTED IN THE BEST INTEREST FOR MYSELF BY THE OFFICER THE LAWYER, THE DRIVER THE LANDLORD SEC. IF ANY THE COURT WILL
 STATEMENT BY CHRISTOPHER WASSERMAN
 COURT PAPERS FOR THE
 medical neurology + orthopedic
 emergency room evaluation
 release date papers 10-2014)
 EVICTION PAPERS 2745 (a) (c) (d) (1)
 (Lawyer July 9th request) Dec 2015
 for relief of counsel)
 X-RAYS OF RIGHT FEMUR
 APPROXIMATION FOR VICTIM VIOLENT CRIME
 DESCRIPTION OF CORNER WHERE
 ACCIDENT TOOK PLACE.
 Note: If 8 x 12 pieces of paper
 should be bonded for your
 views (self explanatory)

THANK YOU

B37

FR [REDACTED] 11111
APPEALS DEPT.

July 21/2017

BE [REDACTED]

I ASK THE COURT TO EXCUSE
my FILING LATER THAN Policy
Allows DUE TO FACT:

I RETAINED A LAWYER DEC. 2014
HE MOTIONED FOR release of counsel
July 9th 2015 IT WAS GRANTED
July 23, 2015 I WAS UNAWARE
OF THESE Proceedings. JUNE 18, 2015
received letter from Freedman's
office with deposition and practice
at his office July 30, 2015 and
Aug. 3, 2015 A trial was scheduled
for April 18, 2016 THE INSURANCE
company sent letter to Freedman's
office stating they don't feel re-
sponsible because they have client's
statement. They requested any inter-
mation that would be helpful in
knowing victims statement to decide
or pay. my lawyer waived arbitration
I was not aware of that also. my
statement was not taken, at scene

RE: C

[REDACTED]

July 21, 2017

[REDACTED]

CELL PHONE

[REDACTED]

ADDRESS

René NV

**Confidential
and
Submitted
Under Seal**

G.1 F00775 -
APPEALS DEPT.

FILE NO. [REDACTED] 5 JULY 21, 2017
PLEASE AS EXHIBIT

REGARDS TO [REDACTED] CLAIMING [REDACTED]
[REDACTED] NA HEARING NO [REDACTED]
[REDACTED] 1.2 APPEAL NO. 1 [REDACTED]
[REDACTED]
775 - [REDACTED]

IN REGARDS TO MY APPEAL HEARING
UNDER OATH WHICH TOOK PLACE ON
MONDAY JULY 17, 2017 AT 10:30 AM
MY TESTIMONY ON MY BEHALF IS
VERIFIED IN THESE DOCUMENTS
THAT I'M SENDING YOU TODAY. I'LL
TRY TO KEEP THEM IN ORDER OF THE
TIME FROM THE ACCIDENT TILL PRESENT.

ON SEPT. 23, 2014 I WAS STRUCK AND
DRAEGED UNDERNEATH A FORD RANGER
PICK UP TRUCK. I WAS IN A CROSSWALK
WITH MY BICYCLE TO MY RIGHT. I WAS
STRUCK ON MY LEFT SIDE AND DRAGGED
UNDERNEATH FOR APPROX 35 FT I WAS
UNCONSCIOUS UNTIL OCT. 10th WHEN I
AWOKE IN A PRIVATE ROOM AT REHABN -

July 21, 2017

Re: [REDACTED]

I spoke with officer sicilia approx 2 ~~months~~ months ago in regards to my statement of facts of the medical accident 09/22/2014 at approx 1:30pm. I also left him medical discription of injuries. The officer refuses to reevaluate the incident he is stand y firm on his performance.

Fact no. 1 - it was from a citation (ticket) which the officer states I signed. It is not my signature but a bunch of spiggly circles

Fact no 2. THE OFFICER NEVER GOT (RELEASE) A STATEMENT FROM ME AT THE PAPER'S SCENE OR AT THE HOSPITAL.

Fact 3. I showed up for court outcome) and the man who ran me over did (ticket) not appear nor the officer.

293

775- [REDACTED]

July 21, 2017

Re: [REDACTED]

I retained a lawyer Terry Friedman and I had lots of doctor appointments. I told my lawyer the man who ran me over was on a cell phone and my lawyer said he wasn't a criminal lawyer. I told him I also was given a ticket and he did not assist me at all about the court. I also ask my lawyer if I could go to Reno Police Dept and give them my statement due to the fact the insurance company for the driver refused to settle because his client Christopher Joseph Wassenburg stated that I hit him head on going south in a North bound lane on the street. My lawyer said no do not go to RPD and give them your statement. He also told me and sent a letter stating any mail in regards to this case be given to him. When I asked why he just said that's the way I do things.

July 21, 2017

Re: [REDACTED]

Upon my reading of the Drivers Statement. He lied about how the truck ran me over, and he also moved evidence at the scene before the medical and Police arrival. He even states that he put my Bicycle on the sidewalk. which didn't have a scratch. when I seen it upon my arrival at home on 10th 2014, [REDACTED] was my Boyfriends place which we were evicted from late in 2015 I was homeless until August 2016 and from the extent of the head injuries I was then and still now slow at processing organized daily living routines. The application PG 5 of 9 asks for signature to assist the Victim of crime program for releasing medical, police etc etc, information to ~~the~~ completely investigate facts

July 21/2017

RE: [REDACTED]

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① Application was filed late and not excused

② Victim was not a pedestrian during hit and run

I was not informed over a certain time factor to file my application.

I know I had to have a residence and I acquired that Apt. August 2016

my lawyer was granted his release of counsel July 23, 2015 a trial was scheduled for April 18, 2016 and a letter from lawyer to myself after his request was granted states, I have enough time to seek other counsel before the trial.

my lawyer had appointed with me to go over deposition and he changed the appointment date to later 2 weeks and that's when he filed the request to be released.

775 - 287 - 27

JULY 21, 2017

RE:

[REDACTED]

THE OPPOSING LAWYER FOR THE DEPOSITION REQUESTED A DISMISSAL AND I WAS NEVER SERVED A OCT 8th 2015 letter from his office. EPSON ESQ

ENCLOSED ARE TICKET FROM ACCIDENT

STATEMENT BY CHRISTOPHER WASSBURG

HE HIGHLIGHTED THE ITEMS THAT PERTAIN TO MY TESTIMONY AND THAT I FEEL WERE NOT CONDUCTED IN THE BEST INTEREST FOR MYSELF BY THE OFFICER THE

COURT PAPER FOR TICKET medical neurology + orthopedic emergency room evaluation release date papers 10-2014) EVICTON PAPERS 2745 (6) rec'd (11) (Lawyer's July 9th request) Dec 2015 for ruled of cancel)

LAWYER, THE DOWNSIDE APPROPRIATE FOR VICTIM VIOLENT CRIME THE LANDLORD SEC. DISCREPTION OF CORNER WINDOW

BY THE COURT WILL BY APPLY A FAIR AND JUST CORRECTION ON MY BEHALF.

ACCIDENT SCENE PICTURE. Note: If 8 x 12 pieces of paper should be bonded for your view (self explanatory)

Thank you

37

APPEALS DEPT.

July 21/2017

Re [REDACTED]

I ASK THE COURT TO EXCUSE
my FILING LATER THAN Policy
ALLOWS DUE TO FACT:

I RETAINED A LAWYER DEC. 2014
HE MOTIONED FOR release of counsel
July 9th 2015 IT WAS GRANTED
July 23, 2015 I WAS UNAWARE
OF THESE Proceedings. June 18, 2015
received letter from Friedman's
office with deposition and practice
at his office July 30, 2015 AND
Aug. 3, 2015 A trial was scheduled
for April 18, 2016 THE INSURANCE
company sent letter to Friedman's
office stating they don't feel re-
sponsible because they have client's
statement. They requested any infor-
mation that would be helpful in
knowing victims statement to decide
or pay, my lawyer waived arbitration
I was not aware of that also my
statement was not taken at scene
(OVER)

B 8

on 09/22/2014 By officer Sicilia
but a citation was given to me
based on drivers statement which
he admits he moved my bicycle
before any medical or police arrival.
upon further reading of these
documents the driver was moving
my bicycle and myself and drove
his truck away from the exact
site. He states my bicycle was 15 ft
away from truck. It was under the
truck for approx 35 ft. The officers
report says he doesnt know where
I was prior to Defendant moving
me. He did not charge Defendant
tampering evidence. I was a
pedestrian in a crosswalk when
this guy on a cell phone made
a hard right from the left
turn lane going east on Park Lane
Mall St. I just stepped off the
curb to cross walk 10 seconds on
the flashing light. I swear the report
is true to the best of my knowledge - Changyeun Oh
July 26, 2017

RE: [REDACTED]

July 20, 2017

[REDACTED]

HOME PHONE [REDACTED]

CELL PHONE [REDACTED]

ADDRESS [REDACTED]

RENE NV.

1-7 Jan Beck

written appeal documentation
to Henry on 7-17-2017



DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM

December 14, 2016

[REDACTED]

RENO NV 89502

RE: Claim Number: [REDACTED]
Victim: [REDACTED]
Date Of Crime: **September 22, 2014**

Your application for benefits from the Victims of Crime Program has been denied. This denial is based on the information you have provided in your application and/or the law enforcement crime report.

The decision to deny your application is based on VOCP policies concerning:

- Application was filed late and was not excused.
- Victim was not a pedestrian during hit and run.

HAD LITIGATION FROM NOV 2014 TILL JULY 9 (2015)

IF MEDICAL RECORDS WOULD OF BEEN RETAINED THE INJURIES ARE ON APR 31, 15

APPEAL RIGHTS: If you disagree with this decision, you have the right to appeal to the Hearing Officer. Appeals must be filed within sixty (60) days from the date of this letter by sending a copy of this letter with a written request for a hearing to:

OF BODY ALL HEAD FROM THE IMPACT

Department of Administration Hearing Division
1050 E. William St. Suite 400
Carson City, NV 89701
Fax: (775) 687-8441

LAWYER CHANGE JULY 15th DISPOSITION MEETING WITH [REDACTED] TO GO OVER TILL AUG 3rd

Authorized Representative
Victims of Crime Program

**Confidential
and
Submitted
Under Seal**

**NOTICE SETTING HEARING
2/3/2015**

City of Reno, Plaintiff

vs.

DEFENDANT: [REDACTED]

Court Case #: [REDACTED]

DOB: [REDACTED]

Case Status: Active

Agency: [REDACTED]

Booking Nbr: [REDACTED]

Attorney: [REDACTED]

Interpreter Language:

Court Hearing Information

Hearing Type	Judicial Officer	Location	Hearing Date	Hearing Results
Traffic Arraignment	Judge, Arraignment	Courtroom A, 1st Floor	11/6/2014 8:30 AM	Reset
Traffic Arraignment	Howard, Kenneth	Courtroom A, 1st Floor	11/6/2014 8:30 AM	Continued by Request of Defendant
Traffic Arraignment	Judge, Arraignment	Courtroom A, 1st Floor	12/8/2014 8:30 AM	Reset
Traffic Arraignment	Drakulich, Gene	Courtroom A, 1st Floor	12/8/2014 8:30 AM	Held
Bench Trial	Howard, Kenneth	Courtroom C, 2nd Floor	2/3/2015 1:00 PM	

Charge and Sentence

Charge 1 6.18.160 6.18.160 Operate Bicycle in Wrong Direction On Bike Lane
Offense Dt 9/22/2014 Arrest Dt
Plea 12/8/2014 Not Guilty
Disposition

Sentence:
Suspended:

Case dismissed

Interim Conditions

Defendant: [REDACTED]

Agency: [REDACTED]

Case # [REDACTED]

Data Date: 12/8/2014

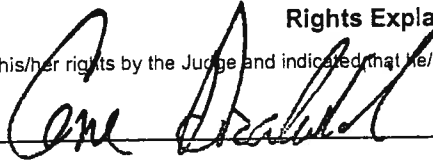
Page 1 of 2

IN THE MUNICIPAL COURT OF THE CITY OF RENO
COUNTY OF WASHOE, STATE OF NEVADA
ONE SOUTH SIERRA STREET, RENO, NV 89505
Mailing: P.O. Box 1900, Reno, NV 89505 PHONE (775)334-2290 FAX (775)334-3824

Rights Explained

Defendant appeared, explained his/her rights by the Judge and indicated that he/she understood them completely.

JUDGE'S SIGNATURE:
THE HONORABLE



DATE: **DEC 08 2014**

You are ordered by the Court to arrive drug/alcohol free and on time for all Court hearings and Court related programs. Failure to appear in Court will result in the issuance of a warrant for your arrest. Any violation of this instant order may result in contempt proceedings and the filing of additional criminal charges. In accordance with NRS 22.010, it is a misdemeanor for any person to fail, refuse or neglect to comply with the terms of any order issued by the Municipal Court Judge. This order will remain in effect until the Court issues another order superseding it.

I UNDERSTAND AND PROMISE TO OBEY THIS ORDER. DEFENDANT: _____

I, THE SWORN INTPRETER HAVE FULLY INTERPRETED THIS ORDER TO
THE
DEFENDANT: _____

Date: _____ Time: _____

ISSUED BY MARSHAL: _____

DEC 08 2014 Time: _____

RECEIVED BY DEPUTY: _____

Date: _____ Time: _____

**Confidential
and
Submitted
Under Seal**

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ORIGINAL

BEFORE THE
DEPARTMENT OF ADMINISTRATION

_____)
In the Matter of the)	
Contested Victims of)	
Crime Claim of,)	
)	
of)	Claim No.: [REDACTED]
[REDACTED])	
)	Appeal No.: [REDACTED]
)	
Applicant.)	
_____)

TRANSCRIPT OF PROCEEDINGS
BEFORE RAJINDER NIELSEN
APPEALS OFFICER

Monday, July 17, 2017
10:42 a.m.

1050 East William, Suite 450
Carson City, Nevada 89701

Ordered by: Department of Administration
1050 East William, Suite 450
Carson City, Nevada 89701

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A P P E A R A N C E S

On behalf of the Applicant:

 In pro per
#2
Reno, Nevada 89502

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I N D E X

EXAMINATION DIRECT CROSS REDIRECT RECROSS



EXHIBITS IDENTIFIED IN EVIDENCE

EXHIBIT 1	17	17
EXHIBIT 2	17	17
EXHIBIT 3	17	17

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P R O C E E D I N G S

APPEALS OFFICER NIELSEN: Okay. All right. This is Appeals Officer Nielsen. Today is July 17th, 2017. It is approximately 10:40 in the morning, and we're here in regards to Victims of Crime, Appeal No. 1702765, involving the Claimant, [REDACTED], who Ms. Fuller will go ahead and put through now. Thank you. Ms. [REDACTED]

THE APPLICANT: Yes, ma'am.

APPEALS OFFICER NIELSEN: Hi. How are you?

THE APPLICANT: What is the judge's name?

APPEALS OFFICER NIELSEN: I am Appeals Officer Nielsen.

THE APPLICANT: Okay. Nielsen? Appeals Officer Nielsen. Okay. I just needed to know what to call you by.

APPEALS OFFICER NIELSEN: Okay. I have us on the record. That means this conversation and proceeding is being recorded. Okay?

THE APPLICANT: Okay. That's fine.

APPEALS OFFICER NIELSEN: All right. So this particular appeal that you filed, it was filed on June 22nd, 2017. It stems from an incident that took place on September 22nd, 2014.

1 THE APPLICANT: Yes, ma'am.

2 APPEALS OFFICER NIELSEN: The Victims of Crime
3 determination denial was dated December 14th, 2016, and
4 that was affirmed on -- let's see. One second here.

5 THE APPLICANT: Well, there was -- there was
6 two -- there was two --

7 APPEALS OFFICER NIELSEN: Okay.

8 THE APPLICANT: -- issues that were on that
9 denial.

10 APPEALS OFFICER NIELSEN: Okay. One second,
11 [REDACTED]. I'm just making a record of what the
12 appeal is about.

13 THE APPLICANT: Oh, okay. Okay.

14 APPEALS OFFICER NIELSEN: Okay? Just hold on.

15 THE APPLICANT: I didn't realize that.

16 APPEALS OFFICER NIELSEN: Yes, not a problem.
17 Okay. And then there was a Hearing Officer
18 decision dated March 24th, 2017, which affirmed the
19 underlying determination made by Victims of Crime which
20 is at issue under this appeal. [REDACTED] is
21 appearing by phone and has agreed to this earlier time
22 frame of 10:40 versus 3:30 this afternoon.

23 Before we proceed, [REDACTED] I'm going
24 to --

25 THE APPLICANT: Ma'am? Ma'am, can I stop you

1 right there for a moment?

2 APPEALS OFFICER NIELSEN: One second.

3 THE APPLICANT: I, I -- the secretary said you
4 needed to talk to me. I didn't know we were changing
5 the whole hearing. I was going to try to get some more
6 documentation together and fax it to you by 2:30 so
7 you'd have something to look at when I talk to you at
8 3:30. I wasn't aware we were going to do the hearing
9 right now. So that's not what we --

10 APPEALS OFFICER NIELSEN: Okay. Are you --
11 it's not going to be continued for any additional time.

12 THE APPLICANT: Yeah. No, I called Friday to
13 see if I could just figure out the calendar, and the
14 lady told me just to take care of it with you and I
15 could speak with you at 3:30 today.

16 APPEALS OFFICER NIELSEN: Okay. We can just
17 talk. It is recorded because any time the judge talks
18 to the parties in a case, we do it on the record.
19 Okay?

20 THE APPLICANT: Okay. Yes, ma'am.

21 APPEALS OFFICER NIELSEN: So do you want to
22 proceed with the hearing at 3:30 today?

23 THE APPLICANT: Yes, I would like to. I would
24 like to send you something to let you know that I know
25 what -- to have something to show you that I've been

1 kind of really not treated right since I got ran over
2 by this guy.

3 APPEALS OFFICER NIELSEN: Okay.

4 THE APPLICANT: By the officers --

5 APPEALS OFFICER NIELSEN: Okay. Hold on.

6 THE APPLICANT: -- who was at the scene.

7 APPEALS OFFICER NIELSEN: [REDACTED] e?

8 THE APPLICANT: Everybody else and it's --

9 APPEALS OFFICER NIELSEN: [REDACTED]

10 THE APPLICANT: I got two head traumas --

11 APPEALS OFFICER NIELSEN: I need --

12 THE APPLICANT: -- on that day, and it's hard

13 for me to try to catch up on all this legal stuff.

14 APPEALS OFFICER NIELSEN: [REDACTED]

15 THE APPLICANT: Because I have brain damage.

16 APPEALS OFFICER NIELSEN: I need you to stop.

17 I need you to stop, please.

18 THE APPLICANT: Okay.

19 APPEALS OFFICER NIELSEN: If you're going to

20 tell me about the incident, I need to swear you in.

21 THE APPLICANT: Oh, okay. Fine.

22 APPEALS OFFICER NIELSEN: Okay? All right.

23 So if you could please raise your right hand.

24 THE APPLICANT: Yes, ma'am.

25 APPEALS OFFICER NIELSEN: Do you solemnly

1 swear or affirm the testimony you're about to give will
2 be the truth, the whole truth, and nothing but the
3 truth?

4 THE APPLICANT: Yes, ma'am, I do.

5 APPEALS OFFICER NIELSEN: Can you please state
6 and spell your full name for the record?

7 THE APPLICANT: [REDACTED]
8 [REDACTED] led
9 [REDACTED]
10 [REDACTED]

11 APPEALS OFFICER NIELSEN: Okay. And is your
12 current address [REDACTED]

13 THE APPLICANT: Yes [REDACTED]
14 [REDACTED] es, ma'am.

15 APPEALS OFFICER NIELSEN: Reno?

16 THE APPLICANT: Reno, Nevada.

17 APPEALS OFFICER NIELSEN: 89502?

18 THE APPLICANT: Yes, ma'am.

19 APPEALS OFFICER NIELSEN: Okay. All right.
20 So what we can do, since I have you on the phone, we're
21 on the record. You can go ahead and tell me whatever
22 you'd like to share, and then this afternoon I'll leave
23 it open for you to go ahead and fax in or deliver some
24 documents. Okay?

25 THE APPLICANT: Yes, ma'am.

1 APPEALS OFFICER NIELSEN: Which I will
2 consider.

3 THE APPLICANT: Okay. The first -- the first
4 thing I would like to talk to you about is when I got
5 hit in the crosswalk by this guy who was in a truck, he
6 was on his cell phone, and there was nobody else around
7 when I pulled up to that corner on my bicycle.

8 And the light was against me. So I stopped,
9 and he just kept rolling back and forth coming out of
10 (inaudible) over in Reno here, and then it was more --
11 or no, excuse me, (inaudible) street right -- right by
12 the Pollo Loco.

13 So I looked at the crosswalk. It said I had
14 ten seconds. So I figured I'd just go across the
15 street and give this guy a lot of room because I didn't
16 know who he was yelling at. I didn't see anybody out
17 there.

18 So when I got into the street I stepped -- I
19 stepped into the street, not on my bicycle, in the
20 crosswalk because my bike was still on my right. He
21 hooked a hard right from the left turn lane where he
22 was coming out of, and he just plowed me. And I don't
23 remember much after that, just a white -- a white flash
24 and the hood of his truck was dark and (inaudible).

25 Anyways, I was in the hospital for ten days,

1 went through a lot of surgeries for my right leg and
2 two head traumas. When I woke up I wanted to go home
3 as soon as possible because I can maneuver a little
4 easier there than at the hospital as far as going to
5 the restroom and stuff with the girls and stuff.

6 So I got out of the hospital, went home, and
7 as I was going through my paperwork, I seen in there
8 that I had a ticket. And it's not a signature. It's
9 just a scribble. The officer got a scribble from me
10 for a ticket and already, but not talking to me, took
11 this guy's word for it. Whatever he told him was his
12 statement. I read that. He's lying.

13 The officer got me to scribble a signature on
14 a ticket. Why didn't he get my statement there? And I
15 asked him that when I talked to him last month, the
16 officer finally, and he told me he wasn't going to
17 change anything.

18 So I didn't want to argue with him. I would
19 have to go, you know, through his higher ups to deal
20 with him down the road, but I don't think that was a
21 fair call right there. The man lied. He said I was
22 going southbound in a northbound lane, and all my
23 injuries are from getting hit on the left side.

24 I was not on my bicycle. I was on my feet
25 crossing that street, and he got me in that crosswalk.

1 But he states in his statement at the scene, in fact,
2 that he moved my bicycle onto the sidewalk which is
3 moving evidence before a police officer even got there.

4 And at the end of the statement he said I
5 didn't even try to get up, and I don't think it's a
6 good thing that he said that. I showed up to court,
7 paid the ticket and got an extension and showed up, but
8 he never did show up for that ticket that I got from
9 the officer.

10 Okay. And then now we go on to the next
11 problem was my lawyer. I hired [REDACTED] and
12 he -- the day for the depositions and the practice
13 thing was supposed to happen, he changed the dates on
14 me and in the middle of that he filed to be relieved as
15 my lawyer.

16 And prior to that I'd asked him, "Don't you
17 think I should go down to the police station and give
18 them my statement?" And he told me no, and I'm
19 supposed to do what my lawyer says.

20 APPEALS OFFICER NIELSEN: Okay.

21 [REDACTED]

22 THE APPLICANT: Yes, ma'am.

23 APPEALS OFFICER NIELSEN: I'm going to ask you
24 a couple of questions. Okay?

25 THE APPLICANT: Okay.

1 APPEALS OFFICER NIELSEN: The first question
2 is did this incident take place on September 22nd,
3 2014? That's a yes or no question.

4 THE APPLICANT: Yes, ma'am, it did.

5 APPEALS OFFICER NIELSEN: Okay.

6 THE APPLICANT: Yes.

7 APPEALS OFFICER NIELSEN: All right.

8 THE APPLICANT: At approximately 1:30 in the
9 afternoon.

10 APPEALS OFFICER NIELSEN: Okay. Thank you.

11 And was there a reason you didn't file the
12 appeal sooner than you did?

13 THE APPLICANT: The appeal or the application
14 for --

15 APPEALS OFFICER NIELSEN: The application.

16 THE APPLICANT: Yes, ma'am. I wasn't --
17 number one, I wasn't aware of the time frame to file
18 for help from you guys, but I was at my wit's end. I
19 had no other (inaudible). The lawyer asked to be
20 relieved as my lawyer, and I never got to even see the
21 judge and she granted it to him.

22 And then the other guy who I was supposed to
23 do the interrogatories with or the deposition, he swore
24 he sent me something or I was served on the 8th some
25 paperwork and I wasn't, and then the judge downtown

1 Reno dismissed the case.

2 At that approximate time it was the end of
3 2015. (Inaudible) over here on [REDACTED] where I
4 stay with my ex-boyfriend, [REDACTED] he
5 was evicting us, and then my boyfriend left me out on
6 the street in a wheelchair crippled with nowhere to go.

7 I was on the street for about eight months,
8 and then I -- as soon as I got a residence I -- that's
9 when I got my application to mail to you, and I filled
10 it out because it states on the application you have to
11 have residence. You know, you have to give your
12 address, and I didn't have one for a long time. I
13 really was out there, ma'am.

14 And I noticed right on the application -- I
15 did sign where it says that you guys can, you know, go
16 get records and whatever you need to investigate or
17 whatever the issues that I have with the case, and when
18 I -- the next hearing came up, nobody went and did
19 that.

20 And I got paperwork here, but I'd have to go
21 through it to get it to you to prove about the injuries
22 (inaudible) from the side, and the man's statement is
23 wrong. There is no statement from me in that, in that
24 police report. And it says on your paperwork I have
25 five days, and the officer didn't even come see me at

1 the hospital or anything, but he had me sign a ticket
2 and already admitted he thought I was wrong. That's
3 not fair.

4 APPEALS OFFICER NIELSEN: Okay.

5 THE APPLICANT: I couldn't just -- okay.

6 APPEALS OFFICER NIELSEN: All right.

7 Ms. -- how do you pronounce your last name? Is it

8

9 THE APPLICANT:

10 APPEALS OFFICER NIELSEN: Okay.

11 THE APPLICANT: [REDACTED]

12

13 APPEALS OFFICER NIELSEN: Okay. [REDACTED]

14 the other question I had for you, at the time of the
15 hit and run were you a pedestrian or were you in a
16 vehicle?

17 THE APPLICANT: I was a pedestrian in a
18 crosswalk, ma'am.

19 APPEALS OFFICER NIELSEN: Okay. Is there
20 anything else that you would like me to know before I
21 decide this case?

22 THE APPLICANT: Well, I'll swear on a lie
23 detector test that I was behind (inaudible) and it's
24 just the way it is. My bike didn't even have a scratch
25 on it. That guy dragged me 35 feet with a shoe stuck

1 in my hair from under his truck. He didn't even
2 (crying) (inaudible) the way he treated me.

3 And it's hard to go -- you know, I'm 57 years
4 old now. My right leg is messed up. I am a softball
5 player and I was an avid, avid bicyclist. And I get
6 this stuff all the time, looking up or reaching up or
7 lying down and sitting up, and it's hard to deal with
8 this stuff. I'm not -- I'm not a cry baby but -- and
9 I'm not feeling sorry for myself. I just don't think
10 it's fair.

11 APPEALS OFFICER NIELSEN: I'm really sorry
12 this happened to you.

13 THE APPLICANT: So am I.

14 APPEALS OFFICER NIELSEN: And what I have to
15 do -- the main issue I have to look at is the time
16 frame for when your request was filed and I --

17 THE APPLICANT: I know. I believe it was 2016
18 and it was in October.

19 APPEALS OFFICER NIELSEN: Okay. So . . .

20 THE APPLICANT: Something like that. That's
21 fine, whatever. I'm going to leave that up to you.

22 APPEALS OFFICER NIELSEN: Okay. So here's
23 what I'm going to do. I've gone ahead -- we've heard
24 your testimony. You've told me under oath your account
25 of the events. You've answered my questions.

1 Was there anything else you want to add to
2 that portion?

3 THE APPLICANT: I -- I realize you guys have
4 your guidelines to follow but, you know, there's got to
5 be -- there's got to be now and then -- you know, now
6 and then there has to be some help for the victim
7 somewhere. I didn't know about the time frame. I
8 didn't know very much, but I'm still trying.

9 But I'll get some papers to you today just so
10 you know everything I told you today is true, from the
11 lawyer papers to -- to the (inaudible) from the
12 statement from the day of the accident and a copy of
13 the ticket itself with the scribbled signature, if I
14 can circle it. But, you know, if I could bring that
15 guy to you so (inaudible) I would, but I -- you know,
16 that's against the law. I can't.

17 APPEALS OFFICER NIELSEN: Wait. What was
18 that? What did you say?

19 THE APPLICANT: I said I'd like to bring that
20 guy who ran me over to you under (inaudible) so he
21 could tell you the truth I would, but it's against the
22 law. I can't do -- do that.

23 APPEALS OFFICER NIELSEN: Yes. Let's not do
24 that.

25 THE APPLICANT: I'm not.

1 APPEALS OFFICER NIELSEN: That's going to get
2 you in a whole other world of trouble. Okay. So . . .

3 THE APPLICANT: What do you think I'm in now?

4 APPEALS OFFICER NIELSEN: Well, you don't want
5 to make it worse. You want it to get better. Right?

6 THE APPLICANT: Yeah, but if I could do
7 (inaudible) getting better. So the head injury ain't
8 getting better.

9 APPEALS OFFICER NIELSEN: Yeah.

10 THE APPLICANT: (Inaudible).

11 APPEALS OFFICER NIELSEN: Okay. Yeah, focus
12 on better, not worse. Okay?

13 THE APPLICANT: Heck yeah. Yes, ma'am.

14 APPEALS OFFICER NIELSEN: All right. And what
15 I'm going to do is I'm going to leave this appeal open
16 for one week for you to supplement with any other
17 documents. I know you were trying to get an amendment
18 made to the police report.

19 THE APPLICANT: Right.

20 APPEALS OFFICER NIELSEN: And then --

21 THE APPLICANT: Yeah.

22 APPEALS OFFICER NIELSEN: So we've done the
23 testimony. I have the three exhibits you filed
24 already, the two packets that you filed. There's a
25 letter from you and there's a packet from Victims of

1 Crime.

2 I've gone ahead and marked those as
3 Exhibits 1, 2, and 3, and when you send in any
4 supplemental documents or if you get an amended police
5 report, it will be marked and entered as Exhibit No. 4.
6 If I don't --

7 THE APPLICANT: I have one more question. I
8 called the SBC, and they don't have records of the
9 phone call, this phone company. They do them more than
10 six months, but they're the only ones who would have
11 proof that he was on his cell phone.

12 APPEALS OFFICER NIELSEN: Okay.

13 THE APPLICANT: I know he was mad, mad as heck
14 and yelling at somebody on the phone and I --

15 APPEALS OFFICER NIELSEN: This is the person
16 who was involved in the accident with you?

17 THE APPLICANT: And I told my lawyer. He
18 said, "Well, I'm not a criminal lawyer," but if he was
19 my lawyer he should have protected me. He should have
20 done something then and he didn't. Then he walked out
21 on me.

22 APPEALS OFFICER NIELSEN: Ma'am, I'm sorry to
23 hear that.

24 So what I was -- what I'm going to do is I'm
25 going to leave it open for one week for you to

1 supplement the record with any additional documents you
2 have.

3 THE APPLICANT: Yes, ma'am.

4 APPEALS OFFICER NIELSEN: You've gone ahead
5 and given me your testimony, and then at the conclusion
6 of a week, the matter's going to be submitted for final
7 decision. If we don't receive anything from you, it
8 will be just submitted with what I already have and
9 your testimony.

10 THE APPLICANT: I promise it will be
11 submitted. I'm not going to stop looking through the
12 papers here and get them ready. I got my certification
13 for my food stamp paperwork ready. So I -- I know I
14 can still get paperwork together. I've just got to put
15 it all out here in front of me and do it. That's all
16 I've got to do.

17 APPEALS OFFICER NIELSEN: Yeah. I wish you
18 the best, and I hope things get better for you, ma'am.

19 THE APPLICANT: Thank you very much. Have a
20 good day.

21 APPEALS OFFICER NIELSEN: All right. You take
22 care of yourself. Bye-bye.

23 THE APPLICANT: Do we -- 3:30, is it canceled?
24 Is that correct?

25 APPEALS OFFICER NIELSEN: Yes. We've done

1 that portion now.


2 THE APPLICANT: Okay. Yes, ma'am.

3 APPEALS OFFICER NIELSEN: And you just have to
4 file the documents with the office.

5 THE APPLICANT: Okay.

6 APPEALS OFFICER NIELSEN: Okay? And you have
7 one week to do that.

8 THE APPLICANT: Okay. I need a good fax
9 number though so they'll get there, and I'll get that
10 from the secretary lady. Okay?

11 APPEALS OFFICER NIELSEN: Yes. You can go
12 ahead -- I'm going to hang up the phone, and then you
13 can call back and talk to 

14 THE APPLICANT: Okay. Thank you.

15 APPEALS OFFICER NIELSEN: All right. Good
16 luck. Bye-bye.

17 THE APPLICANT: Uh-huh. Bye-bye.

18 APPEALS OFFICER NIELSEN: And with that, we're
19 off the record.

20 (Proceedings concluded at 10:59 a.m.)

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* * *

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C E R T I F I C A T I O N

TITLE: ANNA

DATE: July 17, 2017

LOCATION: Carson City, Nevada

The below signature certifies that the proceedings and evidence are contained fully and accurately in the tapes and notes as reported at the proceedings in the above referenced matter before the Department of Administration, Appeals Office.

Kelly Paulson

08/29/2017

KELLY PAULSON

DATE

CERTIFIED COURT REPORTER #628

Pg. 1

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION
APPEALS OFFICE
06/16/2017
2017 JUN 22 AM 9:52

IN REGARDS TO [REDACTED]
CLAIM NO. 17 [REDACTED]
HEARING NO. [REDACTED]
APPEAL NO. [REDACTED]

RECEIVED
AND
FILED

[REDACTED] (CLAIMANT)

I AM REQUESTING A CONTINUANCE FOR MY APPEAL BECAUSE I SPOKE WITH THE OFFICER AT THE SCENE OF THE ACCIDENT ON 09/22/2014 HE DID NOT TAKE A STATEMENT FROM ME AT THE SCENE NOR WITHIN THE 10 DAYS I WAS IN THE HOSPITAL AFTER SURGERY. HE DID HAVE ME SIGN OR SHOULD SAY SCIBBLE MY NAME ON A TICKET TO APPEAR IN COURT. HE WILL NOT CHANGE HIS STATEMENT OR GIVE ME ONE IN REGARDS TO MY STATEMENT. I MUST SEEK A DIFFERANT AVENUE TO PROCEED IN PROVING MY STATEMENT AND REQUEST FOR ASSISTANCE. I WILL SEE IF THE FCC HAS RECORD OF THIS ASSAULT ON HIS CELL PHONE (next page)

3

[REDACTED] (CONTINUED)

06/16/2017

AT THIS TIME OF THE ACCIDENT AND INQUIRE WITH THE DISTRICT ATTORNEY TO FILE CHARGES. I DO HAVE ALL DOCUMENTATION TO PROVE THE INJURIES INJURIES WERE FROM A IMPACT COMING ON MY LEFT. I HAD A LAWYER WHO ASKED ME IF I WOULD GO GIVE RPD MY STATEMENT HE SAID NO, THEN MY REQUEST FOR A CONTINUANCE SO I CAN ASK THE BOARD OF EXAMINERS TO EXCUSE MY TARDINESS IN FILING THE CLAIM SO CAN ASK AND EXCUSE THE FACT NOONE TOOK A STATEMENT AT SCENE AT HOSPITAL ETC. THANK YOU FOR BEING RETURN. I WILL DO MY HARDEST TO produce EVIDENCE ON MY BEHALF.

Sincerely,

[REDACTED SIGNATURE]

Reno, NV. 89502

NEW PHONE NUMBER:

[REDACTED PHONE NUMBER]

[REDACTED]
[REDACTED]
[REDACTED]
Note: THE FILED MAY 19 2017 CLAIM NO. [REDACTED]
order for Cool Cause court papers prepared.

IS IN ERROR. IN THE MATTER OF
VICTIM OF MOUNT CRIME CLAIM

NOT, MATTER OF CONTESTED
INDUSTRIAL INSURANCE CLAIM

Please let the Judge know I did bring
this to your attention - Thank you.
[REDACTED]

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NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED

MAY 19 2017

DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested
Industrial Insurance Claim of:

[REDACTED]

Claimant.

Claim No:

[REDACTED]

Hearing No:

[REDACTED]

Appeal No:

[REDACTED]

ORDER

For good cause, the Appellant's request for continuance is granted.

This matter is reset for hearing on:

DATE: Monday, June 19, 2017

TIME: 10:00 AM

IT IS SO ORDERED.

Rajinder K. Nielsen

RAJINDER K NIELSEN
APPEALS OFFICER

RECEIVED
MAY 23 2017
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NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER

1050 E. WILLIAM, SUITE 450
CARSON CITY, NV 89701

FILED

MAY 05 2017

DEPT. OF ADMINISTRATION
APPEALS OFFICER

In the Matter of the Contested
Victims of Crime Claim of:

[REDACTED]

Claimant.

) Claim No: [REDACTED]

) Hearing No: [REDACTED]

) Appeal No: [REDACTED]

ORDER


For good cause, the Appellant's request for continuance is granted.

This matter is reset for hearing on:

DATE: Wednesday, May 24, 2017

TIME: 1:30 PM

IT IS SO ORDERED.


RAJINDER K NIELSEN
APPEALS OFFICER

RECEIVED

MAY 06 2017

CCSI

DEPARTMENT OF ADMINISTRATION
Victims of Crime Compensation Program
2200 S. Rancho Drive, #210-A
Las Vegas, NV 89102

**NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE APPEALS OFFICER**

In the Matter of the Contested)
Application for Compensation:)
[REDACTED])
Applicant [REDACTED])
APPEAL NO: [REDACTED]
VOCP NO: [REDACTED]

VOCP APPEAL STATEMENT

The application was submitted on December 7, 2016. The claim was denied on December 14, 2016 because the situation does not qualify and due to late filing of the application. On September 22, 2014 [REDACTED] was riding her bike when she hit a car. The driver stopped his car to render aid to [REDACTED]. The police report indicate [REDACTED] na was at fault.

Further, the incident occurred over two years prior to application to the program. Statute requires application be made within one year of the incident's occurrence.

NRS 217.180 Order for compensation: Considerations.

1. Except as otherwise provided in subsection 2, in determining whether to make an order for compensation, the compensation officer shall consider the provocation, consent or any other behavior of the victim that directly or indirectly contributed to the injury or death of the victim, the prior case or social history, if any, of the victim, the need of the victim or the dependents of the victim for financial aid and other relevant matters.

NRS 217.210 Limitations on time for making order for payment of compensation; exceptions.

1. Except as otherwise provided in subsection 2, an order for the payment of compensation must not be made unless the application is made within 1 year after the date of the personal injury or death on which the claim is based, unless waived by the Board of Examiners or a person designated by the Board for good cause shown, and the personal injury or death was the result of an incident or offense that was reported to the police within 5 days of its occurrence or, if the incident or offense could not reasonably have been reported within that period, within 5 days of the time when a report could reasonably have been made.

Board of Examiner's Policy:

Section Eight. Eligibility Standards and Criteria

7. Vehicle-Related Crimes

A. Most vehicle-related crimes are not covered by the VOCP. Injuries from accidents caused by speeding, reckless or careless driving, and similar crimes are outside the scope of VOCP coverage. NRS 217.220 prohibits acceptance of motor vehicle accident injuries except in limited circumstances. NRS 217.220 provides:

"Award of compensation prohibited under certain circumstances; exceptions.

1. Except as otherwise provided in subsections 2 and 3, compensation must not be awarded if the victim:

[REDACTED]

(a) Was injured or killed as a result of the operation of a motor vehicle, boat or airplane unless the vehicle, boat or airplane was used as a weapon in a deliberate attempt to harm the victim or unless the driver of the vehicle injured a pedestrian, violated any of the provisions of NRS 484.379 or the use of the vehicle was punishable pursuant to NRS 484.3795 or NRS 484.37955".

C. The following vehicle crimes qualify for the VOCP:

1) Injury or death intentionally inflicted through the use of: a motor vehicle, aircraft, or a water vehicle. NRS 217.220 (1) a)

2) Pedestrian injury or death caused by Hit and Run, NRS 217.070 (5). NRS 484.219

3) Injuries caused by someone driving under the influence (DUI). NRS 217.070 (4), NRS 484.379

4) Vehicular Manslaughter. NRS 484.3775, NRS 217.220 (1) (a)

9. Ineligible Crimes

D. Traffic crimes.

Victims of Crime requests the Appeals Officer affirm the denial of this claim.

Dated this 19th day of April, 2017
Victims of Crime Program

BEFORE THE APPEALS OFFICER

FILED

APR 12 2017

**DEPT. OF ADMINISTRATION
APPEALS OFFICER**

In the Matter of the Contested
Victims of Crime Claim of:

Claim No:

Hearing No:

Appeal No:

Claimant.

NOTICE OF HEARING

YOU ARE HEREBY NOTIFIED that a hearing will be held in the above-entitled matter before the Appeals Officer on:

Date: Wednesday, May 10, 2017

Time: 9:00 AM

**Place: Appeals Office Hearing Room
1050 E. Williams Street, Suite #450
Carson City, NV 89701
Phone: (775) 687-8420**

Should the Victim wish to make his appearance via telephone he or she may do so by contacting this office prior to the date of the hearing and making arrangements therefore.

Rajinder K. Nielsen

**RAJINDER K NIELSEN
APPEALS OFFICER**

RECEIVED

APR 17 2017

CCSI

**Confidential
and
Submitted
Under Seal**

VICTIM OF VIOLENT CRIME

04/04/2017

ATTENTION APPEALS OFFICE

DEPT. OF ADMINISTRATION

1050 E. WILLIAMS ST. SUITE 450

CARSON CITY, NV. 89701

HEARING NO. [REDACTED]

RE [REDACTED]

.3

2 Reno N.V. 89701

I AM FILING THIS WRITTEN REQUEST FOR AN APPEAL OF THE HEARING OFFICER'S DECISION ON MARCH 24, 2017 IN REGARDS TO MY CLAIM NO. [REDACTED] APPLICATION FOR BEING RUN DOWN IN A CROSSWALK BY A MAN IN A TRUCK WHO WAS ON A CELL PHONE whom moved evidence at the scene, scolded and lied to the police officer and the police officer didn't take my statement due to medical trauma and did not come to Hospital at all. 10 days later I woke up and wanted to go home, (2) real traumas and a bracket placed from knee down on RIGHT leg. All these facts I will deliver by mail or hand to your office. Thank you Sincerely, [REDACTED]

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

In the matter of the Contested
Victim of Crime Claim of:

Hearing Number: [REDACTED]
Claim Number: [REDACTED]

[REDACTED]
RENO, NV 89502

REBECCA SALAZAR VOCP
VICTIMS OF CRIME
PO BOX 94525
LAS VEGAS, NV 89193-1525

RECEIVED
MAR 28 2017

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BEFORE THE HEARING OFFICER

The Applicant's request for Hearing was filed on January 12, 2017 and a Hearing was scheduled for February 8, 2017 and reset to March 20, 2017. A Hearing was held on March 20, 2017 in accordance with Chapter 217 of the Nevada Revised Statutes.

The Applicant was present by telephone conference call. The Victim of Crime Program was represented by [REDACTED], Compensation Officer, by telephone conference call.

ISSUE

The Applicant appealed the Compensation Officer's determination dated December 14, 2016.

The issue before the Hearing Officer is claim denial.

DECISION AND ORDER

The determination of the Compensation Officer is hereby **AFFIRMED**.

Pursuant to the Victim of Crime Policies adopted August 9, 2016, to qualify for the benefits offered by the VOC Program, the Applicant must meet certain criteria, and the crime must be an eligible crime. The Applicant has the burden of proof, by clear and convincing evidence, to establish eligibility for acceptance and payment of any benefit offered by the VOC Program. In reviewing the evidence regarding the incident of September 22, 2014, the Hearing Officer finds the Applicant's description of the incident and the description of the incident from the police report are contradictory, to say the least. Additionally, as noted, the incident occurred on September 22, 2014 and the Applicant filed for VOC benefits on December 7, 2016. NRS 217.210(1) provides that except as otherwise provided in subsection 2, an order for the payment of compensation must not be made unless the application is made within 1 year after the date of the personal injury or death on which the claim is based, unless waived by the Board of Examiners or a person designated by the Board for good cause shown, and the personal injury or death was the result of an

In the Matter of the Contested
Victim of Crime Claim of:
Hearing Number:
Page Two



incident or offense that was reported to the police within 5 days of its occurrence or, if the incident or offense could not reasonably have been reported within that period, within 5 days of the time when a report could reasonably have been made. The Applicant failed to timely file a police report until October 2016, failed to timely file an application for VOC benefits and has not met the burden of proof, by clear and convincing evidence, to support a compensable VOC claim. The Hearing Officer would also note the Applicant had the benefit of legal counsel regarding this incident. As such, the Hearing Officer finds claim denial is proper.

APPEAL RIGHTS

If you disagree with this decision, you may appeal this decision to an Appeals Officer by filing a written request for appeal within fifteen (15) days after the date of this decision to: Appeals Office, Department Of Administration, 1050 E. Williams St Suite 450, Carson City, NV 89701.

IT IS SO ORDERED this 24th day of March, 2017.



Sondra L Amodei, Hearing Officer

**Confidential
and
Submitted
Under Seal**

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
HEARINGS DIVISION

RECEIVED
FEB 13 2017

CCSI

In the matter of the Contested
Victim of Crime Claim of:

Hearing Number: [REDACTED]
Claim Number: [REDACTED]

[REDACTED]
RENO, NV 89502

REBECCA SALAZAR VOCP
VICTIMS OF CRIME
PO BOX 94525
LAS VEGAS, NV 89193-1525

NOTICE OF RESETTING

Pursuant to an approved request for continuance, you are hereby notified a hearing will be held by telephone on:

DATE: MONDAY, MARCH 6, 2017

TIME: 11:00AM

**PLACE: Department of Administration, HEARINGS DIVISION
1050 E. Williams Street (Hwy 50 East), Suite 400
Carson City, NV 89701
Phone (775) 687-8440**

The matter to be ascertained from this Hearing shall be whether the determination rendered by the Compensation Officer is proper. Failure of the appealing party to contact the Hearing Division to arrange for telephone testimony may result in dismissal of the appeal.

Please contact this office at (775) 687-8440 to inform us of the telephone number that you will be available at for your Hearing.

Dated this 7th day of February, 2017.



Sondra L Amodei, Hearing Officer

DEPARTMENT OF ADMINISTRATION
Victims of Crime Program
2200 S. Rancho Drive, #210-A
Las Vegas, NV 89102

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Continued
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**NEVADA DEPARTMENT OF ADMINISTRATION
BEFORE THE HEARINGS OFFICER**

In the Matter of the Contested)
Application for Compensation:)
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HEARING NO. [REDACTED]
VOCP NO. [REDACTED]

VOCP HEARING STATEMENT

The application was submitted on December 7, 2016. The claim was denied on December 14, 2016 because the situation does not qualify and due to late filing of the application. On September 22, 2014 [REDACTED] was riding her bike when she hit a car. The driver stopped his car to render aid [REDACTED]. The police report indicates [REDACTED] was at fault.

Further, the incident occurred over two years prior to application to the program. Statute requires application be made within one year of the incident's occurrence.

NRS 217.180 Order for compensation: Considerations.

1. Except as otherwise provided in subsection 2, in determining whether to make an order for compensation, the compensation officer shall consider the provocation, consent or any other behavior of the victim that directly or indirectly contributed to the injury or death of the victim, the prior case or social history, if any, of the victim, the need of the victim or the dependents of the victim for financial aid and other relevant matters.

NRS 217.210 Limitations on time for making order for payment of compensation; exceptions.

1. Except as otherwise provided in subsection 2, an order for the payment of compensation must not be made unless the application is made within 1 year after the date of the personal injury or death on which the claim is based, unless waived by the Board of Examiners or a person designated by the Board for good cause shown, and the personal injury or death was the result of an incident or offense that was reported to the police within 5 days of its occurrence or, if the incident or offense could not reasonably have been reported within that period, within 5 days of the time when a report could reasonably have been made.

Board of Examiner's Policy:

Section Eight. Eligibility Standards and Criteria

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"Award of compensation prohibited under certain circumstances; exceptions.

2

1. Except as otherwise provided in subsections 2 and 3, compensation must not be awarded if the victim: (a) Was injured or killed as a result of the operation of a motor vehicle, boat or airplane unless the vehicle, boat or airplane was used as a weapon in a deliberate attempt to harm the victim or unless the driver of the vehicle injured a pedestrian, violated any of the provisions of NRS 484.379 or the use of the vehicle was punishable pursuant to NRS 484.3795 or NRS 484.37955".

C. The following vehicle crimes qualify for the VOCP:

1) Injury or death intentionally inflicted through the use of: a motor vehicle, aircraft, or a water vehicle. NRS 217.220 (1) a)

2) Pedestrian injury or death caused by Hit and Run, NRS 217.070 (5). NRS 484.219

3) Injuries caused by someone driving under the influence (DUI). NRS 217.070 (4), NRS 484.379

4) Vehicular Manslaughter. NRS 484.3775, NRS 217.220 (1) (a)

9. Ineligible Crimes

D. Traffic crimes.

Victims of Crime requests the Hearing Officer affirm the denial of this claim.

Dated this 12th day of March, 2015
Victims of Crime Program

**Confidential
and
Submitted
Under Seal**

FAX

775- [REDACTED]

01-06-2017

DEPARTMENT OF Administration
1050 E. William St. Rm. 400
Carson City, NV. 89701

RE: CLAIM number [REDACTED]
CLARMAINE [REDACTED]
date of accident: 09-22-2014

I do not agree with the decision
I denied for my application.
I am requesting a hearing to
appeal. I have no vehicle and
am slow in moving my wheelchair

I have a temporary phone number
the number is [REDACTED]
my address is [REDACTED]
Keno, NV. 89502

get copy of letter
2 sheets FAX
Carson City

—, thank you,

Sincerely,

[REDACTED]

1701892

775-6

STATE OF NEVADA



DEPARTMENT OF ADMINISTRATION
VICTIMS OF CRIME PROGRAM

STATE OF NEVADA
DEPT OF ADMINISTRATION
HEARINGS DIVISION

2017 JAN 12 AM 9:51

RECEIVED
AND
FILED

December 14, 2016

[REDACTED]
[REDACTED]
RENO NV [REDACTED]

RE: Claim Number: [REDACTED]
Victim: [REDACTED]
Date Of Crime: September 22, 2014

Your application for benefits from the Victims of Crime Program has been denied. This denial is based on the information you have provided in your application and/or the law enforcement crime report.

The decision to deny your application is based on VOCP policies concerning:

- Application was filed late and was not excused.
- Victim was not a pedestrian during hit and run.

APPEAL RIGHTS: If you disagree with this decision, you have the right to appeal to the Hearing Officer. Appeals must be filed within sixty (60) days from the date of this letter by sending a copy of this letter with a written request for a hearing to:

Department of Administration Hearing Division
1050 E. William St. Suite 400
Carson City, NV 89701
Fax: (775) 687-8441

Authorized Representative
Victims of Crime Program

WED.
2/8 @ 10:00
SA

LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	DEPARTMENT OF BUSINESS AND INDUSTRY – DIVISION OF INDUSTRIAL RELATIONS	OMNINET 3300 SAHARA, LLC	\$4,532,201
	Lease Description:	This is a new lease that includes extensive tenant improvements, consolidates the agency into a centralized location and adds square footage to meet the needs of the agency's programs.	
	Term of Lease:	06/01/2018 – 05/31/2023	Located in Las Vegas
2.	DEPARTMENT OF ADMINISTRATION - FLEET SERVICES DIVISION	RENO-TAHOE AIRPORT AUTHORITY - RENO-TAHOE INTERNATIONAL AIRPORT	\$227,406
	Lease Description:	This lease retroactively commences July 1, 2015 through June 30, 2020.	
	Term of Lease:	07/01/2015 – 06/30/2020	Located in Reno
3.	COMMISSION ON MINERAL RESOURCES	THE TRUST FOR METHODIST DEVELOPMENT OF THE FIRST UNITED METHODIST CHURCH OF CARSON CITY, NEVADA	\$249,419
	Lease Description:	This is a lease renewal to extend the existing lease.	
	Term of Lease:	03/01/2018 – 02/28/2023	Located in Carson City
4.	PUBLIC CHARTER SCHOOL AUTHORITY	IKO MOODY VENTURES, LLC	\$126,916
	Lease Description:	This is a lease renewal to extend the existing lease, adding 190 square feet to accommodate new FTE's.	
	Term of Lease:	12/01/2017 – 11/30/2020	Located in Carson City
5.	PUBLIC CHARTER SCHOOL AUTHORITY	MARYLAND PARKWAY PROPERTY, LLC	\$43,680
	Lease Description:	This is a lease renewal to extend the existing lease.	
	Term of Lease:	01/01/2018 – 12/31/2020	Located in Las Vegas
6.	DEPARTMENT OF PUBLIC SAFETY – DIRECTOR'S OFFICE	COUNTY OF ELKO, ADMINISTRATION	\$45,000
	Lease Description:	This is a lease renewal to extend the existing lease.	
	Term of Lease:	11/01/2017 – 10/31/2022	Located in Wells

9/19/17

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

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

STATEWIDE LEASE INFORMATION

RECEIVED

SEP 06 2017

GOVERNOR'S FINANCE OFFICE

1. Agency:

Department of Business and Industry
 Division of Industrial Relations
 1830 College Parkway, Suite 100
 Carson City, Nevada 89706
 Terry Reynolds
 775.684.2995 Fax 775.687.4040 treynolds@business.nv.gov

Remarks:

Leasing Services negotiated this Full Service lease to include extensive tenant improvements, consisting of building out premises based on plans dated 08/28/2017. This will consolidate the Department of Business and Industry for the Las Vegas area into a centralized location. In addition to providing necessary additional space, the new location was designed specifically to meet the needs of the agency's program.
This relocation increases the square footage by 3,640 and created a savings of \$455,959.20 over the term of the lease.

Exceptions/Special notes:

The terms of this lease were negotiated to contain a 30 day option to terminate. This option may only be exercised if the agencies are relocating to a new building owned by the State. Termination during this period requires a six (6) month notice.

2. Name of Landlord (Lessor):

Omninet 3300 Sahara, LLC ✓

3. Address of Landlord:

9420 Wilshire Boulevard, 4th Floor
 Beverly Hills, California 90212

4. Property contact:

Omninet Property Management
 Afatia Teofilo 702.778.7815 Fax: 702.778.7815 afatiat@omninet.com

5. Address of Lease property:

3360 West Sahara Avenue, Suites 100, 160, 170, 175, 200, 250 & 260
 Las Vegas, Nevada 89102

a. Square Footage:

Rentable
 Usable 39,548

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
\$75,536.68	12	\$906,440.16	June 1, 2018 - May 31, 2019	\$1.91
0% \$75,536.68	12	\$906,440.16	June 1, 2019 - May 31, 2020	\$1.91
0% \$75,536.68	12	\$906,440.16	June 1, 2020 - May 31, 2021	\$1.91
0% \$75,536.68	12	\$906,440.16	June 1, 2021 - May 31, 2022	\$1.91
0% \$75,536.68	12	\$906,440.16	June 1, 2022 - May 31, 2023	\$1.91

Increase %

c. Total Lease Consideration:

60 \$4,532,200.80

d. Option to renew:

Yes No 90 Renewal terms: One Identical Term

e. Holdover notice:

of Days required 30 Holdover terms: 5% / 90

f. Term:

Five (5) Years

g. Pass-thrus/CAM/Taxes

Landlord Tenant

h. Utilities:

Landlord Tenant

i. Janitorial:

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

j. Repairs:

Major: Landlord Tenant Minor: Landlord Tenant

k. Comparable Market Rate:

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

l. Specific termination clause in lease:

Breach/Default lack of funding

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

4680

6. Purpose of the lease:

To house the Department of Business & Industry, Division of Industrial Relations

7. This lease constitutes:

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

a. Estimated Moving Expenses: \$TBD

Furnishings: \$TBD

Data/Phones: \$TBD

STATEWIDE LEASE INFORMATION

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

Yes No Dec Unit _____

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

C. J. Marshall 9-5-17
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20141635918</u> /	Exp:	<u>10/31/2018</u>	152
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T29039107</u> /			

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

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

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

STATEWIDE LEASE INFORMATION

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

Yes _____ No _____ Dec Unit _____

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

Authorized Agency Signature _____ Date _____

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20141635918</u>	Exp:	<u>10/31/2018</u>	152
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/>	<input type="checkbox"/> NO	
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES	<input type="checkbox"/>	<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T29039107</u>			

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

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

Authorized Signature _____
Public Works Division

9.5.17
Date

//
For Board of Examiners YES NO

For Budget Division Use Only	
Reviewed by:	W 7/14/17
Reviewed by:	
Reviewed by:	

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

STATEWIDE LEASE INFORMATION

1. Agency: Department of Administration
Fleet Services Division
750 East King Street
Carson City, NV 89701
Robert Burgess (775) 684-1883 Fax: (775) 684-1888 rburgess@admin.nv.gov

Remarks: This lease retroactively commences July 1, 2015 through June 30, 2020

Exceptions/Special notes: Costs are based on the percentage change in the Consumer Price Index (CPI), per annual anniversary of the adjustment date.

2. Name of Lessor: Reno-Tahoe Airport Authority
Reno-Tahoe International Airport
P. O. Box 12490
Reno, NV 89510
Or, for items requiring delivery to a street address:
2001 East Plumb Lane
Reno, NV 89502
Aurora Ritter (775) 328-6400 Fax: (775) 328-6510 aritter@renoairport.com

5. Address of Lease property: 2550 Terminal Way
Reno, Nevada 89510

a. Square Footage: Rentable 0.852 acres; 2,164.32 facility, 37,113.12 ground
 Usable

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
Facility Rent 2,164.32 sf	\$1,464.52	12	\$17,574.28	July 1, 2015 - June 30, 2016	\$8.12
	\$1,480.63	12	\$17,767.56	July 1, 2016 - June 30, 2017	\$8.21
	\$1,508.77	12	\$18,105.19	July 1, 2017 - June 30, 2018	\$8.37
		12		July 1, 2018 - June 30, 2019	
		12		July 1, 2019 - June 30, 2020	
Improvement Rent	\$534.07	12	\$6,408.86	July 1, 2017 - June 30, 2018	
Base Ground Rent 37,113.12 sf	\$2,103.08	12	\$25,236.93	July 1, 2015 - June 30, 2016	\$0.68
	\$2,126.21	12	\$25,514.52	July 1, 2016 - June 30, 2017	\$0.69
	\$2,166.60	12	\$25,999.23	July 1, 2017 - June 30, 2018	\$0.70
		12		July 1, 2018 - June 30, 2019	
		12		July 1, 2019 - June 30, 2020	

c. Total Lease Consideration: 60

d. Option to renew: Yes No Renewal terms:

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

f. Term: Five (5) Years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other

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

k. Comparable Market Rate: Not Available

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

m. Lease will be paid for by Agency Budget Account Number: 1354

6. Purpose of the lease: To house the Fleet Services Division

7. This lease constitutes:

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

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

RECEIVED

AUG 28 2017

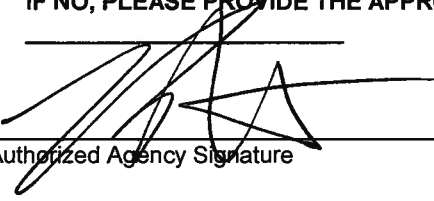
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

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

Yes _____ No _____ Dec Unit _____

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


Authorized Agency Signature

8/23/17
Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	_____	Exp:	_____	3		
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>	<input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:		<input type="checkbox"/> YES		<input type="checkbox"/> NO		
*If yes, please explain in exceptions section						
d. Is the Contractors Name the same as the Legal Entity Name?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO		
*If no, please explain in exceptions section						
e. Does the Contractor have a current Nevada State Business License (SBL)?		<input type="checkbox"/> YES		<input type="checkbox"/> NO		
*If no, please explain in exceptions section						
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO		
g. State of Nevada Vendor number:	T80138280					

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

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


Authorized Signature
Public Works Division

8-24-17
Date

//
For Board of Examiners YES NO

Brian Sandoval
Governor



Patrick Cates
Director

Gustavo "Gus" Nuñez
Administrator

Carson City Offices:
Public Works Section
515 East Musser Street, Suite 102
Carson City, Nevada 89701-4263
(775) 684-4141 | Fax (775) 684-4142

Buildings & Grounds Section
(775) 684-1800 | Fax (775) 684-1821

Leasing Services Section
(775) 684-1815 | Fax (775) 684-1817

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Public Works Division

Las Vegas Offices:
Public Works Section
2300 McLeod Drive
Las Vegas, Nevada 89104-4136
(702) 486-5115 | Fax (702) 486-5094

Buildings & Grounds Section
(702) 486-4300 | Fax (702) 486-4308

MEMORANDUM

Date: September 27, 2017

To: Paul Nicks

From: Becky McCabe, Leasing Services, 684-1815
Becky.mccabe@admin.nv.gov

Subject: Retroactive Lease for Fleet Services, 2550 Terminal Way, Reno, Nevada

This lease is a retroactive lease, it was delayed due to the fact that the State had to use Reno Tahoe Airport Authority's template, and therefore everything had to be negotiated, then rewritten to their format and approved by our Deputy Attorney General and their Attorney.

Thank you,

Becky McCabe

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

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

STATEWIDE LEASE INFORMATION

RECEIVED

SEP 01 2017

1. Agency: State of Nevada, Commission on Mineral Resources
400 West King Street, Suite 106
Carson City, Nevada 89703
Richard Perry
775-684-7047 Fax: 775-684-7052 rmperry@minerals.nv.gov

Remarks: This lease was negotiated well below the current market rates. GOVERNOR'S FINANCE OFFICE

Exceptions/Special notes:

2. Name of Lessor: The Trust for Methodist Development of the First United Methodist Church of Carson City, Nevada

3. Address of Lessor: c/o Carson Properties
187 Sonoma Street
Carson City, Nevada 89701

4. Property contact: Terry Yeager
775-882-3211 Fax: 775-882-7553 terryeager@carsoncommercial.com

5. Address of Lease property: 400 West King Street, Suites 100 & 106
Carson City, Nevada 89703

a. Square Footage: Rentable Usable 3,123

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$4,034.92	12	\$48,419.04	March 1, 2018 - February 28, 2019	\$1.29
2.5% \$4,135.79	12	\$49,629.48	March 1, 2019 - February 29, 2020	\$1.32
0% \$4,135.79	12	\$49,629.48	March 1, 2020 - February 28, 2021	\$1.32
2.5% \$4,239.19	12	\$50,870.28	March 1, 2021 - February 28, 2022	\$1.36
0% \$4,239.19	12	\$50,870.28	March 1, 2022 - February 28, 2023	\$1.36

Increase %

c. Total Lease Consideration: 60 \$249,418.56

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

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

f. Term: Five (5) Years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

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

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

m. Lease will be paid for by Agency Budget Account Number: 4219

6. Purpose of the lease: To house the Commission on Mineral Resources

7. This lease constitutes:

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

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

STATEWIDE LEASE INFORMATION

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

Yes _____ No _____ Dec Unlt _____

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

RM Perry 8-31-17
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19861025336</u>	Exp:							9
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC	<input type="checkbox"/>	INC	<input type="checkbox"/>	CORP	<input type="checkbox"/>	LP	<input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:		<input type="checkbox"/>	YES	<input checked="" type="checkbox"/>	NO				
*If yes, please explain in exceptions section									
d. Is the Contractors Name the same as the Legal Entity Name?		<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO				
*If no, please explain in exceptions section									
e. Does the Contractor have a current Nevada State Business License (SBL)?		<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO				
*If no, please explain in exceptions section									
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States		<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO				
g. State of Nevada Vendor number:	<u>T29000736</u>								

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

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

[Signature] 8.31.17
Authorized Signature Date
Public Works Division

u^{cb}
BM For Board of Examiners YES NO

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

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	9/15/17
Reviewed by:	9/13/17 SB

**STATEWIDE LEASE INFORMATION
FIRST AMENDMENT**

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

Remarks: This is an extension of the existing lease, adding 190 square feet to accommodate new FTE's.

Exceptions/Special notes: **RECEIVED**

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

3. Address of Landlord: 1000 North Division Street #202
Carson City, Nevada 89703

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

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

a. Square Footage: Rentable
 Usable 2,605 280 sq. ft added as of 12/1/2017

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$3,464.65	12	\$41,575.80	December 1, 2017 - November 30, 2018	\$1.33
0%	\$3,464.65	12	\$41,575.80	December 1, 2018 - November 30, 2019	\$1.33
5%	\$3,647.00	12	\$43,764.00	December 1, 2019 - November 30, 2020	\$1.40

c. Total Lease Consideration: 36 \$126,915.60

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

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

f. Term: Three (3) years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

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

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

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

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

7. This lease constitutes:

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

a. Estimated Moving Expenses: \$0.00 Furnishings: \$3,500.00 Data/Phones: \$1,000.00

STATEWIDE LEASE INFORMATION

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

Yes No Dec Unit 9275

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

Jamie O'Ban 8/24/17
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20071243806</u>	Exp:	<u>10/31/2017</u>	10
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LLP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
g. State of Nevada Vendor number:	<u>T27018956</u>			

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

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

[Signature] 8-29-17
Authorized Signature Date
Public Works Division

wcb
For Board of Examiners YES NO

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

For Budget Division Use Only	
Reviewed by:	
Reviewed by:	9/15/17 JB
Reviewed by:	9/13/17 SB

STATEWIDE LEASE INFORMATION

1. Agency: State Public Charter School Authority
1749 North Stewart Street, Suite 40
Carson City, Nevada 89706
Katie Baldwin 775-687-9165 Fax: 775-687-9113 kbbaldwin@spsca.nv.gov

Remarks: This one year lease is the "First Option to Renew" as stated in the lease of September 9, 2015. This rate is below the market rate.

Exceptions/Special notes:

2. Name of Lessor: Maryland Parkway Property, LLC
3. Address of Lessor: 2009 Porterfield Way #P
Upland, California 91786-1106

4. Property contact: MDL Group
3065 South Jones Blvd., Suite 201
Las Vegas, Nevada 89146
Robert Perkins 702-388-1800 Fax: 702-388-1010 rperkins@mdlgroup.com

5. Address of Lease property: 9890 South Maryland Parkway
Las Vegas, Nevada 89117

a. Square Footage: Rentable Usable 1,820

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
\$3,458.00	12	\$41,496.00	January 1, 2018 - December 31, 2018	\$1.90

Increase %

c. Lease Term Consideration:		12	\$41,496.00		
3%	\$3,549.00	12	\$42,588.00	January 1, 2019 - December 31, 2019	\$1.95
c. First Option to Renew Consideration:		12	\$42,588.00		
3%	\$3,640.00	12	\$43,680.00	January 1, 2020 - December 31, 2020	\$2.00
c. Second Option to Renew Consideration:		12	\$43,680.00		

d. Option to renew: Yes No 90 Renewal terms: Two pre-negotiated one-year terms
e. Holdover notice: # of Days required 30 Holdover terms: 5%/90
f. Term: One (1) year
g. Pass-thrus/CAM/Taxes: Landlord Tenant
h. Utilities: Landlord Tenant
i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)
j. Repairs: Major: Landlord Tenant Minor: Landlord Tenant
k. Comparable Market Rate: \$2.05 - \$2.60 - Las Vegas / Henderson Area
l. Specific termination clause in lease: Breach/Default lack of funding
m. Lease will be paid for by Agency Budget Account Number: 2711

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

7. This lease constitutes:

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

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

STATEWIDE LEASE INFORMATION

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

Yes _____ No Dec Unit _____

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

[Signature] _____ Date 8/31/17

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20111479961</u>	Exp: <u>7/31/2018</u>	7
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>		
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section			
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
*If no, please explain in exceptions section			
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
*If no, please explain in exceptions section			
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T27029677</u>		

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

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

[Signature] _____ Date 8-31-17

Authorized Signature
Public Works Division

[Signature]
cb
For Board of Examiners YES NO

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

For Budget Division Use Only	
Reviewed by: <i>SB</i>	9-12-17
Reviewed by: <i>SB</i>	9/15/17
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Public Safety
 Director's Office
 Nevada Highway Patrol
 555 Wright Way
 Carson City, Nevada 89711
 Melissa Carr 775-684-4593 Fax: 775-684-4809 mcarr@dps.state.nv.us

Remarks: Leasing services negotiated this lease at the same rate for five years.

Exceptions/Special notes: This is a renegotiation of an existing lease. The Lessor has agreed to using Exhibit "B" Minimum Janitorial Standards for State of Nevada Lease Premises.

2. Name of Lessor: County of Elko, Administration

3. Address of Lessor: 540 Court Street
 Elko, Nevada 89801

4. Property contact: Tasha Herr
 775-753-7073 therr@elkocountynv.net

5. Address of Lease property: 1510 Lake Avenue
 Wells, Nevada 89835

a. Square Footage: Rentable
 Usable 730

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$750.00	12	\$9,000.00	November 1, 2017 - October 31, 2018	\$1.03
0% \$750.00	12	\$9,000.00	November 1, 2018 - October 31, 2019	\$1.03
0% \$750.00	12	\$9,000.00	November 1, 2019 - October 31, 2020	\$1.03
0% \$750.00	12	\$9,000.00	November 1, 2020 - October 31, 2021	\$1.03
0% \$750.00	12	\$9,000.00	November 1, 2021 - October 31, 2022	\$1.03

Increase %

c. Total Lease Consideration: 60 \$45,000.00

d. Option to renew: Yes No 90 Renewal terms: One Identical Term

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

f. Term: Five (5) Years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

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

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

k. Comparable Market Rate: Not Available - Rural Area

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

m. Lease will be paid for by Agency Budget Account Number: 4713

6. Purpose of the lease: To house the Nevada Highway Patrol

7. This lease constitutes:

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

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

RECEIVED
 SEP 01 2017
 GOVERNOR'S FINANCE OFFICE
 BUDGET DIVISION

STATEWIDE LEASE INFORMATION

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

Yes No Dec Unit _____

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

Jon Brandt 7/24/17
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>Exempt</u>	Exp:							
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>					
c. Is the Contractor Exempt from obtaining a Business License:	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO					
*If yes, please explain in exceptions section									
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO					
*If no, please explain in exceptions section									
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO					
*If no, please explain in exceptions section									
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO					
g. State of Nevada Vendor number:	<u>T81072742</u>								

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

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

[Signature] 8.31.17
Authorized Signature Date
Public Works Division

Ben cb For Board of Examiners YES NO

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	014	GOVERNOR'S OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY	TEL/LOGIC, INC. DBA E-RATE CENTRAL	GENERAL	\$1,099,449	
	Contract Description:	This is a new contract to provide broadband technical, project management and consulting services to support the goals of coordination and oversight of activities in Nevada related to planning, mapping and procurement of broadband service.				
		Term of Contract:	10/10/2017 - 06/30/2019	Contract # 19223		
2.	030	ATTORNEY GENERAL'S OFFICE - SPECIAL LITIGATION FUND	WASHOE COUNTY FORENSIC LAB	GENERAL 69% OTHER: SETTLEMENT FUNDS 31%	\$1,641,617	Professional Service
	Contract Description:	This is a new interlocal agreement to provide funding for personnel and supplies to increase the forensic lab capacity and for the outsourcing of sexual assault kit testing.				
		Term of Contract:	10/10/2017 - 06/30/2019	Contract # 18933		
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ACCURATE BUILDING MAINTENANCE	FEE: BUILDING RENTAL INCOME	\$40,000	
	Contract Description:	This is the third amendment to the original contract which provides janitorial services to the Department of Motor Vehicles located at 2621 East Sahara Avenue, Las Vegas. This amendment increases the maximum amount from \$369,572 to \$409,572 in order to have sufficient funds available to continue needed janitorial services for this facility while the Purchasing Division implements its new janitorial contracting guidelines and procedures.				
		Term of Contract:	08/31/2013 - 11/30/2017	Contract # 14657		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ENTERPRISE JANITORIAL, INC.	FEE: BUILDING RENTAL INCOME	\$35,000	
	Contract Description:	This is the first amendment to the original contract which provides emergency janitorial services upon request. This amendment increases the maximum amount from \$25,000 to \$60,000 due to greater than anticipated demand and continued need for these services.				
		Term of Contract:	08/01/2016 - 09/01/2020	Contract # 17977		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS, LTD DBA TSK ARCHITECTS	OTHER: UNIVERSITY FUNDS	\$14,400,330	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the design and construction administration services for the University of Nevada, Las Vegas, Nevada School of Medicine, Medical Education Building CIP project: CIP Project No. 17-C15; SPWD Contract No. 111369. Subject to approval of an IFC contingency request.				
		Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19226		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	CIVILWORKS, INC.	BONDS	\$22,975	Professional Service
	Contract Description:	This is the second amendment to the original contract that provides professional architectural/engineering services for the sanitary sewer rehabilitation projects at the Southern Nevada Adult Mental Health Services, Southern Nevada Child and Adolescent Services main campus and the Desert Regional Center: CIP Project No 15-M14; SPWD Contract No. 109974. This amendment increases the maximum amount from \$47,560 to \$70,535 due to the need for additional architectural, structure, electrical and trunk line plumbing design services.				
		Term of Contract:	01/29/2016 - 06/30/2019	Contract # 17432		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	VERUS ASSOCIATES NEVADA, LLC	BONDS	\$108,949	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Rawson Neal Psychiatric Hospital Access Door Controls Upgrade project: CIP Project 17-M53; SPWD Contract No. 11363.				
		Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19211		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	ARCHITECTS + LLC	BONDS	\$317,500	Professional Service
		Contract Description: This is a new contract to provide professional architectural/engineering services for the Southern Desert Correctional Center Housing Unit 8 Renovation/Revitalization CIP project to include the refurbishment of the facility's plumbing and HVAC systems, door and controls, and building envelope and water system upgrades: CIP Project 17-C12; SPWD Contract No. 111361.	Term of Contract: 10/10/2017 - 06/30/2021	Contract # 19208		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	DG KOCH ASSOCIATES, LLC	BONDS	\$70,000	Professional Service
		Contract Description: This is a new contract to provide professional architectural/engineering services, to include construction documents and cost estimating, for the replacement of the hydronic heating and domestic water heat exchangers, associated pumps and piping at the Ely State Prison: CIP Project: 17-M28; SPWD Contract No. 111338.	Term of Contract: 10/10/2017 - 06/30/2021	Contract # 19190		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING	BONDS	\$112,185	Professional Service
		Contract Description: This is a new contract to provide professional architectural/engineering services for the Ely Conservation Camp Water System Facility project to include the installation of a new 160,000 gallon water storage tank and the reconditioning of the existing 70,000 gallon water tank: CIP Project: 17-M25; Contract No. 111354.	Term of Contract: 10/10/2017 - 06/30/2021	Contract # 19212		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	BONDS	\$447,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services, to include bidding and construction administration services, for the Northern Nevada Correctional Center ADA retrofit project: CIP Project: 17-C01; SPWD Contract No. 111337.				
		Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19183		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	VERUS ASSOCIATES NEVADA, LLC	BONDS	\$443,370	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services, to include design, construction administration and programming services, for the High Desert State Prison Phase 2 Door Control System Upgrade project: CIP Project No. 17-M02; SPWD Contract No. 111339.				
		Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19206		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ENGINEERING AND PLANNING	IROL OPERATIONS, INC.	FEE: INSPECTION	\$54,000	
	Contract Description:	This is the first amendment to the original contract that provides access and associated support services for a web based Inspection Report Management Software System. This amendment extends the termination date from December 01, 2018 to September 30, 2020 and increases the maximum amount from \$44,897 to \$98,897 to include cost for three years of annual system maintenance.				
		Term of Contract:	01/23/2017 - 12/01/2018	Contract # 18270		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	BLACK EAGLE CONSULTING, INC.	GENERAL	\$245,125	Professional Service
	Contract Description:	This is a new contract to provide material testing and inspection services for the Northern Nevada Veterans Home Project. CIP Project No. 15-C77; SPWD Contract No. 111291.				
		Term of Contract:	10/10/2017 - 06/30/2019	Contract # 19135		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MILITARY CIP PROJECTS - NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	BONDS	\$2,173,195	Professional Service
	Contract Description:	This is a new contract to provide professional architectural / engineering services, to include design development through contract administration documents and bidding services and construction administration services through the construction phase of the project, for the North Las Vegas Nevada National Guard Readiness Center: CIP Project: 17-C05; SPWD Contract No. 111356.				
		Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19160		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	BONDS	\$102,800	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services, to include schematic design through construction administration services, for the Stewart Facility Old Gym Roof Replacement and Seismic Stabilization project: CIP Project 17-C09; SPWD Contract No. 111365.				
		Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19221		
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - CULTURAL AFFAIRS CIP PROJECTS - NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	BONDS	\$81,700	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services required to complete bid documents and construction administration for the Stewart Indian School Cultural and Welcome Center project: CIP Project 17-C08; SPWD Contract No. 111360.				
		Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19218		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF MOTOR VEHICLES CIP PROJECTS - NON-EXEC	CORE CONSTRUCTION SERVICES OF NEVADA, INC.	BONDS	\$194,038	Professional Service
	Contract Description:	This is a new contract to provide Owner-Construction Manager at Risk Pre-Construction Services for the new South Reno Department of Motor Vehicles Facility: CIP Project No. 17-C04; SPWD Contract No. 111355.				
		Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19224		
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF MOTOR VEHICLES CIP PROJECTS - NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	BONDS	\$2,610,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering design services for the new South Reno Department of Motor Vehicles Facility: CIP Project No. 17-C04; SPWD Contract No. 111343.				
		Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19188		
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	APPLIED ENGINEERING CONSULTANT SERVICES	OTHER: VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services as needed for CIP Projects: SPWD Contract No. 111131.				
		Term of Contract:	10/10/2017 - 06/30/2019	Contract # 19126		
21.	300	DEPARTMENT OF EDUCATION - CAREER AND TECHNICAL EDUCATION	CAREER AND TECHNICAL EDUCATION CONSORTIUM OF STATES, INC.	GENERAL	\$1,122,000	Sole Source
	Contract Description:	This is the sixth amendment to the original contract to continue providing analysis, review, and development services to fully implement Nevada's state system of student career and technical skill standards and assessments. This amendment increases the maximum amount from \$1,020,400 to \$2,142,400 due to the continued need for these services and an updated scope of work.				
		Term of Contract:	08/13/2013 - 09/30/2021	Contract # 14665		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	300	DEPARTMENT OF EDUCATION - ASSESSMENTS AND ACCOUNTABILITY	ACT, INC.	FEDERAL	\$3,990,000	
	Contract Description:	This is the third amendment to the original contract to provide the College and Career Readiness Assessment to all pupils enrolled in grade 11 in public high schools and includes program management, test design, test administration, logistics, data processing, test scoring, data analysis and reporting. This amendment extends the termination date from October 31, 2017 to October 31, 2019 and increases the maximum amount from \$6,073,691 to \$10,063,691 due to the continued need for these services.				
	Term of Contract:	10/14/2014 - 10/31/2019	Contract # 16058			
23.	300	DEPARTMENT OF EDUCATION - ASSESSMENTS AND ACCOUNTABILITY	EMETRIC, LLC	FEDERAL	\$3,853,676	
	Contract Description:	This is a new contract that continues ongoing maintenance, support, and enhancement to the state's Longitudinal Data System called the Student Accountability Information Network. The department will align and unify the databases and reporting structures that feed various state and federal reports and reporting system. These are EdFacts, Nevada Report Card, Nevada School Performance Framework, Alternative Performance Framework, and Nevada Growth Model of Achievement. The department will further develop the Nevada Data Portal which is a graphic user interface that can access the various data sources and display selected information.				
	Term of Contract:	10/01/2017 - 09/30/2021	Contract # 19139			
24.	334	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - OFFICE OF HISTORIC PRESERVATION	FACILITIES MANAGEMENT, INC.	HIGHWAY	\$80,000	
	Contract Description:	This is a new contract to provide ongoing statewide historical marker maintenance.				
	Term of Contract:	10/10/2017 - 10/09/2019	Contract # 19137			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS - SCHOOL OF DENTAL MEDICINE	OTHER: REVENUE	\$604,950	Exempt
	Contract Description:	This is a new revenue interlocal agreement that allows the division to receive funds to pay the supplemental payments of the higher costs incurred by practitioners who are associated with the training/teaching program for outpatient services.				
		Term of Contract:	07/01/2017 - 06/30/2022	Contract # 19035		
26.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY	OTHER: REVENUE	\$30,051,244	Exempt
	Contract Description:	This is a new revenue interlocal agreement that continues intergovernmental transfers for the voluntary contributions calculated on the inpatient, outpatient and graduate medical education hospital services for the non-state publically owned and operated hospitals and also includes managed care organization enhancements.				
		Term of Contract:	07/01/2017 - 06/30/2018	Contract # 19085		
27.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY	OTHER: REVENUE	\$50,960,316	Exempt
	Contract Description:	This is a new revenue interlocal agreement to receive funds to support and fund the state's share of the supplemental Disproportionate Share Hospital program for hospitals that serve a disproportionate share of uninsured, indigent and Medicaid patients pursuant to NRS 422.382.				
		Term of Contract:	07/01/2017 - 06/30/2018	Contract # 19086		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	WASHOE COUNTY DEPARTMENT OF SENIOR SERVICES	FEDERAL	\$3,174,935	Exempt
	Contract Description:	This is a new interlocal agreement which provides Adult Day Health Care services to eligible recipients and allows for administrative claiming which supports personal independence of older adults and promotes their social, physical and emotional well-being.				
		Term of Contract:	07/01/2017 - 06/30/2022	Contract # 19092		
29.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – MEDICAID AND DIVISION OF WELFARE AND SUPPORTIVE SERVICES	CLARK COUNTY SOCIAL SERVICES	OTHER: REVENUE	\$36,333,347	Exempt
	Contract Description:	This is a new revenue interlocal agreement that continues ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match Program provides federal matching funds for indigent long-term care costs when the indigent is Medicaid eligible.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19124		
30.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – MEDICAID AND DIVISION OF WELFARE AND SUPPORTIVE SERVICES	DOUGLAS COUNTY SOCIAL SERVICES	OTHER: REVENUE	\$864,079	Exempt
	Contract Description:	This is a new revenue interlocal agreement that continues ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match Program provides federal matching funds for indigent long-term care costs when the indigent is Medicaid eligible.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19083		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
31.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	ELKO COUNTY OBO ELKO COUNTY AMBULANCE SERVICE	OTHER: COUNTY 35.3% FEDERAL 64.7%	\$6,919,577	Exempt
	Contract Description:	This is a new interlocal agreement to provide Certified Public Expenditure reimbursement methodology for emergency transportation to Medicaid recipients. This interlocal defines the reporting requirements by the entity in order to receive this type of reimbursement methodology. The contractor will provide services and bill the Medicaid fiscal agent for services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.				
		Term of Contract:	10/01/2015 - 06/30/2018	Contract # 19157		
32.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID AND DIVISION OF WELFARE AND SUPPORTIVE SERVICES	WHITE PINE COUNTY SOCIAL SERVICES	OTHER: REVENUE	\$441,288	Exempt
	Contract Description:	This is a new revenue interlocal agreement that continues ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. Pursuant to NRS 428.010, counties are required to provide medical care to indigent persons who reside in the county. The County Match Program provides federal matching funds for indigent long-term care costs when the indigent is Medicaid eligible.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19168		
33.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - HEALTH FACILITIES HOSPITAL LICENSING	NEVADA STATE BOARD OF NURSING	FEDERAL	\$926,100	
	Contract Description:	This is the second amendment to the original interlocal agreement which provides ongoing program development to regulate nursing assistants employed in nursing facilities and home health agencies. This amendment increases the maximum amount from \$463,050 to \$1,389,150 due to the continued need for these services.				
		Term of Contract:	07/01/2015 - 06/30/2021	Contract # 16829		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - CHRONIC DISEASE	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS	FEE: RADIOLOGICAL	\$430,033	
	Contract Description:	This is a new interlocal agreement to provide ongoing funding for an academic faculty member to act and serve as the State Dental Health Officer as set forth in NRS 439.272.				
		Term of Contract:	10/01/2017 - 06/30/2019	Contract # 19237		
35.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - WELFARE FIELD SERVICES AND DEPARTMENT OF ADMINISTRATION - PURCHASING	OPPORTUNITY VILLAGE ASSOCIATION	GENERAL 30% FEDERAL 70%	\$7,200,000	
	Contract Description:	This is a new contract to provide services for electronic scanning, indexing, and mail lockbox services.				
		Term of Contract:	10/10/2017 - 06/30/2021	Contract # 19242		
36.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	DOUGLAS COUNTY	OTHER: REVENUE	\$763,541	Exempt
	Contract Description:	This is a new revenue interlocal agreement that continues ongoing child protective services pursuant to NRS 432B.326.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 18835		
37.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	CORECIVIC, INC.	GENERAL	\$9,292,456	
	Contract Description:	This is a new contract to provide out-of-state correctional beds to ease overcrowding.				
		Term of Contract:	10/11/2017 - 06/30/2019	Contract # 19161		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
38.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOOD PROGRAM	ADVANCE PIERRE FOODS, INC.	FEDERAL	\$58,800	
	Contract Description:	This is the first amendment to the original contract which provides breakfast and lunch products for the National School Lunch Program using USDA commodities as ingredients. This amendment increases the maximum amount from \$441,200 to \$500,000 due to the increase in school orders.				
		Term of Contract:	10/01/2016 - 09/30/2018	Contract # 17996		
39.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOOD PROGRAM	ASIAN FOOD SOLUTIONS	FEDERAL	\$361,100	
	Contract Description:	This is the first amendment to the original contract which provides breakfast and lunch products for the National School Lunch Program using USDA commodities as ingredients. This amendment increases the maximum amount from \$361,100 to \$1,050,000 due to the increase in school orders.				
		Term of Contract:	10/01/2016 - 09/30/2018	Contract # 17999		
40.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOOD PROGRAM	JENNIE-O TURKEY STORE SALES, LLC	FEDERAL	\$75,300	
	Contract Description:	This is the second amendment to the original contract which provides breakfast and lunch products for the National School Lunch Program using USDA commodities as ingredients. This amendment increases the maximum amount from \$249,700 to \$325,000 due to the increase in school orders.				
		Term of Contract:	10/01/2016 - 09/30/2018	Contract # 18004		
41.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOOD PROGRAM	TYSON PREPARED FOODS, INC.	FEDERAL	\$425,600	
	Contract Description:	This is the second amendment to the original contract which provides breakfast and lunch products for the National School Lunch Program using USDA commodities as ingredients. This amendment increases the maximum amount from \$4,574,400 to \$5,000,000 due to the increase in school orders.				
		Term of Contract:	10/01/2016 - 09/30/2018	Contract # 18023		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
42.	611	GAMING CONTROL BOARD	CIBER GLOBAL, LLC	GENERAL	\$2,216,498	
	Contract Description:	This is the fourth amendment to the original contract which continues ongoing assistance in developing custom applications to replace the Board's current Digital Equipment Corp/Virtual Memory System, which is a Common Business Oriented Language system. This amendment extends the termination date from March 31, 2018 to March 31, 2022 and increases the maximum amount from \$6,039,535 to \$8,256,033 to continue the project.				
		Term of Contract:	03/11/2014 - 03/31/2022	Contract # 15317		
43.	658	DEPARTMENT OF PUBLIC SAFETY - HIGHWAY SAFETY PLAN AND ADMINISTRATION	KIMLEY HORN & ASSOCIATES, INC.	HIGHWAY 60% FEDERAL 40%	\$500,000	
	Contract Description:	This is a new contract to provide consultant services, to include managerial, planning and technical services, in support of the development and maintenance of the Nevada Highway Safety Plan.				
		Term of Contract:	10/10/2017 - 09/30/2021	Contract # 19215		
44.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	EL AERO SERVICES, LLC	FEE: HABITAT CONSERVATION 25% FEDERAL 75%	\$500,000	
	Contract Description:	This is a new contract to provide helicopter services, pilots and associated services to assist in wildlife survey and inventory, transporting externally loaded materials, performing animal capture, fish planting and aerial application of seed and herbicide.				
		Term of Contract:	10/10/2017 - 10/31/2021	Contract # 19130		
45.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	KIWI AIR, LLC	FEE: HABITAT CONSERVATION 25% FEDERAL 75%	\$500,000	
	Contract Description:	This is a new contract to provide helicopter services, pilots and associated services to assist in wildlife survey and inventory, transporting externally loaded materials, performing animal capture, fish planting and aerial application of seed and herbicide.				
		Term of Contract:	10/10/2017 - 10/31/2021	Contract # 19129		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
46.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	QUICKSILVER AIR, INC.	OTHER: GAME DONATIONS & HERITAGE TAG AUCTIONS 50% FEDERAL 50%	\$1,300,000	
	Contract Description:	This is the second amendment to the original contract which provides aerial wildlife capture and transport services for disease surveillance, deployment of tracking devices, translocation of big game and to support research projects statewide. This amendment increases the maximum amount from \$300,000 to \$1,600,000 due to the addition of mountain goat to the fee schedule and stipulations to the scope of work over the next three capture seasons.				
		Term of Contract:	10/11/2016 - 06/30/2020	Contract # 18121		
47.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	REEDER FLYING SERVICE, INC.	FEE: HABITAT CONSERVATION 25% FEDERAL 75%	\$500,000	
	Contract Description:	This is a new contract to provide helicopter services, pilots and associated services to assist in wildlife survey and inventory, transporting externally loaded materials, performing animal capture, fish planting and aerial application of seed and herbicide.				
		Term of Contract:	10/10/2017 - 10/31/2021	Contract # 19131		
48.	702	DEPARTMENT OF WILDLIFE - HABITAT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	\$25,000	
	Contract Description:	This is the second amendment to the original contract which provides financial support and technical assistance to increase available resources for plant species identification. This amendment extends the termination date from December 31, 2017 to December 31, 2018 and increases the maximum amount from \$49,350 to \$74,350 due to the continued need for these services.				
		Term of Contract:	12/14/2015 - 12/31/2018	Contract # 17311		
49.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	LYON COUNTY ROAD DIVISION	GENERAL 20% HIGHWAY 80%	\$100,000	
	Contract Description:	This is a new interlocal agreement to provide road maintenance for portions of roads and associated culverts for Walker River State Recreation Area.				
		Term of Contract:	10/10/2017 - 06/30/2019	Contract # 19136		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
50.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	SUMMIT PLUMBING CO., LLC DBA SUMMIT SEPTIC SEWER & DRAIN	FEE: UTILITY CHARGE	\$90,000	
	Contract Description:	This is a new contract for on call plumbing, pumping and portable toilet services for State Parks in the Tahoe Basin.				
		Term of Contract:	10/10/2017 - 06/30/2020	Contract # 19167		
51.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - USGS CO-OP-NON-EXEC	U.S. DEPARTMENT OF THE INTERIOR, GEOLOGICAL SURVEY	OTHER: BASIN FUNDS 63% FEDERAL 37%	\$415,560	
	Contract Description:	This is a new joint funding agreement for ongoing monitoring of a hydrology program for water resources in Southern and Eastern Nevada.				
		Term of Contract:	10/01/2017 - 09/30/2018	Contract # 19166		
52.	709	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - AIR QUALITY	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEE: VIOLATION PENALTIES	\$70,000	
	Contract Description:	This is the fourth amendment to the interlocal agreement to develop, implement and monitor the Wood Stove Change-Out Program. This amendment increases the maximum amount from \$339,000 to \$409,000 due to increased interest in program participation.				
		Term of Contract:	09/10/2013 - 09/30/2018	Contract # 14805		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
53.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – OBO TRUCKEE MEADOWS COMMUNITY COLLEGE	FEDERAL	\$191,401	Exempt
		<p>Contract Description: This is the first amendment to the interlocal agreement that provides support to the CareerConnect program. The CareerConnect Program focuses on serving students with disabilities who are attending college with academic preparation and job skills necessary to successfully obtain and maintain employment. This amendment increases the maximum amount from \$794,483 to \$985,884 due to TMCC's ability to provide additional funds to the program, updating/revising the Scope of Work and the Service and Certified Expenditure Budgets.</p>				
		Term of Contract:	07/01/2017 - 06/30/2020	Contract # 18573		
54.	950	PUBLIC EMPLOYEES BENEFITS PROGRAM	HEALTHSCOPE BENEFITS, INC.	OTHER: 67% PREMIUM REVENUE 33% STATE SUBSIDY	\$1,376,000	
		<p>Contract Description: This is the second amendment to the existing contract for dental claims administration. This amendment extends the termination date from June 30, 2020 to June 30, 2022 at the fiscal year 2018 rates and increases the maximum amount from \$4,724,000 to \$6,100,000 due to the continued need for these services.</p>				
		Term of Contract:	07/09/2013 - 06/30/2022	Contract # 14574		
55.	950	PUBLIC EMPLOYEES BENEFITS PROGRAM	HEALTHSCOPE BENEFITS, INC.	OTHER: 67% PREMIUM REVENUE 33% STATE SUBSIDY	\$16,500,000	
		<p>Contract Description: This is the third amendment to the existing contract to provide third party administrator services. This amendment extends the termination date from June 30, 2020 to June 30, 2022 at the fiscal year 2018 rates; increases the maximum amount from \$46,100,000 to \$62,600,000; includes new performance guarantees and penalties; and a new fee schedule including a \$2,500,000 allowance for work order requests for cost saving strategy initiatives over the next five plan years.</p>				
		Term of Contract:	02/08/2011 - 06/30/2022	Contract # 11825		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
	950	PUBLIC EMPLOYEES BENEFITS PROGRAM	STANDARD INSURANCE COMPANY	OTHER: 67% PREMIUM REVENUE 33% STATE SUBSIDY	\$48,805,495	
56.	Contract Description:	This is the second amendment to the existing contract to provide group basic life insurance and long term disability insurance to eligible participants. This amendment extends the termination date from June 30, 2018 to June 30, 2022, updates the fee schedule with reduced fees for fiscal years 2019 through 2022 and increases the maximum amount from \$46,194,505 to \$95,000,000 due to the continued need for these services.				
	Term of Contract:	07/01/2013 - 06/30/2022	Contract # 14276			

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19223**

Agency Name: OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY	Legal Entity Name: TEL/LOGIC, INC. dba E-Rate Central
Agency Code: 014	Contractor Name: TEL/LOGIC, INC. dba E-Rate Central
Appropriation Unit: 1003-11	Address: E-RATE CENTRAL 400 POST AVENUE SUITE 400
Is budget authority available?: Yes	City/State/Zip: WESTBURY, NY 11590-2291
If "No" please explain: Not Applicable	Contact/Phone: 516-801-7803
	Vendor No.: T29039669
	NV Business ID: NV20171445786

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

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

Agency Reference #: RFP #3470 ASD 2554444

2. Contract start date:

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

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **1 year and 263 days**

4. Type of contract: **Contract**

Contract description: **Broadband Consulting**

5. Purpose of contract:

This is a new contract to provide broadband technical, project management and consulting services to support the goals of coordination and oversight of activities in Nevada related to planning, mapping and procurement of broadband service.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,099,448.88**

Other basis for payment: As invoiced by the Contractor and approved by the State. Inclusive in pricing is the following; all airfare to and from Carson City; lodging and meals in Carson City; ground transportation in Carson City at GSA rates; office space and all other administrative expenses in Carson City. The State of Nevada will not be billed for additional hours for any listed task or deliverable for the term of the contract.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 223.610 requires OSIT to coordinate activities in the State relating to the planning, mapping, and procurement of broadband service.

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

The State lacks the expertise to carry out the work contemplated in this contract.

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):

Kimley-Horn and Assoc., Inc.
NetBinder LLC
Tel/Logic
Arizona Nevada Tower Corporation

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3470, and in accordance with NRS 333, the selected vendor was the highest scoring proposed as determined by an independently appointed evaluation committee.

d. Last bid date: 07/06/2017 Anticipated re-bid date: 02/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/06/2017 13:01:16 PM
Division Approval	ssands	09/06/2017 13:01:19 PM
Department Approval	ssands	09/06/2017 13:01:23 PM
Contract Manager Approval	ssands	09/06/2017 13:01:26 PM
Budget Analyst Approval	sbrown	09/15/2017 13:42:59 PM
BOE Agenda Approval	sbrown	09/15/2017 13:43:43 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18933**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: Washoe County Forensic Lab
Agency Code: 030	Contractor Name: Washoe County Forensic Lab
Appropriation Unit: 1031-14	Address: Washoe County Sheriffs Office
Is budget authority available?: No	911 Parr Blvd
If "No" please explain: Work Program C39793 expected to be heard at the August IFC.	City/State/Zip: Reno, NV 89512-1000
	Contact/Phone: 775-328-2800
	Vendor No.: T40283400 R
	NV Business ID: Government agency

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

<input checked="" type="checkbox"/> General Funds	69.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	31.00 % Settlement funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/10/2017**
Anticipated BOE meeting date 08/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **1 year and 263 days**

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

Contract description: **SAKI testing**

5. Purpose of contract:

This is a new interlocal agreement to provide funding for personnel and supplies to increase the forensic lab capacity and for the outsourcing of sexual assault kit testing.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,641,617.00**

Other basis for payment: Reimbursable for actual costs, not to exceed \$1,641,617.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Law Enforcement has a backlog of untested sexual assault kits. Completing testing of these kits may result in an increased number of convictions in sexual assault and rape cases.

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

State agencies are not able to do this work due to the sheer volume of backlogged untested sexual assault kits.

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. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

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

No

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

No

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

No If "Yes", please explain

13. 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:

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

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

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Nick Trutanich, AG Chief of Staff Ph: null
null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	08/25/2017 09:15:39 AM
Division Approval	cschon1	08/25/2017 09:15:41 AM
Department Approval	cschon1	08/25/2017 09:15:43 AM
Contract Manager Approval	cschon1	08/25/2017 09:15:45 AM
Budget Analyst Approval	myoun3	08/30/2017 11:04:09 AM
BOE Agenda Approval	lfree1	09/18/2017 16:14:51 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: **14657** Amendment Number: **3**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **ACCURATE BUILDING MAINTENANCE**

Agency Code: **082** Contractor Name: **ACCURATE BUILDING MAINTENANCE**

Appropriation Unit: **1349-12** Address: **LLC**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89102-7819**

If "No" please explain: **Not Applicable** Contact/Phone: **702/220-8180**

Vendor No.: **T81039103**

NV Business ID: **NV19991074849**

To what State Fiscal Year(s) will the contract be charged? **2014-2018**

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

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

Agency Reference #: **RFP#3017**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/31/2013**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **11/30/2017**

Contract term: **4 years and 92 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is the third amendment to the original contract which provides janitorial services to the Department of Motor Vehicles located at 2621 East Sahara Avenue, Las Vegas. This amendment increases the maximum amount from \$369,572 to \$409,572 in order to have sufficient funds available to continue needed janitorial services for this facility while the Purchasing Division implements its new janitorial contracting guidelines and procedures.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$320,572.00	\$320,572.00	\$320,572.00	Yes - Action
a. Amendment 1:	\$49,000.00	\$49,000.00	\$49,000.00	Yes - Info
b. Amendment 2:	\$0.00	\$0.00	\$49,000.00	No
2. Amount of current amendment (#3):	\$40,000.00	\$40,000.00	\$89,000.00	Yes - Action
3. New maximum contract amount:	\$409,572.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings must be kept clean for the safety of the public and State employees.

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

Lack of manpower.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3017, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This is the current vendor for janitorial services for multiple buildings in Las Vegas and has provided satisfactory service.

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/05/2017 14:36:50 PM
Division Approval	ssands	09/05/2017 14:36:56 PM
Department Approval	ssands	09/05/2017 14:37:02 PM
Contract Manager Approval	ssands	09/05/2017 14:37:07 PM
Budget Analyst Approval	jrodrig9	09/19/2017 10:19:06 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17977** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **Enterprise Janitorial, Inc.**

Agency Code: **082** Contractor Name: **Enterprise Janitorial, Inc.**

Appropriation Unit: **1349-12** Address: **PO BOX 19913**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89511**

If "No" please explain: **Not Applicable** Contact/Phone: **775-691-2939**

To what State Fiscal Year(s) will the contract be charged? **2017-2021** Vendor No.: **T32003728A**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. NV Business ID: **NV20141642364**

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2016**

Anticipated BOE meeting date: **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/01/2020**

Contract term: **4 years and 32 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides emergency janitorial services upon request. This amendment increases the maximum amount from \$25,000 to \$60,000 due to greater than anticipated demand and continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$25,000.00	\$25,000.00	\$25,000.00	Yes - Info
2. Amount of current amendment (#1):	\$35,000.00	\$35,000.00	\$60,000.00	Yes - Action
3. New maximum contract amount:	\$60,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Buildings and Grounds has experienced situations of need for emergency janitorial service. Coverage until a contract for a building is put in place (terminated contracts warrant this need). Clean ups in buildings where current vendor cannot accommodate. Vendor does not have an employee able to return to buildings. The emergency vendor will be used and Buildings and Grounds must have an avenue to accommodate the clean and sanitary needs of buildings within their jurisdiction as stated in NRS 331.100

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

Buildings & Grounds does not have the manpower to adequately provide this service

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor had the best pricing for this contract.

d. Last bid date: 06/01/2016 Anticipated re-bid date: 04/01/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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, Buildings and Grounds, work is good.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	08/30/2017 11:36:17 AM
Division Approval	ssands	08/30/2017 11:36:22 AM
Department Approval	ssands	08/30/2017 11:36:29 AM
Contract Manager Approval	ssands	08/30/2017 11:36:35 AM
Budget Analyst Approval	jrodrig9	08/31/2017 20:12:33 PM
BOE Agenda Approval	pnicks	09/14/2017 14:00:41 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19226**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: TATE SNYDER KIMSEY ARCHITECTS LTD DBA TSK ARCHITECTS
Agency Code: 082	Contractor Name: TATE SNYDER KIMSEY ARCHITECTS LTD DBA TSK ARCHITECTS
Appropriation Unit: 1510-68	Address: DBA TSK ARCHITECTS 314 S WATER ST
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89015-7311
If "No" please explain: Not Applicable	Contact/Phone: MIKE PURTILL 702-456-3000
	Vendor No.: T80883470
	NV Business ID: NV19821003232

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

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

Agency Reference #: 111369

2. Contract start date:

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

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 264 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the design and construction administration services for the University of Nevada, Las Vegas, Nevada School of Medicine, Medical Education Building CIP project: CIP Project No. 17-C15; SPWD Contract No. 111369.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,400,330.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP

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

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

SPWD, currently and/or in the past for various amounts with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Robbie Oxoby, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	09/05/2017 15:11:49 PM
Division Approval	amarangi	09/05/2017 15:11:52 PM
Department Approval	amarangi	09/05/2017 15:11:55 PM
Contract Manager Approval	amarangi	09/05/2017 15:11:57 PM
Budget Analyst Approval	jrodrig9	09/12/2017 21:13:27 PM
BOE Agenda Approval	pnicks	09/14/2017 14:01:54 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17432** Amendment Number: **2**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **CIVILWORKS, INC.**

Agency Code: **082** Contractor Name: **CIVILWORKS, INC.**

Appropriation Unit: **1535-18** Address: **4945 W PATRICK LN**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89118-2858**

If "No" please explain: **Not Applicable** Contact/Phone: **Brandon Potts 702-534-1816**

Vendor No.: **T29033909**

NV Business ID: **NV19941047730**

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

Agency Reference #: 109974

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/29/2016**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **3 years and 152 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is the second amendment to the original contract that provides professional architectural/engineering services for the sanitary sewer rehabilitation projects at the Southern Nevada Adult Mental Health Services, Southern Nevada Child and Adolescent Services main campus and the Desert Regional Center: CIP Project No 15-M14; SPWD Contract No. 109974. This amendment increases the maximum amount from \$47,560 to \$70,535 due to the need for additional architectural, structure, electrical and trunk line plumbing design services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$23,840.00	\$23,840.00	\$23,840.00	Yes - Info
a. Amendment 1:	\$23,720.00	\$23,720.00	\$47,560.00	Yes - Info
2. Amount of current amendment (#2):	\$22,975.00	\$22,975.00	\$70,535.00	Yes - Action
3. New maximum contract amount:	\$70,535.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

SPWD, currently and/or in the past for various amounts with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	08/21/2017 08:50:07 AM
Division Approval	amarangi	08/21/2017 08:50:14 AM
Department Approval	amarangi	08/21/2017 08:50:19 AM
Contract Manager Approval	amarangi	08/21/2017 08:50:23 AM
Budget Analyst Approval	jrodrig9	08/23/2017 14:38:06 PM
BOE Agenda Approval	pnicks	08/25/2017 08:56:50 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19211**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: VERUS ASSOCIATES NEVADA, LLC
Agency Code: 082	Contractor Name: VERUS ASSOCIATES NEVADA, LLC
Appropriation Unit: 1535-42	Address: 9210 Prototype Drive Suite 101
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89521
If "No" please explain: Not Applicable	Contact/Phone: Don Mewes 775-870-1004
	Vendor No.: T29038999A
	NV Business ID: NV20161620968

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

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

Agency Reference #: 111363

2. Contract start date:

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

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 264 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Rawson Neal Psychiatric Hospital Access Door Controls Upgrade project: CIP Project 17-M53; SPWD Contract No. 11363.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$108,949.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

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

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	09/13/2017 08:36:20 AM
Division Approval	lmars1	09/13/2017 08:36:27 AM
Department Approval	lmars1	09/13/2017 08:36:30 AM
Contract Manager Approval	lmars1	09/13/2017 08:36:34 AM
Budget Analyst Approval	jrodrig9	09/14/2017 10:49:18 AM
BOE Agenda Approval	pnicks	09/14/2017 13:37:55 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19208**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: ARCHITECTS + LLC
Agency Code: 082	Contractor Name: ARCHITECTS + LLC
Appropriation Unit: 1550-51	Address: 35 MARTIN ST
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509-2825
If "No" please explain: Not Applicable	Contact/Phone: 775/329-8001
	Vendor No.: T80870250
	NV Business ID: NV20001117428

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

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

Agency Reference #: 111361

2. Contract start date:

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

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 264 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Southern Desert Correctional Center Housing Unit 8 Renovation/Revitalization CIP project to include the refurbishment of the facility's plumbing and HVAC systems, door and controls, and building envelope and water system upgrades: CIP Project 17-C12; SPWD Contract No. 111361.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$317,500.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

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

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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

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

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

Not Applicable

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

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

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

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

19. Agency Field Contract Monitor:
Darin, John, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	08/31/2017 13:06:43 PM
Division Approval	Imars1	08/31/2017 13:06:47 PM
Department Approval	Imars1	08/31/2017 13:06:50 PM
Contract Manager Approval	Imars1	08/31/2017 13:06:53 PM
Budget Analyst Approval	jrodrig9	09/12/2017 21:21:38 PM
BOE Agenda Approval	pnicks	09/14/2017 13:52:22 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19190**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: DG KOCH ASSOCIATES LLC
Agency Code: 082	Contractor Name: DG KOCH ASSOCIATES LLC
Appropriation Unit: 1550-62	Address: 2920 S JONES BLVD. SUITE 100
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89146-5394
If "No" please explain: Not Applicable	Contact/Phone: 702-221-5160
	Vendor No.: T29026336
	NV Business ID: NV20061487757

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

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

Agency Reference #: 111338

2. Contract start date:

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

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 264 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services, to include construction documents and cost estimating, for the replacement of the hydronic heating and domestic water heat exchangers, associated pumps and piping at the Ely State Prison: CIP Project: 17-M28; SPWD Contract No. 111338.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$70,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

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

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Nipp, Bruce, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	08/30/2017 14:36:24 PM
Division Approval	Imars1	08/30/2017 14:36:27 PM
Department Approval	Imars1	08/30/2017 14:36:30 PM
Contract Manager Approval	Imars1	08/30/2017 14:36:33 PM
Budget Analyst Approval	jrodrig9	08/31/2017 20:01:10 PM
BOE Agenda Approval	pnicks	09/14/2017 13:56:15 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19212**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION Agency Code: 082 Appropriation Unit: 1550-61 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING Contractor Name: FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING Address: 5510 Longley Lane City/State/Zip: Reno, NV 89511 Contact/Phone: Greg Lyman 775-851-4788 Vendor No.: T81102795A NV Business ID: NV20011242988
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To what State Fiscal Year(s) will the contract be charged? **2018-2021**
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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

Agency Reference #: 111354

2. Contract start date:

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

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**
 Contract term: **3 years and 264 days**

4. Type of contract: **Contract**
 Contract description: **Arch/Eng**

5. Purpose of contract:
This is a new contract to provide professional architectural/engineering services for the Ely Conservation Camp Water System Facility project to include the installation of a new 160,000 gallon water storage tank and the reconditioning of the existing 70,000 gallon water tank: CIP Project: 17-M25; Contract No. 111354.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$112,185.00**
 Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?
 2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
 Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	08/31/2017 14:19:32 PM
Division Approval	Imars1	08/31/2017 14:19:36 PM
Department Approval	Imars1	08/31/2017 14:19:40 PM
Contract Manager Approval	Imars1	08/31/2017 14:19:43 PM
Budget Analyst Approval	jrodrig9	09/12/2017 21:35:26 PM
BOE Agenda Approval	pnicks	09/14/2017 13:49:33 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: **19183**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.
Agency Code:	082	Contractor Name:	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.
Appropriation Unit:	1550 - All Categories	Address:	ARCHITECTS INC 5485 RENO CORPORATE DR STE 100 RENO, NV 89511-2262
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89511-2262
If "No" please explain:	Not Applicable	Contact/Phone:	775/332-6640
		Vendor No.:	T80984709
		NV Business ID:	NV19941047730

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

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

Agency Reference #: 111337

2. Contract start date:

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

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 264 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services, to include bidding and construction administration services, for the Northern Nevada Correctional Center ADA retrofit project: CIP Project: 17-C01; SPWD Contract No. 111337.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$447,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

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

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Rife, Michael, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	08/30/2017 09:50:12 AM
Division Approval	lmars1	08/30/2017 09:50:16 AM
Department Approval	lmars1	08/30/2017 09:50:21 AM
Contract Manager Approval	lmars1	08/30/2017 09:50:24 AM
Budget Analyst Approval	jrodrig9	08/31/2017 20:05:22 PM
BOE Agenda Approval	pnicks	09/14/2017 13:54:57 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: **19206**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: VERUS ASSOCIATES NEVADA, LLC
Agency Code: 082	Contractor Name: VERUS ASSOCIATES NEVADA, LLC
Appropriation Unit: 1550-52	Address: 9210 Prototype Drive SUITE 101
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89521
If "No" please explain: Not Applicable	Contact/Phone: Don Mewes 775-870-1004
	Vendor No.: T29038999A
	NV Business ID: NV20161620968

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

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

Agency Reference #: 111339

2. Contract start date:

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

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 264 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services, to include design, construction administration and programming services, for the High Desert State Prison Phase 2 Door Control System Upgrade project: CIP Project No. 17-M02; SPWD Contract No. 111339.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$443,370.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

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

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	08/31/2017 12:48:30 PM
Division Approval	Imars1	08/31/2017 12:48:33 PM
Department Approval	Imars1	08/31/2017 12:48:37 PM
Contract Manager Approval	Imars1	08/31/2017 12:48:40 PM
Budget Analyst Approval	jrodrig9	09/14/2017 13:41:13 PM
BOE Agenda Approval	pnicks	09/14/2017 13:48:03 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18270** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **IROL OPERATIONS, INC.**

Agency Code: **082** Contractor Name: **IROL OPERATIONS, INC.**

Appropriation Unit: **1562-26** Address: **197 POPLAR PL. SUITE 5**

Is budget authority available?: **Yes** City/State/Zip: **NORTH AUROA, IL 60504**

If "No" please explain: **Not Applicable** Contact/Phone: **DAVE DONKA 331-454-7800**

Vendor No.: **T27039904**

NV Business ID: **NV20161241265**

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/23/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/01/2018**

Contract term: **1 year and 312 days**

4. Type of contract: **Contract**

Contract description: **Reports software**

5. Purpose of contract:

This is the first amendment to the original contract that provides access and associated support services for a web based Inspection Report Management Software System. This amendment extends the termination date from December 01, 2018 to September 30, 2020 and increases the maximum amount from \$44,897 to \$98,897 to include cost for three years of annual system maintenance.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$44,897.00	\$44,897.00	\$44,897.00	Yes - Info
2. Amount of current amendment (#1):	\$54,000.00	\$54,000.00	\$98,897.00	Yes - Action
3. New maximum contract amount:	\$98,897.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

IROL is a web-based inspection report management software system that will streamline the form review and in-house inspection processes. All of which will improve productivity, communication and compliance, all will benefit the agency and the State.

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

IROL is a third party reporting service for creating, managing, sharing inspection reports online.

- 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?
 IROL was the most cost effective and accommodating to the needs of the agency.

d. Last bid date: 04/01/2016 Anticipated re-bid date: 02/01/2018

- 10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

- 13. 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

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

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

Not Applicable

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

- 16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	09/05/2017 10:39:40 AM
Division Approval	amarangi	09/05/2017 10:39:44 AM
Department Approval	amarangi	09/05/2017 10:39:48 AM
Contract Manager Approval	amarangi	09/05/2017 10:39:52 AM
EITS Approval	lolso3	09/07/2017 16:34:51 PM
Budget Analyst Approval	sbrown	09/15/2017 15:57:20 PM
BOE Agenda Approval	sbrown	09/15/2017 15:57:25 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **19135**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: BLACK EAGLE CONSULTING, INC.
Agency Code: 082	Contractor Name: BLACK EAGLE CONSULTING, INC.
Appropriation Unit: 1567 - All Categories	Address: 1345 CAPITAL BLVD. SUITE A
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-7140
If "No" please explain: Not Applicable	Contact/Phone: David Russell 775-359-6600
	Vendor No.: T27002047
	NV Business ID: NV19971293847

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

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

Agency Reference #: 111291

2. Contract start date:

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

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2019**Contract term: **1 year and 263 days**4. Type of contract: **Contract**Contract description: **Materials Testing**

5. Purpose of contract:

This is a new contract to provide material testing and inspection services for the Northern Nevada Veterans Home Project. CIP Project No. 15-C77; SPWD Contract No. 111291.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$245,125.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

Materials & Inspection Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature

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

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

Not Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Ron Crook, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	08/21/2017 09:43:54 AM
Division Approval	amarangi	08/21/2017 09:43:56 AM
Department Approval	amarangi	08/21/2017 09:58:18 AM
Contract Manager Approval	amarangi	08/21/2017 09:58:20 AM
Budget Analyst Approval	jrodrig9	08/29/2017 14:06:22 PM
BOE Agenda Approval	sbrown	09/13/2017 12:48:51 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **19160**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.
Agency Code:	082	Contractor Name:	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.
Appropriation Unit:	1577 - All Categories	Address:	DBA H&K Architects 5485 RENO CORPORATE DR STE 100 RENO, NV 89511-2262
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89511-2262
If "No" please explain:	Not Applicable	Contact/Phone:	Jeff@hkarchitects.com 775-332-6640
		Vendor No.:	T80984709
		NV Business ID:	NV19941047730

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

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

Agency Reference #: 111356

2. Contract start date:

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

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2021**Contract term: **3 years and 264 days**4. Type of contract: **Contract**Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural / engineering services, to include design development through contract administration documents and bidding services and construction administration services through the construction phase of the project, for the North Las Vegas Nevada National Guard Readiness Center: CIP Project: 17-C05; SPWD Contract No. 111356.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,173,195.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP

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

Professional architectural/engineering services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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

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

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

Not Applicable

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

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

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

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

19. Agency Field Contract Monitor:
Ron Crook, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	08/24/2017 16:45:17 PM
Division Approval	amarangi	08/24/2017 16:45:19 PM
Department Approval	amarangi	08/24/2017 16:45:22 PM
Contract Manager Approval	amarangi	08/24/2017 16:45:25 PM
Budget Analyst Approval	jrodrig9	08/31/2017 20:22:31 PM
BOE Agenda Approval	pnicks	09/14/2017 13:58:52 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: **19221**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	Contractor Name: HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.
Agency Code: 082	Address: DBA H&K ARCHITECTS	5485 RENO CORPORATE DR STE 100
Appropriation Unit: 1590-73	City/State/Zip: RENO, NV 89511-2262	
Is budget authority available?: Yes	Contact/Phone: Max Hershenow 775-332-6640	Vendor No.: T80984709
If "No" please explain: Not Applicable	NV Business ID: NV19941047730	

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

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

Agency Reference #: 111365

2. Contract start date:

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

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 264 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services, to include schematic design through construction administration services, for the Stewart Facility Old Gym Roof Replacement and Seismic Stabilization project: CIP Project 17-C09; SPWD Contract No. 111365.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$102,800.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

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

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Nalley, Kirsten, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	09/01/2017 12:06:15 PM
Division Approval	Imars1	09/01/2017 12:06:19 PM
Department Approval	Imars1	09/01/2017 12:06:22 PM
Contract Manager Approval	Imars1	09/01/2017 12:06:27 PM
Budget Analyst Approval	jrodrig9	09/12/2017 21:49:52 PM
BOE Agenda Approval	sbrown	09/15/2017 15:00:10 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19218**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION Agency Code: 082 Appropriation Unit: 1592 - All Categories Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC. Contractor Name: HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC. Address: DBA H&K ARCHITECTS 5485 RENO CORPORATE DR STE 100 RENO, NV 89511-2262 City/State/Zip: RENO, NV 89511-2262 Contact/Phone: 775-332-6640 Vendor No.: T80984709 NV Business ID: NV19941047730
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To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

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

Agency Reference #: 111360

2. Contract start date:

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

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 264 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services required to complete bid documents and construction administration for the Stewart Indian School Cultural and Welcome Center project: CIP Project 17-C08; SPWD Contract No. 111360.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$81,700.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

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

Professional Architectural Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	09/01/2017 08:14:09 AM
Division Approval	Imars1	09/01/2017 08:14:12 AM
Department Approval	Imars1	09/01/2017 08:14:16 AM
Contract Manager Approval	Imars1	09/01/2017 08:14:19 AM
Budget Analyst Approval	jrodrig9	09/12/2017 22:04:56 PM
BOE Agenda Approval	sbrown	09/15/2017 14:57:11 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: **19224**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CORE CONSTRUCTION SERVICES OF NEVADA, INC.
Agency Code: 082	Contractor Name: CORE CONSTRUCTION SERVICES OF NEVADA, INC.
Appropriation Unit: 1593-21	Address: 5422 Longley Lane Suite B
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: SHAMAYNE RUSTEBAKKE 775-345-3316
	Vendor No.: T81092744
	NV Business ID: NV19861002524

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

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

Agency Reference #: 111355

2. Contract start date:

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

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 264 days**

4. Type of contract: **Contract**

Contract description: **CMAR Pre-con**

5. Purpose of contract:

This is a new contract to provide Owner-Construction Manager at Risk Pre-Construction Services for the new South Reno Department of Motor Vehicles Facility: CIP Project No. 17-C04; SPWD Contract No. 111355.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$194,038.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP

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

Professional CMAR Pre-Construction services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

SPWD, currently and/or in the past for various amounts with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Robbie Oxoby, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	09/05/2017 12:17:30 PM
Division Approval	amarangi	09/05/2017 12:17:33 PM
Department Approval	amarangi	09/05/2017 12:17:35 PM
Contract Manager Approval	amarangi	09/05/2017 12:17:38 PM
Budget Analyst Approval	jrodrig9	09/12/2017 21:54:56 PM
BOE Agenda Approval	sbrown	09/15/2017 14:58:21 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19188**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.
Agency Code: 082	Contractor Name: HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.
Appropriation Unit: 1593 - All Categories	Address: ARCHITECTS INC
Is budget authority available?: Yes	5485 RENO CORPORATE DR STE 100
If "No" please explain: Not Applicable	City/State/Zip: RENO, NV 89511-2262
	Contact/Phone: JEFF@HKARCHITECTS.COM 775/332-6640
	Vendor No.: T80984709
	NV Business ID: NV19941047730

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

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

Agency Reference #: 111343

2. Contract start date:

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

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 264 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering design services for the new South Reno Department of Motor Vehicles Facility: CIP Project No. 17-C04; SPWD Contract No. 111343.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,610,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

Demonstrated the required expertise for work on this project.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

SPWD, currently and/or in the past for various amounts with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Robbie Oxoby, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	08/30/2017 13:38:06 PM
Division Approval	amarangi	08/30/2017 13:38:09 PM
Department Approval	amarangi	08/30/2017 13:38:11 PM
Contract Manager Approval	amarangi	08/30/2017 13:38:13 PM
Budget Analyst Approval	jrodrig9	08/31/2017 19:56:35 PM
BOE Agenda Approval	pnicks	09/14/2017 14:03:27 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: **19126**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: APPLIED ENGINEERING CONSULTANT SERVICES
Agency Code: 082	Contractor Name: APPLIED ENGINEERING CONSULTANT SERVICES
Appropriation Unit: All Appropriations	Address: SERVICES
Is budget authority available?: Yes	4825 CONVAIR DR STE 17
If "No" please explain: Not Applicable	City/State/Zip: CARSON CITY, NV 89706-2418
	Contact/Phone: GARY HOPPER 775/888-9939
	Vendor No.: T29010769
	NV Business ID: NV19951118404

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % VARIES DEPENDING UPON THE PROJECT REQUIRING THIS SERVICE.

Agency Reference #: 111131

2. Contract start date:

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

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **1 year and 263 days**

4. Type of contract: **Contract**

Contract description: **Mat'l Tst & Insp**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services as needed for CIP Projects: SPWD Contract No. 111131.

6. NEW CONTRACT

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

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials testing and inspection services are required to ensure building safety and code compliance.

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

Professional Materials Testing and Inspection Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

SPWD, currently and/or in the past for various amounts with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Brian Wacker, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	08/15/2017 18:01:11 PM
Division Approval	amarangi	08/15/2017 18:01:14 PM
Department Approval	amarangi	08/15/2017 18:01:17 PM
Contract Manager Approval	amarangi	08/15/2017 18:01:19 PM
Budget Analyst Approval	jrodrig9	08/23/2017 13:45:55 PM
BOE Agenda Approval	pnicks	08/25/2017 15:12:58 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14665** Amendment Number: **6**

Agency Name: **NDE - DEPARTMENT OF EDUCATION** Legal Entity Name: **Career and Technical Education Consortium of States, Inc.**

Agency Code: **300** Contractor Name: **Career and Technical Education Consortium of States, Inc.**

Appropriation Unit: **2676-04** Address: **1866 Southern Ln**

Is budget authority available?: **Yes** City/State/Zip: **Decatur, GA 30033-4033**

If "No" please explain: **Not Applicable** Contact/Phone: **Tim Withee 404-679-4501**

Vendor No.: **T27027121**

NV Business ID: **NV20131384237**

To what State Fiscal Year(s) will the contract be charged? **2014-2022**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/13/2013**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2021**Contract term: **8 years and 50 days**4. Type of contract: **Contract**Contract description: **Skill Standards**

5. Purpose of contract:

This is the sixth amendment to the original contract to continue providing analysis, review, and development services to fully implement Nevada's state system of student career and technical skill standards and assessments. This amendment increases the maximum amount from \$1,020,400 to \$2,142,400 due to the continued need for these services and an updated scope of work.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$256,800.00	\$256,800.00	\$256,800.00	Yes - Action
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
d. Amendment 4:	\$269,600.00	\$269,600.00	\$269,600.00	Yes - Action
e. Amendment 5:	\$294,000.00	\$294,000.00	\$294,000.00	Yes - Action
2. Amount of current amendment (#6):	\$1,122,000.00	\$1,122,000.00	\$1,122,000.00	Yes - Action
3. New maximum contract amount:	\$2,142,400.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada must implement end-of-program assessments to bring Nevada students into compliance with Nevada's Carl D. Perkins IV Federal Plan for State reporting. End-of-program assessments are also used to measure skill attainment for the purposes of program improvement

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

State agencies or employees do not have the experience or resources to develop and maintain secure third-party online assessment systems.

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 #: 130403

Approval Date: 07/22/2016

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Current contract with Department of Education #14665 - 8/13/2013 to current - work has been satisfactory

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	08/28/2017 14:23:24 PM
Division Approval	amccalla	08/28/2017 14:23:28 PM

Department Approval	amccalla	08/28/2017 14:23:32 PM
Contract Manager Approval	ablackwe	08/28/2017 14:33:07 PM
Budget Analyst Approval	knielsen	09/12/2017 16:31:41 PM
BOE Agenda Approval	sbrown	09/13/2017 12:20:19 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#:	130403 E

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM *Amendment 5*

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: Education		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Mike Raponi, Director, Office of Career Readiness, Adult Learning & Education Options</i>	<i>775-687-7283</i>	<i>mraponi@doe.nv.gov</i>

Vendor Information:	
1b	Identify Vendor: <i>Career and Technical Education Consortium of States, Inc. (CTECS)</i>
	Contact Name: <i>Tim Withee</i>
	Address: <i>1866 Southern Lane, Decatur, GA 30033-4097</i>
	Telephone Number: <i>404-679-4501</i>
	Email Address: <i>twithee@cteecs.org</i>

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<i>Yes</i>
	Professional Service Exemption:	

Contract Information:				
1d	Is this a new Contract?	Yes	No	<i>XXX</i>
	Amendment:	<i>#5</i>		
	CETS:	<i>#14665</i>		

1e	Term:				
	One (1) Time Purchase:				
	Contract:	Start Date:	<i>10/1/2016</i>	End Date:	<i>9/30/2021</i>

1f	Funding:	
	State Appropriated:	<i>X</i>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	<i>\$294,000.00 (estimated augmentation for years 2, 3, and 4 would be approximately \$900,000.00)</i>

2	<p>Provide a description of work/services to be performed or commodity/good to be purchased:</p> <ul style="list-style-type: none"> • <i>Conduct a review of state standards for specific areas before being finalized for assessment development</i> • <i>Facilitate the adopt/adapt/development process of creating valid and reliable assessments</i> • <i>Pilot new assessments</i> • <i>Facilitate the item analysis process for each assessment after pilot testing</i> • <i>Set cut-scores for the purpose of live testing in May 2017</i> • <i>Sustain and improve the implementation of technical assessments in Nevada using the E-SESS online testing system.</i> • <i>Develop and implement up to seven new assessments</i> • <i>Conduct cut-score settings for the assessments developed in the 2015-2016 fiscal year</i> • <i>Conduct a revalidation of those assessments concluding a three-year testing cycle and for any assessments for which test data show a need for a revalidation study based on test performance</i> • <i>Sustain and improve a model to assess and certify workplace readiness skills for CTE students in Nevada.</i> • <i>Implement the workplace readiness assessment in Nevada secondary institutions.</i> • <i>Provide necessary training to Nevada State CTE Assessment Coordinator and local test site administrators arranged through the Assessment Coordinator</i> • <i>Ensure that post-testing data reports meet what is needed for Perkins IV State reporting and program improvement.</i> • <i>Provide ongoing technical assistance support throughout the process.</i> • <i>The contract amendment increases the dollar amount of the contract by \$294,000.00.</i> <p>Please Note:</p> <ul style="list-style-type: none"> • <i>Solicitation Waiver #3 for Amendment #3 was inadvertently not sent to the Purchasing Office so the numbering of the amendments is not the same due to this oversight. Therefore, this current request is actually for Amendment #5.</i>
---	--

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

In March 2011, CTECS was selected as the test provider to develop and implement a system of end-of-program technical assessments for students who complete a career and technical education (CTE) course sequence. The initial membership agreement was established for approximately 1.5 years and included the development and implementation of the assessment process for seven CTE programs in addition to technical assistance and guidance to develop refined state CTE standards. The agreement was renewed in FY13 in a much more expansive scope. In FY13, assessments for an additional 25 CTE programs were implemented by May 2013.

Because CTECS has been a membership organization over the years, the first two agreements Nevada established with CTECS were considered custom membership agreements, whereby some of the work and pricing structure was tailored to meet the needs of Nevada. Because the work that was needed to complete the assessment development in Nevada was custom work, establishment of a contract became necessary for fiscal years 2014 and 2015. Since more work is needed, we are requesting extension of the existing FY15 contract.

CTECS provides standards and assessment development services for other states, including South Carolina, Kentucky, Idaho, Oregon, Maine, Georgia, Virginia, and Arizona. Upon initial contact with CTECS, assessment professionals in other states were interviewed. For example, the representative from Kentucky described how that state used CTECS extensively to develop standards and assessments, and how Kentucky is looking at the full online model testing similar to what Nevada has undertaken. Since that time, Kentucky has implemented a more comprehensive online assessment system through CTECS. Virginia is now annually testing over 20,000 students for employability skills through CTECS, and Nevada has been able to fully capitalize on the standards and assessment model used in Virginia to Nevada's benefit, at a very low cost. Additionally, when developing assessments, item test banks already developed by other states who are members of the consortium are readily shared, similar to how the development work done in Nevada is now shared with other participating states.

CTECS is nationally recognized with over 39 years' experience in developing standards and assessment systems. CTECS uses a unique test-development process, the adopt/adapt development model. This model uses a test construction process that ensures a direct alignment to the CTE standards; another option, which was not preferred, was to purchase off-the-shelf tests. (Purchasing off-the-shelf tests do not guarantee an alignment to state standards.) CTECS, which uses a time-proven model for assessment development endorsed by other states with advanced CTE systems, is unique in its approach. CTECS guides states to develop high-quality standards prior to developing the assessments. CTECS also promotes a unique, but proven method to ensure standards are properly surveyed by business and industry experts, again prior to the test development.

Also, it is important to note the State has adapted to the online testing process used by CTECS referred to as E-SESS. This system reports test question results that are directly aligned to the performance indicators in Nevada's CTE State Standards. This unique feature helped define this assessment development initiative in two ways: one, to show accountability for student results and, two, to improve instruction. Test results, for example, are instantly reported and will show patterns of student knowledge against the performance indicators in each set of standards. It is also expected that test results reported in this way will also help direct and guide professional development and the sharing of instructional best practices among CTE teachers.

4

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

Implementing end-of-program assessments systemically as one system is paramount to accomplishing the objectives and the requirements for states to develop and implement technical assessments. Teachers, school administrators, postsecondary education and other stakeholders understand the system that has been started in Nevada since the State joined the Consortium. By May 2016, state end-of-program assessments have been implemented for over 70 CTE programs, capturing over 95 percent of student program completers. To utilize another vendor would severely impede the progress made.

CTECS uses the Technology Fluency Institute (TFI) to manage the online testing. To date, the online testing has worked very well with a satisfactory level of technical assistance from both CTECS and TFI. In 2017, it is estimated that up to 8,000 students from 15 school districts will use the testing system; in 2016, approximately 95 percent of students who completed a CTE program were tested. All program completers also take the Workplace Readiness assessment aligned to the employability skill standards.

To date, CTECS has helped Nevada establish assessments for the following CTE programs:

- | | |
|--|--|
| <i>Accounting and Finance</i> | <i>Fire Science</i> |
| <i>Administrative Services</i> | <i>Floriculture Design and Management</i> |
| <i>Aerospace Engineering</i> | <i>Food Science Technology</i> |
| <i>Agriculture Business Systems</i> | <i>Foods and Nutrition</i> |
| <i>Agriculture Leadership, Comm., and Policy</i> | <i>Forensic Science</i> |
| <i>Agriculture Mechanics Technology</i> | <i>Furniture and Cabinetmaking</i> |
| <i>Animal Science</i> | <i>Graphic Design</i> |
| <i>Animation</i> | <i>Hospitality and Tourism</i> |
| <i>Architectural and Civil Engineering</i> | <i>Human Development</i> |
| <i>Architectural Drafting and Design</i> | <i>IT Networking</i> |
| <i>Architectural Design</i> | <i>IT Service and Support</i> |
| <i>Automotive Service Technician</i> | <i>Interior Design</i> |
| <i>Automotive Technology</i> | <i>Landscape Design and Management</i> |
| <i>Baking and Pastry</i> | <i>Law Enforcement</i> |
| <i>Biomedical</i> | <i>Marketing</i> |
| <i>Business Management</i> | <i>Mechanical Engineering</i> |
| <i>Collision Repair Technology</i> | <i>Mechanical Drafting and Design</i> |
| <i>Computer Science</i> | <i>Mechanical Technology</i> |
| <i>Construction Technology</i> | <i>Medical Assisting</i> |
| <i>Cosmetology</i> | <i>Metalworking</i> |
| <i>Criminal Justice</i> | <i>Natural Resources and Wildlife Management</i> |
| <i>Culinary Arts</i> | <i>Nursing Assistant</i> |
| <i>Diesel Technology</i> | <i>Ornamental Horticulture/Greenhouse Mgmt</i> |
| <i>Digital Game Development</i> | <i>Pharmacy Practice</i> |
| <i>Drafting and Design</i> | <i>Photography</i> |
| <i>Early Childhood Education</i> | <i>Radio Production</i> |
| <i>Electrical Engineering</i> | <i>Sports and Entertainment Marketing</i> |
| <i>Electronic Technology</i> | <i>Sports Medicine</i> |
| <i>Emergency Medical Technician</i> | <i>Theatre Technology</i> |
| <i>Emergency Telecommunications</i> | <i>Veterinary Science</i> |
| <i>Energy Technologies</i> | <i>Video Production</i> |
| <i>Entrepreneurship</i> | <i>Web Design and Development</i> |
| <i>Environmental Engineering</i> | <i>Welding Technology</i> |

Environmental Management
 Family and Consumer Sciences
 Fashion, Textiles and Design

Workplace Readiness Skills

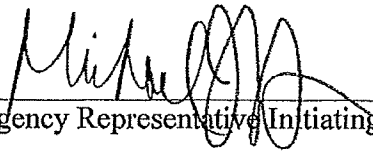
Because Nevada is heavily vested in the model assessment development process provided by CTECS, one that has taken more than six years of implementation for stakeholders and the Department, we feel it is of utmost importance to establish a long-term working relationship. Teachers from across the State have participated in the development process and it is finally to the point where it is embraced and understood more than before. Were the State not to proceed with the current vendor, CTECS, the development process would have to start from the beginning resulting in the re-establishment of multiple test development teams, pilot testing, cut-score testing and more. The only other option would be to purchase off-the-shelf tests from another vendor. But, such tests can be quite expensive and may not align to Nevada CTE standards. Also, such a change at this juncture would not capitalize on the significant investment in time and money made over the last four years in the current standards-based assessment design, which all school districts that offer CTE programs are using to assess student outcomes and improve instruction.

Were alternative services or commodities evaluated? Check One.		Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
5	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>	At the onset of the first contract, information was generated from other suppliers and CTECS was found to be a good match for Nevada's CTE standards and assessments needs. References were collected from states already using CTECS' services. Other vendors provide off-the-shelf assessments; the decision to develop assessments through CTECS was based on the collaboration of the participating states in the consortium and the need to ensure all assessments aligned directly to Nevada's State CTE Standards. The other challenge is finding a provider that specializes in custom developed assessments compared to vendors selling pre-developed products. The per test cost through CTECS, at \$8 per test for the end-of-program tests and \$10 per test for the Workplace Readiness Assessment is extremely cost effective. Off-the-shelf tests often cost as much as \$30 per test.			
	<i>Other entities considered as consortia, such as SBAC and PARCC, focus on standards and assessments for the Common Core State Standards. These assessments undergo a much different development process. For CTE assessments, the development is customized based on state-developed standards, whereby CTECS uses a long-standing developmental process. The developmental process for CTE assessments, although standards-based, is not nearly as extensive as processes used for high-stakes academic assessments that determine whether or not a student graduates from high school. Also, CTECS has tremendous expertise in CTE standards development; this is what the company specializes in. Lastly, CTECS has existing test question banks that Nevada has accessed to expedite the assessment development in a cost-effective manner. The average cost to develop a custom state CTE assessment (based on state-approved CTE standards) is approximately \$9,000, which is very costs-effective, given it includes pilot testing, an item analysis, norming of the first-year cut score, followed by full cut score setting the following year based on live testing results.</i>				
	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:	<input type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship</i>				

<i>with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>				
<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP, RFQ, Waiver)</i>
<i>8-13-13</i>	<i>6-30-14</i>	<i>\$200,000.00</i>	<i>CTECS contract</i>	<i>Waiver #130403</i>
<i>7-1-14</i>	<i>6/30/15</i>	<i>N/A</i>	<i>CTECS contract</i>	<i>Waiver #130403A</i>
<i>8-12-14</i>	<i>6-30-15</i>	<i>\$256,800.00</i>	<i>CTECS contract</i>	<i>Waiver #130403B</i>
<i>7-1-15</i>	<i>9-30-16</i>	<i>\$269,600.00</i>	<i>CTECS contract</i>	<i>Waiver #130403C</i>

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



Agency Representative Initiating Request

Michael J. Raponi
Print Name of Agency Representative Initiating Request

7/14/16
Date



Signature of Agency Head Authorizing Request

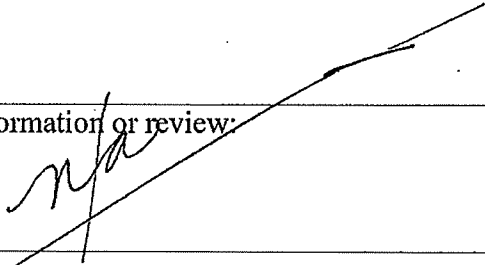
7/14/16

Brett Barley
Print Name of Agency Head Authorizing Request

7/14/16
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

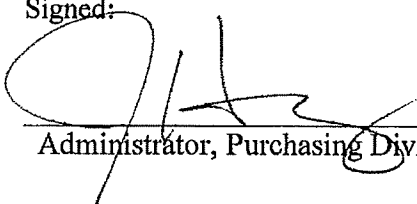
Print Name of Representative Providing Review

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

7-22-2016
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: 16058	Amendment Number: 3
Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: ACT, INC.
Agency Code: 300	Contractor Name: ACT, INC.
Appropriation Unit: 2697-45	Address: 500 ACT Drive
Is budget authority available?: Yes	City/State/Zip: Iowa City, IA 52243
If "No" please explain: Not Applicable	Contact/Phone: Scott Kampmeier 319-321-9703
	Vendor No.: T29022931
	NV Business ID: NV20071357380

To what State Fiscal Year(s) will the contract be charged? **2015-2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/14/2014**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **10/31/2017**

Termination Date:

Contract term: **5 years and 18 days**

4. Type of contract: **Contract**

Contract description: **Readiness Assessment**

5. Purpose of contract:

This is the third amendment to the original contract to provide the College and Career Readiness Assessment to all pupils enrolled in grade 11 in public high schools and includes program management, test design, test administration, logistics, data processing, test scoring, data analysis and reporting. This amendment extends the termination date from October 31, 2017 to October 31, 2019 and increases the maximum amount from \$6,073,691 to \$10,063,691 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:	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$4,073,691.00	\$4,073,691.00	\$4,073,691.00	Yes - Action
2. Amount of current amendment (#3):	\$3,990,000.00	\$3,990,000.00	\$3,990,000.00	Yes - Action
3. New maximum contract amount:	\$10,063,691.00			
and/or the termination date of the original contract has changed to:	10/31/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

AB288 passed during the 2013 legislative session, requires that all 11th grade students participate in a College and Career Readiness Assessment, selected by the State Board of Education, beginning with the 2014-2015 school year.

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

The Nevada Department of Education does not have the technical expertise or staff capacity to develop and produce a College and Career Readiness assessment for 2018-2019.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3132, and in accordance with NRS 333, the selected vendor had the highest scoring proposal as determined by an independently appointed evaluation committee.

d. Last bid date: 06/02/2014 Anticipated re-bid date: 06/04/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Department of Employment, Training and Rehabilitation - 12/5/2012 - Satisfactory

Department of Education - 7/1/2013 - 10/14/2014 - current - Satisfactory

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	09/01/2017 14:42:35 PM
Division Approval	amccalla	09/01/2017 14:42:38 PM

Department Approval	amccalla	09/01/2017 14:42:42 PM
Contract Manager Approval	ablackwe	09/06/2017 08:04:41 AM
Budget Analyst Approval	knielsen	09/12/2017 16:21:41 PM
BOE Agenda Approval	sbrown	09/13/2017 12:22:47 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 #:	201

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:	Nancy Martineau, Administrative Assistant III, CCM			
	Telephone Number(s):	(775) 687-9136			
	Email Address(s):	nmartineau@doe.nv.gov			
2	Contractor Information:				
	Contractor:	ACT, Inc.			
	Contact Name:	Sue Wheeler			
	Address:	500 ACT Drive, Iowa City, Iowa 52243			
	Phone Number:	(319) 321-9708			
	Email Address:	Sue.Wheeler@act.org			
3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:	RFP			
	CETS #:	16058			
	Contract “not to exceed amount”:	\$2,000,000.00			
	Contract term:	Start date:	10/14/14	End date:	10/31/17
		mm/dd/yy		mm/dd/yy	
4	Procurement method used to award the current contract:				
	RFP, solicitation # if applicable:	3132			
	Quote, solicitation # if applicable:				
	Waiver, provide number:				
	Other:				
5	Current contract information:				
	CETS #:	16058			
	Initial contract “not to exceed amount”:	\$6,073,691.00			
	Contract term:	Start date:	10/14/2014	End date:	10/31/17
		mm/dd/yy	mm/dd/yy		

Decl'd 08/24/17

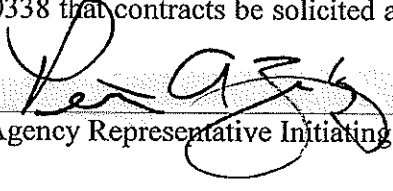
Amendment information – List all previously approved amendments:				
6	Amd #:	Brief synopsis of what amendment accomplished:	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
	1	<i>Extension of Time Only</i>	<i>N/A</i>	<i>October 31, 2017</i>
	2	<i>Description of services change, and to increase contract authority.</i>	<i>\$6,073,691.00 (increased by \$4,073,691.00)</i>	<i>N/A</i>

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
	3	<i>Extension of time, and increase contract authority.</i>	<i>\$10,063,691.00 (increased by \$3,990,000.00.00)</i>	<i>October 31, 2019</i>

8	What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):		
	<i>Per AB288 sec 19, the State Board of Education selected the ACT College and Career Readiness assessment for administration commencing 2014-15 school year and each school year thereafter, to pupils who are enrolled in grade 11 in public high schools. A pupil must take the College and Career Readiness assessment to receive a standard high school diploma.</i>		

9	What are the potential consequences to the State if the contract extension request is denied?		
	The examination required pursuant to AB288 Sec 19 and NRS 389.805 in accordance with guidelines established by the National Assessment Governing Board and National Center for Education Statistics and in accordance with 10 U.S.C. §§ 6301 et seq. and the regulations adopted pursuant thereto, adopt regulations requiring the schools of this State that are selected by the National Assessment Governing Board or the National Center for Education Statistics to participate in the examinations of the National Assessment of Educational Progress. Without taking the ACT test Nevada would be out of compliance and the students would not be permitted to graduate high school.		

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.



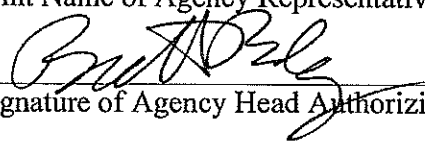
Signature of Agency Representative Initiating Request

Peter Zutz, Administrator

Print Name of Agency Representative Initiating Request

8/22/2017

Date



Signature of Agency Head Authorizing Request

Brett Barley, Deputy Superintendent for Student Achievement

Print Name of Agency Head Authorizing Request

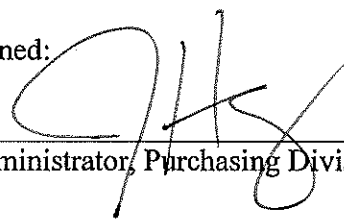
8/22/17

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

9-5-2017

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **19139**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	eMetric, LLC
Agency Code:	300	Contractor Name:	eMetric, LLC
Appropriation Unit:	2697-45	Address:	211 N. Loop 1604, Suite 170
Is budget authority available?:	Yes	City/State/Zip:	San Antonio, TX 78232
If "No" please explain:	Not Applicable	Contact/Phone:	Dixie Knight 210-496-6500
		Vendor No.:	T27000846
		NV Business ID:	NV20101526272
To what State Fiscal Year(s) will the contract be charged?	2018-2022		

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

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

2. Contract start date:

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

Anticipated BOE meeting date 10/2017

Retroactive? **Yes**

If "Yes", please explain

The request for retroactive approval to October 1, 2017 is due to internal miscommunications wherein an amendment to the original contract to add the funding and time extension for four years was not timely submitted and the original contract expired. If a retroactive contract is not approved with eMetric, LLC then the department would fail to meet the required reporting deadlines at both the state and federal level.

3. Termination Date: **09/30/2021**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Framework Support**

5. Purpose of contract:

This is a new contract that continues ongoing maintenance, support, and enhancement to the state's Longitudinal Data System called the Student Accountability Information Network. The department will align and unify the databases and reporting structures that feed various state and federal reports and reporting system. These are EdFacts, Nevada Report Card, Nevada School Performance Framework, Alternative Performance Framework, and Nevada Growth Model of Achievement. The department will further develop the Nevada Data Portal which is a graphic user interface that can access the various data sources and display selected information.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,853,676.00**

Other basis for payment: FY18 \$1,020,384; FY19 \$916,658; FY20 \$944,153; and FY21 \$972,481

II. JUSTIFICATION

7. What conditions require that this work be done?

The department needs to comply with the accountability reporting requirements of the Every Student Succeeds Act (ESSA) and Nevada Revised Statute 385.347 and prepare and disseminate information on state, district, and school performance and progress in an understandable and uniform format starting with school year 2018.

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

The department relies on eMetric, LLC support because the work to further develop the Nevada Data Portal as the state accountability reporting website for SAIN requires programming and system automation expertise that the current staff does not have.

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):

R&A Solutions, Inc.
Choice Solutions
Celero Partners Corp.
eMetric, LLC

b. Solicitation Waiver: **Not Applicable**

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

RFP 1987 was conducted in 2012 and this vendor was chosen by the evaluation team as the highest in accomplishing deliverables with the best cost proposal. Contract Extension Justification #175 was approved by State Purchasing on 3/13/2017 to extend the contract with this vendor through 9/30/2021.

d. Last bid date: 06/21/2012 Anticipated re-bid date: 06/21/2021

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Department of Education #13731 - 9/11/2012-9/30/2017 - work has been satisfactory

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Peter Zutz, Administrator ADAM Office Ph: 775-687-9166

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	09/11/2017 11:22:33 AM
Division Approval	amccalla	09/11/2017 11:22:36 AM

Department Approval	amccalla	09/11/2017 11:22:39 AM
Contract Manager Approval	ablackwe	09/11/2017 11:39:40 AM
EITS Approval	lolso3	09/12/2017 09:57:21 AM
Budget Analyst Approval	knielsen	09/12/2017 12:01:43 PM
BOE Agenda Approval	sbrown	09/13/2017 12:44:12 PM
BOE Final Approval	Pending	



Purchasing Use Only:

Approval #: 175

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:	Nancy Martineau, Administrative Assistant III, CCM		
	Telephone Number(s):	(775) 687-9136		
	Email Address(s):	nmaritneau@doe.nv.gov		

2	Contractor Information:			
	Contractor:	eMetric, LLC		
	Contact Name:	Dixie Knight		
	Address:	211 N Loop, Suite 170, San Antonio, Texas 78232		
	Phone Number:	(210) 496-6500		
	Email Address:	dknight@emetric.net		

3	Ongoing relationship disclosure – List all previous contract information:				
	Procurement method:	RFP			
	CETS #:	13731			
	Contract “not to exceed amount”:	\$3,748,143.00			
	Contract term:	Start date: mm/dd/yy	9/12/12	Start date: mm/dd/yy	9/30/17

4	Procurement method used to award the current contract:			
	RFP, solicitation # if applicable:	#1987		
	Quote, solicitation # if applicable:			
	Waiver, provide number:			
	Other:			

5	Current contract information:			
	CETS #:13731			
	Initial contract “not to exceed amount”:	\$980,750		
	Contract term:	Start date: mm/dd/yy	9/12/12	End date: mm/dd/yy

Amendment information – List all previously approved amendments:			
Amd #:	Brief synopsis of what amendment accomplished:	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
6	1	Pre-ID Support, HSPE Support & Reporting	\$195,000
	2	Ownership of Proprietary Information	\$0.00
	3	Time Extension Only	\$0.00
	4	Growth Model and Framework Support	\$585,064
	5	Nevada Report Card, Federal Reporting	\$1,702,329.00
	6	Framework Support	\$285,000.00

Proposed amendment information:			
Amd #:	Brief synopsis of what the requested amendment will accomplish	Change in “not to exceed” amount:	Change in end date: mm/dd/yy
7	7 SAIN, EdFACTs, DVSL, EDSA (Maintenance & Support) Assessment Load Process Nevada SPF (School Performance Framework) Nevada APF (Alternate School Performance Framework) Nevada Growth Model Website Data Interaction: HSPE Writing Data Interaction: ACCESS for ELLs Psychometric Services Portal (License, Maintenance, Support) Project Management, Training, and Technical Support Enhancements 500 hours @ 100/hr in Year 1; 200 hours @100/hr in Years 2-4	\$4,176,163	9/30/2021

What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):	
8	<p>The Nevada Department of Education (NDE) partnered with eMetric five years ago to help with assessment infrastructure improvements, to assist with federal reporting requirements and to develop two public-facing reporting websites. All of the work of eMetric during the period of this contract has been on time and of high quality; the vendor has consistently demonstrated a collaborative attitude and a high level of professional sensitivity to our work here.</p> <p>We acknowledge there are risks in contracting a new vendor as well as with staying with our current vendor. We have attempted to identify some of the risks on each side and our comments on these risks in italics.</p> <p>New Vendor</p> <ul style="list-style-type: none"> The nature of the work done by eMetric is the development of proprietary, custom solutions developed specifically to meet Nevada’s needs---not off the shelf products. A new vendor would have to rebuild our current solutions, if not all of them, major parts of them. <i>We do not have the</i>

technical capacity to oversee this retooling nor the padding in our schedule to continue to meet our reporting requirement deadlines.

- The risk of going with a new vendor is equal to the cost of all the previous work done by the existing vendor. We calculate those costs to be close to double what we have paid eMetric to date. *We do not have sufficient funds for this. From our understanding of similar work done by other vendors in other agencies, the work done by the current vendor is at a low price point.*
- The time and effort that would be needed by NDE to solicit contractors and bring them up to speed would critically impair our ability to meet state and federal reporting responsibilities. *Our reporting deadlines are fixed by state and federal reporting requirements—we do not have the time in our reporting schedules nor the capacity to onboard a new vendor.*

Staying with current vendor

We identify the risks of staying with eMetric to include not knowing if there are other vendors that have the expertise to take ADAM requirements and initiatives to the next level. *We have queried other states about their vendor created accountability reporting systems solutions and we are assured by their feedback that the Nevada solution is in comparison extremely robust, innovative, and reliable.*

Another risk could be that eMetric, as a our sole developer of proprietary solutions, could set costs without having to be competitive. *As mentioned above, we understand that when comparing similar work done in other agencies by other vendors, eMetric is at a very attractive price point.*

We also identified the size of a smaller company like eMetric may have potential risk in meeting our needs when they are engaged in meeting similar needs in other states, with other customers. *The performance of eMetric to date has demonstrated the exact opposite; eMetric has given NDE immediate and full attention with a complete focus on the details of our timelines and our quality requirements.*

The risks of going with a new vendor are much higher than those risks that we have identified for staying with eMetric. eMetric has over the years consistently prioritized NDE's needs and has been instrumental in helping us meet our critical mandated deadlines.

During the term of this contract, the NDE has made significant progress on a host of education reform initiatives that has obligated NDE to change the way it collects and reports on student achievement. Most recently ESSA was signed into law with final requirements still to be passed, but so far federal guidance documents have provided insight into the significant changes we need to make to our reporting solutions. Another major aspect of the reform initiatives is the transition to new assessments at all grade levels. Assessments are at the center of NDE's reporting and so this change presents a significant change to how NDE will bring this new information into our system and how NDE will share this information with the public and meet federal reporting requirements.

Given the nature of the collaboration and ultimate success of the work done between eMetric and NDE to date and the proprietary knowledge that eMetric has of our processes, the continuation of the contract with eMetric will enable NDE to navigate the always present shifts in education reform initiatives with continued on time and on budget delivery of solutions.

9	What are the potential consequences to the State if the contract extension request is denied? Failure to extend the contract with eMetric would certainly result the Nevada Department of Education's (NDE) failure to meet required reporting deadlines at both the state and federal level.
---	---

Nevada's education reform initiatives are rooted in the ability to accurately hold schools and districts accountable for student achievement. The bold efforts of Nevada's Legislature and Governor have committed tax payer money toward the improvement of Nevada schools. NDE is tasked with providing accountability metrics that will be used to determine the efficacy of these reform initiatives and new resources. Failure to provide this accountability will make the evaluation of these programs impossible. eMetric is NDE's primary accountability vendor.

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

PETER ZUTZ

Print Name of Agency Representative Initiating Request

3/6/2017

Date

Signature of Agency Head Authorizing Request

Steve Canavan

Print Name of Agency Head Authorizing Request

3.7.17

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

3-13-2017

Date

BRIAN SANDOVAL
Governor

STATE OF NEVADA

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

STEVE CANAVERO, Ph.D.
Superintendent of Public Instruction



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

August 15, 2017

MEMORANDUM

TO: James Wells
Clerk of the Board of Examiners
Governor's Finance Office – Budget Division

THROUGH: Susan Brown
Budget Analyst, Governor's Finance Office – Budget Division

FROM: Andrea McCalla *DM*
Administrative Services Officer 3, Business and Support Services Division

SUBJECT: Request for Retroactive Contract with eMetric, LLC

This memorandum serves as a request for retroactive approval to October 1, 2017 on a contract with eMetric, LLC. The contract amendment on the original eMetric, LLC contract to add more funding and extend the contract four more years was not timely submitted to your office for the September meeting due to an internal miscommunication.

If a retroactive contract is not approved with eMetric, LLC then the Nevada Department of Education (NDE) would fail to meet the required reporting deadlines at both the state and federal level. Nevada's education reform initiatives are rooted in the ability to accurately hold schools and districts accountable for student achievement. The bold efforts of Nevada's Legislature and Governor have committed tax payer money toward the improvement of Nevada Schools. NDE is tasked with providing accountability metrics that will be used to determine the efficacy of these reform initiatives and new resources. Failure to provide the accountability will make the evaluation of these programs impossible. eMetric, LLC is NDE's primary accountability vendor.

We appreciate your consideration in this matter.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19137**

Agency Name: DCNR - HISTORIC PRESERVATION	Legal Entity Name: FACILITIES MANAGEMENT, INC.
Agency Code: 334	Contractor Name: FACILITIES MANAGEMENT, INC.
Appropriation Unit: 4205-14	Address: 504 E. MUSSER STREET
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: MIKE RICHARDSON 775-691-1238
	Vendor No.: T27006705
	NV Business ID: NV20011331118
To what State Fiscal Year(s) will the contract be charged?	2018-2020

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

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

Agency Reference #: 334

2. Contract start date:

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

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/09/2019**

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

4. Type of contract: **Contract**

Contract description: **Marker Maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing statewide historical marker maintenance.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$80,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Physically inspect all markers every two (2) years to determine which markers need repair and the level of repair needed. This contract will also cover potential restoration, maintenance and/or replacement (if necessary) of current markers.

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

Required per Interlocal Agreement to contract with a qualified vendor.

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):

Facilities Management, Inc.
Addison, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP#3450 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/02/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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:

I am only aware of NDOT having contracted with this vendor in the past based on their recommendations through the RFP process.

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Jolly, Elyse, HPF/CCCHP Coordinator Ph: 775-684-3450

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kwilliam	09/05/2017 09:29:11 AM
Division Approval	kwilliam	09/05/2017 09:29:13 AM
Department Approval	kwilliam	09/05/2017 09:29:17 AM
Contract Manager Approval	ejoll1	09/05/2017 09:29:30 AM
Budget Analyst Approval	cpalme2	09/07/2017 15:47:31 PM
BOE Agenda Approval	cmurph3	09/12/2017 13:00:44 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19035**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Board of Regents OBO UNLV School of Dental Medicine
Agency Code:	403	Contractor Name:	Board of Regents OBO UNLV School of Dental Medicine
Appropriation Unit:	3157-00	Address:	1700 W. Charleston Blvd A
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas , NV 89102
If "No" please explain:	Not Applicable	Contact/Phone:	702-774-2500
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **Yes**

If "Yes", please explain

This contract requires a retroactive start date due to negotiations between the Counties and the State.

3. Termination Date: **06/30/2022**

Contract term: **5 years**

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

Contract description: **UNLV Dental**

5. Purpose of contract:

This is a new revenue interlocal agreement that allows the division to receive funds to pay the supplemental payments of the higher costs incurred by practitioners who are associated with the training/teaching program for outpatient services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$604,950.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To supplement costs incurred to provide eligible Medicaid services associated with the training/teaching program for outpatient services.

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

DHCFP does not have the expertise required to provide Medicaid Administrative services, which may include, but are not limited to, utilization review, referral, follow-up for medical services, and the resolution of eligibility and coverage issues.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aree2	07/21/2017 12:41:53 PM
Division Approval	mlewi7	07/21/2017 13:27:22 PM
Department Approval	jkolenut	08/30/2017 09:48:29 AM
Contract Manager Approval	aree2	08/31/2017 12:35:34 PM
Budget Analyst Approval	drey nol2	09/13/2017 15:48:43 PM
BOE Agenda Approval	nhovden	09/14/2017 16:19:31 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Administrator

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

MEMORANDUM

Date: August 22, 2017
TO: Debi Reynolds, Budget Analyst IV
FROM: Ambra Reed, Certified Contract Manager DHCFP
RE: University of Nevada Las Vegas School of Dental Medicine

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2017. This contract was delayed due to negotiations between the University Of Nevada Las Vegas School Of Dental Medicine and the State.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19085**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Clark County
Agency Code: 403	Contractor Name: Clark County
Appropriation Unit: 3157-00	Address: 500 S. Grand Central Parkway
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89155
If "No" please explain: Not Applicable	Contact/Phone: 702-455-3530
	Vendor No.:
	NV Business ID: Governmental Entity

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **Yes**

If "Yes", please explain

This contract requires a retroactive start date due to negotiations between the County and the State.

3. Termination Date: **06/30/2018**

Contract term: **364 days**

4. Type of contract: **Revenue Contract**

Contract description: **Voluntary Cont.**

5. Purpose of contract:

This is a new revenue interlocal agreement that continues intergovernmental transfers for the voluntary contributions calculated on the inpatient, outpatient and graduate medical education hospital services for the non-state publically owned and operated hospitals and also includes managed care organization enhancements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,051,244.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from Clark County to pay the nonfederal share of funds in order to secure federal funding for this program.

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

This is a revenue contract between Clark County and the Division.

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

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aree2	08/04/2017 09:24:09 AM
Division Approval	mlewi7	08/07/2017 11:44:24 AM
Department Approval	jkolenut	08/30/2017 10:24:20 AM
Contract Manager Approval	aree2	08/31/2017 12:37:27 PM
Budget Analyst Approval	dreynol2	09/13/2017 15:41:10 PM
BOE Agenda Approval	nhovden	09/14/2017 16:00:56 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

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DIVISION OF HEALTH CARE FINANCING AND POLICY
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<http://dhcfp.nv.gov>

MEMORANDUM

DATE: August 4, 2017
TO: Debi Reynolds, Budget Analyst IV
FROM: Ambra Reed, Certified Contract Manager DHCFP
RE: Clark County Voluntary Contribution

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2017 which allows for the collection of IGT funds. This contract was delayed due to negotiations between the County and the State.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **19086**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Clark County
Agency Code: 403	Contractor Name: Clark County
Appropriation Unit: 3157-00	Address: 500 S. Grand Central Parkway
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89155
If "No" please explain: Not Applicable	Contact/Phone: 702-455-3530
	Vendor No.:
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2018

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **Yes**

If "Yes", please explain

This contract requires a retroactive start date due to negotiations between the Counties and the State.3. Termination Date: **06/30/2018**Contract term: **364 days**4. Type of contract: **Revenue Contract**Contract description: **DSH**

5. Purpose of contract:

This is a new revenue interlocal agreement to receive funds to support and fund the state's share of the supplemental Disproportionate Share Hospital program for hospitals that serve a disproportionate share of uninsured, indigent and Medicaid patients pursuant to NRS 422.382.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,960,316.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to hospitals that serve a disproportionate share of uninsured, indigent and Medicaid patients. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding.

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

State employees are performing this work.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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:

Existing contract with satisfactory performance.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aree2	08/04/2017 09:35:57 AM
Division Approval	mlewi7	08/07/2017 11:41:56 AM
Department Approval	jkolenut	08/30/2017 13:14:40 PM
Contract Manager Approval	aree2	08/31/2017 12:17:01 PM
Budget Analyst Approval	dreynol2	09/13/2017 15:40:42 PM
BOE Agenda Approval	nhovden	09/14/2017 15:24:24 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Administrator

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<http://dhcfp.nv.gov>

MEMORANDUM

Date: August 4, 2017
TO: Debi Reynolds, Budget Analyst IV
FROM: Ambra Reed, Certified Contract Manager DHCFP
RE: Clark County-DSH

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2017. The contract requires a retroactive start date to allow the State to collect revenue from Clark County for Disproportionate Share Hospital payments. This contract was delayed due to negotiations between the Counties and the State.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19092**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Washoe County Department of Senior Services
Agency Code: 403	Contractor Name: Washoe County Department of Senior Services
Appropriation Unit: 3158-24	Address: 1155 E Ninth Street
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89512
If "No" please explain: Not Applicable	Contact/Phone: 775-785-5652
	Vendor No.:
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **Yes**

If "Yes", please explain

This contract requires a retroactive start date due to negotiations between the Counties and the State.

3. Termination Date: **06/30/2022**

Contract term: **5 years**

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

Contract description: **Medical and Admin**

5. Purpose of contract:

This is a new interlocal agreement which provides Adult Day Health Care services to eligible recipients and allows for administrative claiming which supports personal independence of older adults and promotes their social, physical and emotional well-being.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,174,935.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide elderly adults with the necessary support to lead healthy lives and improve or maintain quality of life.

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

The State of Nevada does not have the staff expertise required to perform these services.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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:

Existing contract with satisfactory performance.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aree2	08/04/2017 11:17:21 AM
Division Approval	mlewi7	08/07/2017 11:41:02 AM
Department Approval	jkolenut	08/30/2017 13:18:23 PM
Contract Manager Approval	aree2	08/31/2017 12:36:09 PM
Budget Analyst Approval	drey nol2	09/13/2017 15:24:32 PM
BOE Agenda Approval	nhovden	09/14/2017 15:30:50 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Administrator

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<http://dhcfp.nv.gov>

MEMORANDUM

Date: July 11, 2017
TO: Debi Reynolds, Budget Analyst IV
FROM: Ambra Reed, Certified Contract Manager DHCFP
RE: Washoe County Senior Services

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2017. The contract requires a retroactive start date to allow Washoe County to claim administrative costs for the Adult Day Health Care program as allowed by State Plan Amendment 4.19 B while negotiations were being performed between the State and the County.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19124**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Clark County Social Services
Agency Code:	403	Contractor Name:	Clark County Social Services
Appropriation Unit:	3243-00	Address:	1600 Pinto Lane
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89106
If "No" please explain:	Not Applicable	Contact/Phone:	702-455-3283
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **Yes**

If "Yes", please explain

This contract requires a retroactive start date due to negotiations between the Counties and the State.

3. Termination Date: **06/30/2019**

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

4. Type of contract: **Revenue Contract**

Contract description: **County Match**

5. Purpose of contract:

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

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,333,347.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

State employees operate the county match program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The contractor has been engaged under contract with DHC FP for several years and service has been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aree2	08/15/2017 13:31:43 PM
Division Approval	mlewi7	08/17/2017 15:06:45 PM
Department Approval	jkolenut	09/01/2017 07:27:12 AM
Contract Manager Approval	aree2	09/01/2017 08:43:26 AM
Budget Analyst Approval	drey nol2	09/13/2017 15:08:09 PM
BOE Agenda Approval	nhovden	09/14/2017 16:39:51 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

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MEMORANDUM

DATE: June 14, 2017
TO: Debi Reynolds, Budget Analyst IV
FROM: Ambra Reed, Certified Contract Manager DHCFP
RE: Clark County Match

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2017. The contract requires a retroactive start date to allow the State to collect revenue from the County for the non-federal share of medical care of indigent persons. This contract was delayed due to negotiations between the Counties and the State.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **19083**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Douglas County Social Services
Agency Code:	403	Contractor Name:	Douglas County Social Services
Appropriation Unit:	3243-00	Address:	PO Box 218
Is budget authority available?:	Yes	City/State/Zip:	Minden , NV 89423
If "No" please explain:	Not Applicable	Contact/Phone:	775-782-9825
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **Yes**

If "Yes", please explain

This contract requires a retroactive start date due to negotiations between the Counties and the State.3. Termination Date: **06/30/2019**Contract term: **1 year and 364 days**4. Type of contract: **Revenue Contract**Contract description: **County Match**

5. Purpose of contract:

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

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$864,079.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

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

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

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The contractor has been engaged under contract with DHC FP for several years and service has been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aree2	08/03/2017 12:07:54 PM
Division Approval	mlewi7	08/29/2017 12:26:01 PM
Department Approval	jkolenut	08/30/2017 09:20:39 AM
Contract Manager Approval	aree2	08/31/2017 12:25:38 PM
Budget Analyst Approval	drey nol2	09/13/2017 15:05:58 PM
BOE Agenda Approval	nhovden	09/14/2017 16:37:47 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

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MEMORANDUM

DATE: June 14, 2017
TO: Debi Reynolds, Budget Analyst IV
FROM: Ambra Reed, Certified Contract Manager DHCFP
RE: Douglas County Match

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2017. The contract requires a retroactive start date to allow the State to collect revenue from the County for the non-federal share of medical care of indigent persons. This contract was delayed due to negotiations between the Counties and the State.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **19157**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Elko County OBO Elko County Ambulance Service
Agency Code:	403	Contractor Name:	Elko County OBO Elko County Ambulance Service
Appropriation Unit:	3243-24	Address:	540 Court Street Ste 101
Is budget authority available?:	Yes	City/State/Zip:	Elko, NV 89801
If "No" please explain:	Not Applicable	Contact/Phone:	775-748-0223
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2016-2018**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	64.70 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.30 % County

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 10/2017

Retroactive? **Yes**

If "Yes", please explain

This contract requires a retroactive start date due to the approval of the State Plan Amendment.3. Termination Date: **06/30/2018**Contract term: **2 years and 273 days**4. Type of contract: **Interlocal Agreement**Contract description: **Emergency Transp.**

5. Purpose of contract:

This is a new interlocal agreement to provide Certified Public Expenditure reimbursement methodology for emergency transportation to Medicaid recipients. This interlocal defines the reporting requirements by the entity in order to receive this type of reimbursement methodology. The contractor will provide services and bill the Medicaid fiscal agent for services rendered in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,919,577.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Fire Districts perform Medicaid Emergency Transportation services to Medicaid recipients. As a local governmental entity, the contractor is eligible to receive Certified Public Expenditures reimbursement methodology which allows the contractor to receive payment based on actual costs to provide services instead of the posted fee schedule. This reimbursement allows the state to maximize Medicaid federal funding for Nevada.

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

The State does not have the resources or expertise to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. 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

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aree2	08/24/2017 13:01:27 PM
Division Approval	mlewi7	08/25/2017 08:15:52 AM
Department Approval	jkolenut	08/30/2017 08:58:39 AM
Contract Manager Approval	aree2	08/31/2017 12:25:02 PM
Budget Analyst Approval	drey nol2	09/13/2017 15:54:42 PM
BOE Agenda Approval	nhovden	09/14/2017 16:34:32 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Administrator

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

MEMORANDUM

Date: August 24, 2017
TO: Debi Reynolds, Budget Analyst IV
FROM: Ambra Reed, Certified Contract Manager DHCFP
RE: Elko County Ambulance Service

This memorandum requests that the above subject contract be approved for a retroactive start date effective October 1, 2015. The contract requires a retroactive start date to allow the State to pay the Fire Districts for services rendered. This contract was delayed due to the approval of the State Plan Amendment.

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: **19168**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	White Pine County Social Services
Agency Code:	403	Contractor Name:	White Pine County Social Services
Appropriation Unit:	3243-00	Address:	995 Campton Street, Ste 2
Is budget authority available?:	Yes	City/State/Zip:	Ely, NV 89301
If "No" please explain:	Not Applicable	Contact/Phone:	775-293-6528
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **Yes**

If "Yes", please explain

This contract requires a retroactive start date due to negotiations between the Counties and the State.3. Termination Date: **06/30/2019**Contract term: **1 year and 364 days**4. Type of contract: **Revenue Contract**Contract description: **County Match**

5. Purpose of contract:

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

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$441,288.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

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

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one ore more public agency to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor has been engaged under contract with DHC FP for several years and service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aree2	08/29/2017 09:02:16 AM
Division Approval	mlewi7	08/30/2017 08:33:10 AM
Department Approval	jkolenut	08/31/2017 15:40:11 PM
Contract Manager Approval	aree2	09/01/2017 08:43:38 AM
Budget Analyst Approval	drey nol2	09/13/2017 15:11:15 PM
BOE Agenda Approval	nhovden	09/14/2017 16:41:33 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

MEMORANDUM

DATE: June 14, 2017
TO: Debi Reynolds, Budget Analyst IV
FROM: Ambra Reed, Certified Contract Manager DHCFP
RE: White Pine County Match

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2017. The contract requires a retroactive start date to allow the State to collect revenue from the County for the non-federal share of medical care of indigent persons. This contract was delayed due to negotiations between the Counties and the State.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16829** Amendment Number: **2**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **NEVADA STATE BOARD OF NURSING**

Agency Code: **406** Contractor Name: **NEVADA STATE BOARD OF NURSING**

Appropriation Unit: **3216-12** Address: **STE 300**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89502-6547**

If "No" please explain: **Not Applicable** Contact/Phone: **775/688-2620**

Vendor No.: **T80147500**

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2016-2021**

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 #: **C 14999**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **6 years and 1 day**

4. Type of contract: **Interlocal Agreement**

Contract description: **Approve Programs**

5. Purpose of contract:

This is the second amendment to the original interlocal agreement which provides ongoing program development to regulate nursing assistants employed in nursing facilities and home health agencies. This amendment increases the maximum amount from \$463,050 to \$1,389,150 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:	\$463,050.00	\$463,050.00	\$463,050.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$926,100.00	\$926,100.00	\$926,100.00	Yes - Action
3. New maximum contract amount:	\$1,389,150.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

DPBH is obligated to implement and determine compliance with the provisions of Public Law 100-203 (Omnibus Budget Reconciliation Act of 1987) including amendmenst to, and regarding P.L. 100-203, with respect to the development of a program to regulate nursing assistants employed in nursing facilities and home health agencies in the state. The contractor is qualified to perform these duties efficiently and in a timely manner.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agreement is with a State Agency.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Provided service to DPBH since 7/2013 - satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	08/31/2017 11:59:14 AM
Division Approval	rmorse	08/31/2017 11:59:18 AM
Department Approval	jkolenut	09/01/2017 09:38:22 AM
Contract Manager Approval	rmorse	09/05/2017 10:40:39 AM
Budget Analyst Approval	bwooldri	09/11/2017 09:00:53 AM
BOE Agenda Approval	nhovden	09/12/2017 08:12:15 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19237**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Board of Regents, NSHE obo University of Nevada, Las Vegas
Agency Code:	406	Contractor Name:	Board of Regents, NSHE obo University of Nevada, Las Vegas
Appropriation Unit:	3220-16	Address:	School of Dental Medicine 4505 S. Maryland Parkway
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89154
If "No" please explain:	Not Applicable	Contact/Phone:	702-895-3011
		Vendor No.:	D35000824
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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 % Radiological
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: C 16188

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **Yes**

If "Yes", please explain

This contract was delayed by UNLV's signature process and their Board of Regents. This contract provides for the services of the State of Nevada Dental Health Officer. If this contract was not allowed to be retroactive, the State will not be able to comply with NRS 439.272, to provide an academic faculty member to act and serve as the State Dental Health Officer for the Division of Public and Behavioral Health.

3. Termination Date: **06/30/2019**

Contract term: **1 year and 272 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **State Dental Officer**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing funding for an academic faculty member to act and serve as the State Dental Health Officer as set forth in NRS 439.272.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$430,033.00**

Other basis for payment: Salary plus fringe benefits for 21 months totaling \$390,939 and indirect costs at 10% totaling \$39,094.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will fund the position of State of Nevada Dental Health Officer in accordance with NRS 439.272.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are performing this work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

State agencies routinely perform services for other agencies - satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	chadwic1	09/13/2017 11:44:17 AM
Division Approval	chadwic1	09/13/2017 11:44:19 AM
Department Approval	jkolenut	09/14/2017 08:28:27 AM
Contract Manager Approval	rmorse	09/18/2017 14:17:51 PM
Budget Analyst Approval	bwooldri	09/19/2017 08:55:13 AM
BOE Agenda Approval	nhovden	09/19/2017 09:29:28 AM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor

STATE OF NEVADA

AMY ROUKIE, MBA
Administrator

RICHARD WHITLEY, MS
Director



JOHN DIMURO, D.O., MBA
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

4150 Technology Way, Suite 300
Carson City, NV 89706

Telephone: (775) 684-4200 · Fax: (775) 684-4211

September 11, 2017

MEMORANDUM

TO: Bessie Wooldridge
Budget Analyst
Budget Division

THROUGH: Mark Winebarger
Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: Antonina Capurro, DMD, MPH *EF for*
State Dental Health Officer
Oral Health Program

SUBJECT: **REQUEST FOR RETROACTIVE START DATE OF CONTRACT – 16188 (CETS)**

This interlocal contract with the School of Dental Medicine is to provide a State Dental Health Officer for the Division of Public and Behavioral Health, and is necessary to comply with NRS 439.272.

The interlocal contract was sent to the University of Nevada, Las Vegas (UNLV) School of Dental Medicine on July, 21, 2017 requesting signature for approval. Status of the contract was requested multiple times. Bureau fiscal staff was informed the contract was with the UNLV Office of Sponsored Programs for signature on August 14, 2017. The signed contract was received by fiscal staff on August 25, 2017.

We therefore request this contract be accepted with a retroactive start date of October 1, 2017. If the contract is not approved the State will not be able to comply with NRS 439.272, to provide an academic faculty member to act and serve as a State Dental Health Officer for the Division of Public and Behavioral Health.

Thank you for your consideration in this matter.

If you have any questions, please contact Eric Fortenbury at (775) 684-5929 or efortenbury@health.nv.gov.

CC: Contract Unit
Division of Public and Behavioral Health

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19242**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: OPPORTUNITY VILLAGE ASSOCIATION
Agency Code: 407	Contractor Name: OPPORTUNITY VILLAGE ASSOCIATION
Appropriation Unit: 3233-04	Address: 6300 W OAKLEY BLVD
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89143
If "No" please explain: Not Applicable	Contact/Phone: 702/880-4067
	Vendor No.: PUR0005506A
	NV Business ID: NV19541000506

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	30.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	70.00 %	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 **10/10/2017**
 Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**
 Contract term: **3 years and 264 days**

4. Type of contract: **Contract**
 Contract description: **Document Imaging**

5. Purpose of contract:
This is a new contract to provide services for electronic scanning, indexing, and mail lockbox services.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$7,200,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
The legislatively approved budget was to outsource this function.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
We are eliminating this process in our agency and will need it to be outsourced.

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?
NRS 333.375

d. Last bid date: _____ Anticipated re-bid date: _____

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract (good of the State) providing satisfactory services

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	09/13/2017 13:39:41 PM
Division Approval	bberry	09/13/2017 14:14:33 PM
Department Approval	jkolenut	09/13/2017 16:10:54 PM
Contract Manager Approval	mlynn	09/13/2017 16:24:40 PM
EITS Approval	lolso3	09/14/2017 13:34:50 PM
Budget Analyst Approval	nhovden	09/19/2017 10:44:28 AM
BOE Agenda Approval	nhovden	09/19/2017 10:44:31 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: **18835**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: DOUGLAS COUNTY
Agency Code: 409	Contractor Name: DOUGLAS COUNTY
Appropriation Unit: 3229-00	Address: 1594 Esmeralda Avenue
Is budget authority available?: Yes	City/State/Zip: MINDEN, NV 89423
If "No" please explain: Not Applicable	Contact/Phone: 775/782-9825
	Vendor No.: T40174400G
	NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **Yes**

If "Yes", please explain

This intralocal contract is retroactive due to the need for the Legislative progress before determination of the correct assessment amount to add to the contract and the subsequent need for the County Board of Commissioners to review and approve the contract.

3. Termination Date: **06/30/2019**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **CPS Assessment**

5. Purpose of contract:

This is a new revenue interlocal agreement that continues ongoing child protective services pursuant to NRS 432B.326.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$763,541.00**

Other basis for payment: \$381,470.00 for FY18 and \$382,071.00 for FY19

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a revenue contract pursuant to NRS 432B.326.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract pursuant to NRS 432B.326.

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?

This is a revenue contract pursuant to NRS 432B.326.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

Douglas County

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DCFS - Service satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmason	07/07/2017 12:14:33 PM
Division Approval	mmason	07/07/2017 12:14:36 PM
Department Approval	jkolenut	09/12/2017 16:21:45 PM
Contract Manager Approval	sknigge	09/12/2017 16:23:24 PM
Budget Analyst Approval	dreynd2	09/14/2017 13:37:00 PM
BOE Agenda Approval	nhovden	09/14/2017 15:20:11 PM
BOE Final Approval	Pending	



DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
4126 Technology Way, 3rd Floor
Carson City, Nevada 89706
(775) 684-4400

MEMORANDUM

TO: James Wells, Director, Governor's Finance Office

THROUGH: Richard Whitley, Director, Department of Health and Human Services *gm*

SH THROUGH: Sharon Benson, Senior Deputy Attorney General, Attorney General's Office

FROM: Kelly Wooldridge, Administrator, Division of Child and Family Services
Kelly Wooldridge for

DATE: July 5, 2017

SUBJECT: Retroactive Contract – Douglas County

A retroactive date of July 1, 2017, is requested for the Contract between the Division of Child and Family Services (DCFS) and Douglas County in order to issue an assessment for Child protective service to the County pursuant to NRS 432B.3262.

This intralocal contract is retroactive to the need for the Legislative progress before determination of the correct assessment amount to add to the contract and the subsequent need for the County Board of Commissioners to review and approve the contract.

Thank you for your consideration of this request. If you have any questions please do not hesitate to contact me at (775) 684-4459.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19161**

Agency Name: DEPARTMENT OF CORRECTIONS Agency Code: 440 Appropriation Unit: 3710-62 Is budget authority available?: Yes If "No" please explain: Not Applicable To what State Fiscal Year(s) will the contract be charged? 2018-2019 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. <table border="0" style="width: 100%;"> <tr> <td style="width: 10%;">X</td> <td style="width: 40%;">General Funds</td> <td style="width: 15%;">100.00 %</td> <td style="width: 15%;">Fees</td> <td style="width: 10%;">0.00 %</td> </tr> <tr> <td></td> <td>Federal Funds</td> <td>0.00 %</td> <td>Bonds</td> <td>0.00 %</td> </tr> <tr> <td></td> <td>Highway Funds</td> <td>0.00 %</td> <td>Other funding</td> <td>0.00 %</td> </tr> </table> Agency Reference #: RFP#3472-AM	X	General Funds	100.00 %	Fees	0.00 %		Federal Funds	0.00 %	Bonds	0.00 %		Highway Funds	0.00 %	Other funding	0.00 %	Legal Entity Name: CoreCivic, Inc. Contractor Name: CoreCivic, Inc. Address: 10 Burton Hills Blvd. City/State/Zip: Nashville, TN 37215 Contact/Phone: Brian K. Ferrell 615/263-3282 Vendor No.: NV Business ID: NV19981366218
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 **10/11/2017**

 Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**
 Contract term: **1 year and 262 days**

4. Type of contract: **Contract**
 Contract description: **Out-of-State Beds**

5. Purpose of contract:
This is a new contract to provide out-of-state correctional beds to ease overcrowding.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$9,292,456.00**

Other basis for payment: Based on 200 male inmates: FY18 Per Diem Rate of \$72.58 per inmate; FY19 Per Diem Rate of \$74.40 per inmate.

II. JUSTIFICATION

7. What conditions require that this work be done?
 Department inmate population has created an urgent need to contract with a correctional vendor to provide out-of-state correctional beds to ease overcrowding.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
 The Nevada Department of Corrections is the only agency that provides inmate beds. No other state agency offers this service.

9. Were quotes or proposals solicited? **Yes**
 Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

CoreCivic
GEO Group, Inc.
DiaMedical USA
Corrections Corporation of America

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3472, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee. They were the only vendor to submit a proposal

d. Last bid date: 07/26/2017 Anticipated re-bid date: 03/26/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Department of Corrections - May 1997 - October 2004
Nevada Department of Corrections September 2003 - August 2005
They have been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bweisent	09/11/2017 11:18:54 AM
Division Approval	sewart	09/11/2017 11:32:16 AM
Department Approval	sewart	09/11/2017 11:32:20 AM
Contract Manager Approval	vfajota	09/11/2017 14:57:10 PM
Budget Analyst Approval	bmacke1	09/11/2017 15:20:13 PM
BOE Agenda Approval	lfree1	09/18/2017 08:59:25 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: 17996	Amendment Number: 1
Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: ADVANCE PIERRE FOODS, INC.
Agency Code: 550	Contractor Name: ADVANCE PIERRE FOODS, INC.
Appropriation Unit: 1362-21	Address: 9987 CARVER ROAD, SUITE 500
Is budget authority available?: Yes	City/State/Zip: CINCINNATI, OH 45242
If "No" please explain: Not Applicable	Contact/Phone: KATHRYN WONG, COMMODITY REPRESENTATIVE 513/682-7162
	Vendor No.: T27028372A
	NV Business ID: NV20091345689

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP # 3237**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2016**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2018**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **USDA Food Processing**

5. Purpose of contract:

This is the first amendment to the original contract which provides breakfast and lunch products for the National School Lunch Program using USDA commodities as ingredients. This amendment increases the maximum amount from \$441,200 to \$500,000 due to the increase in school orders.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$441,200.00	\$441,200.00	\$441,200.00	Yes - Action
2. Amount of current amendment (#1):	\$58,800.00	\$58,800.00	\$58,800.00	Yes - Action
3. New maximum contract amount:	\$500,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The increase in meal participation, school districts and other agencies use processed food products in their lunch programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

9. Were quotes or proposals solicited? Yes
 Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3237, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/25/2016 Anticipated re-bid date: 03/26/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Current contract holder for Nevada Department of Agriculture and service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mston1	09/11/2017 08:41:45 AM
Division Approval	mston1	09/11/2017 08:41:49 AM
Department Approval	mston1	09/11/2017 08:41:52 AM
Contract Manager Approval	mston1	09/11/2017 08:41:55 AM
Budget Analyst Approval	hfield	09/11/2017 09:44:56 AM
BOE Agenda Approval	cmurph3	09/12/2017 14:56:11 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 17999	Amendment Number: 1	
	Legal Entity Name: Asian Food Solutions	
Agency Name: DEPARTMENT OF AGRICULTURE	Contractor Name: Asian Food Solutions	
Agency Code: 550	Address: 2572 W. State Road Suite 2016	
Appropriation Unit: 1362-21	City/State/Zip: Oviedo, FL 32765	
Is budget authority available?: Yes	Contact/Phone: Allan Lam 888-499-6888	
If "No" please explain: Not Applicable	Vendor No.:	
	NV Business ID: NV2016328865	

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP # 3237**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2016**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2018**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **USDA Foods Processin**

5. Purpose of contract:

This is the first amendment to the original contract which provides breakfast and lunch products for the National School Lunch Program using USDA commodities as ingredients. This amendment increases the maximum amount from \$361,100 to \$1,050,000 due to the increase in school orders.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$688,900.00	\$688,900.00	\$688,900.00	Yes - Action
2. Amount of current amendment (#1):	\$361,100.00	\$361,100.00	\$361,100.00	Yes - Action
3. New maximum contract amount:	\$1,050,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The increase in meal participation, school districts and other agencies use processed food products in their lunch programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

9. Were quotes or proposals solicited? Yes
 Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3237, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/25/2016 Anticipated re-bid date: 03/26/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
 Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
 Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
 Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mston1	09/11/2017 08:45:44 AM
Division Approval	mston1	09/11/2017 08:45:47 AM
Department Approval	mston1	09/11/2017 08:45:50 AM
Contract Manager Approval	mston1	09/11/2017 08:45:53 AM
Budget Analyst Approval	hfield	09/11/2017 09:56:52 AM
BOE Agenda Approval	cmurph3	09/12/2017 14:52:28 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18004** Amendment Number: **2**

Agency Name: **DEPARTMENT OF AGRICULTURE** Legal Entity Name: **JENNIE-O TURKEY STORE SALES, LLC**

Agency Code: **550** Contractor Name: **JENNIE-O TURKEY STORE SALES, LLC**

Appropriation Unit: **1362-21** Address: **2505 Willmar Ave SW**

Is budget authority available?: **Yes** City/State/Zip: **Willmar, MN 56201**

If "No" please explain: **Not Applicable** Contact/Phone: **Tahlor Parkhurst, Wenterm K12 Sales Manager 619-851-8623**

Vendor No.: **T27012910B**

NV Business ID: **NV20111148418**

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP # 3237**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2016**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2018**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **USDA Food Processing**

5. Purpose of contract:

This is the second amendment to the original contract which provides breakfast and lunch products for the National School Lunch Program using USDA commodities as ingredients. This amendment increases the maximum amount from \$249,700 to \$325,000 due to the increase in school orders.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$249,700.00	\$249,700.00	\$249,700.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$75,300.00	\$75,300.00	\$75,300.00	Yes - Action
3. New maximum contract amount:	\$325,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The increase in meal participation, school districts and other agencies use processed food products in their lunch programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
 State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.
9. Were quotes or proposals solicited? Yes
 Was the solicitation (RFP) done by the Purchasing Division? Yes
- a. List the names of vendors that were solicited to submit proposals (include at least three):

- b. Solicitation Waiver: **Not Applicable**
- c. Why was this contractor chosen in preference to other?
 Pursuant to RFP #3237, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.
- d. Last bid date: _____ Anticipated re-bid date: _____
10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?
 No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor
 Not Applicable
12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?
 No
- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?
 No
- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?
 No If "Yes", please explain
 Not Applicable
13. Has the contractor ever been engaged under contract by any State agency?
 Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:
 Current contractor for Nevada Department of Agriculture and services have been satisfactory
14. Is the contractor currently involved in litigation with the State of Nevada?
 No If "Yes", please provide details of the litigation and facts supporting approval of the contract:
 Not Applicable
15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Foreign Corporation
16. a. Is the Contractor Name the same as the legal Entity Name?
 Yes
17. a. Does the contractor have a current Nevada State Business License (SBL)?
 Yes
18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
 Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mston1	09/11/2017 08:37:41 AM
Division Approval	mston1	09/11/2017 08:37:45 AM
Department Approval	mston1	09/11/2017 08:37:49 AM
Contract Manager Approval	mston1	09/11/2017 08:37:52 AM
Budget Analyst Approval	hfield	09/11/2017 10:00:09 AM
BOE Agenda Approval	cmurph3	09/12/2017 15:00:30 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18023	Amendment Number: 2	
	Legal Entity Name: TYSON PREPARED FOODS, INC.	
Agency Name: DEPARTMENT OF AGRICULTURE	Contractor Name: TYSON PREPARED FOODS, INC.	
Agency Code: 550	Address: 2200 Don Tyson Parkway	
Appropriation Unit: 1362-21	Mail Code CP576	
Is budget authority available?: Yes	City/State/Zip: Springdale, AR 72762	
If "No" please explain: Not Applicable	Contact/Phone: Charles Boger, Director Pricing 479/290-3519	
	Vendor No.: T32000901C	
	NV Business ID: NV20111130012	

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: RFP # 3237

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2016**
 Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2018**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **USDA Food Processing**

5. Purpose of contract:

This is the second amendment to the original contract which provides breakfast and lunch products for the National School Lunch Program using USDA commodities as ingredients. This amendment increases the maximum amount from \$4,574,400 to \$5,000,000 due to the increase in school orders.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$4,574,400.00	\$4,574,400.00	\$4,574,400.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$425,600.00	\$425,600.00	\$425,600.00	Yes - Action
3. New maximum contract amount:	\$5,000,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The increase in meal participation, school districts and other agencies use processed food products in their lunch programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3237, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/25/2016 Anticipated re-bid date: 03/25/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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:

Tyson is a current vendor for the Department of Agriculture and the services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mston1	09/11/2017 08:39:43 AM
Division Approval	mston1	09/11/2017 08:39:47 AM
Department Approval	mston1	09/11/2017 08:39:52 AM
Contract Manager Approval	mston1	09/11/2017 08:40:31 AM
Budget Analyst Approval	hfield	09/11/2017 10:01:32 AM
BOE Agenda Approval	cmurph3	09/12/2017 15:02:08 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: 15317	Amendment Number: 4
Agency Name: GCB - GAMING CONTROL BOARD	Legal Entity Name: CIBER GLOBAL, LLC
Agency Code: 611	Contractor Name: CIBER GLOBAL, LLC
Appropriation Unit: 4061-51	Address: 3270 W BIG BEAVER
Is budget authority available?: Yes	City/State/Zip: TROY, MI 48084
If "No" please explain: Not Applicable	Contact/Phone: Gary Stolpa 303/220-0100
	Vendor No.:
	NV Business ID: NV20171421120
To what State Fiscal Year(s) will the contract be charged?	2014-2022

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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 #3081**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/11/2014**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2018**

Contract term: **8 years and 22 days**

4. Type of contract: **Contract**

Contract description: **Application Develop**

5. Purpose of contract:

This is the fourth amendment to the original contract which continues ongoing assistance in developing custom applications to replace the Board's current Digital Equipment Corp/Virtual Memory System, which is a Common Business Oriented Language system. This amendment extends the termination date from March 31, 2018 to March 31, 2022 and increases the maximum amount from \$6,039,535 to \$8,256,033 to continue the project.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$1,472,147.00	\$1,472,147.00	\$1,472,147.00	Yes - Action
a. Amendment 1:	\$452,697.00	\$452,697.00	\$452,697.00	Yes - Action
b. Amendment 2:	\$3,375,217.00	\$3,375,217.00	\$3,375,217.00	Yes - Action
c. Amendment 3:	\$739,474.00	\$739,474.00	\$739,474.00	Yes - Action
2. Amount of current amendment (#4):	\$2,216,498.00	\$2,216,498.00	\$2,216,498.00	Yes - Action
3. New maximum contract amount:	\$8,256,033.00			
and/or the termination date of the original contract has changed to:	03/31/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Boards existing DEC/VMS COBOL based system is out-dated as it was initially developed in 1982. The Boards system is in need of updating to a SQL Server or similar database platform in order to effectively manage the data and applications used by the Board to carry out its functions.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board does not have enough staff or resources to undertake a project of this magnitude.

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):

Ciber, Inc. (Ciber Global)
Dell Marketing
Tata American International

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3081, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/23/2013 Anticipated re-bid date: 10/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jblac7	09/05/2017 14:03:34 PM
Division Approval	jblac7	09/05/2017 14:03:45 PM
Department Approval	jblac7	09/05/2017 14:03:56 PM
Contract Manager Approval	jblac7	09/05/2017 14:04:03 PM
Budget Analyst Approval	myoun3	09/12/2017 12:40:08 PM
BOE Agenda Approval	lfree1	09/18/2017 09:05:17 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: **19215**

Agency Name: DPS-TRAFFIC SAFETY Agency Code: 658 Appropriation Unit: 4688-04 Is budget authority available?: Yes If "No" please explain: Not Applicable To what State Fiscal Year(s) will the contract be charged? 2018-2022	Legal Entity Name: KIMLEY HORN & ASSOCIATES, INC. Contractor Name: KIMLEY HORN & ASSOCIATES, INC. Address: 6671 LAs Vegas Blvd. SUITE 320 City/State/Zip: Las Vegas, NV 89119 Contact/Phone: 702-862-3609 Vendor No.: T81098457A NV Business ID: NV19911015458
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What is the source of funds that will be used to 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	40.00 %	Bonds	0.00 %
X Highway Funds	60.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/10/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2021**

Contract term: **3 years and 356 days**

4. Type of contract: **Contract**

Contract description: **HSP Coordinator**

5. Purpose of contract:

This is a new contract to provide consultant services, to include managerial, planning and technical services, in support of the development and maintenance of the Nevada Highway Safety Plan.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: Not to Exceed Amount is based on estimated future funding; all work will be preauthorized with estimate of each service

II. JUSTIFICATION

7. What conditions require that this work be done?

The Office of Traffic Safety has been tasked with the Nevada Highway Safety Plan, and they administer programs that address traffic safety behavioral considerations. In 2010, the Zero Fatalities Campaign was adopted and incorporated into the NHSP to further improve highway safety. The Division requires assistance in providing statistical data and analysis to incorporate into the NHSP, as well as aligning data with strategic planning, and coordinating with Nevada DOTs Strategic Highway Safety Plan.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No State employee has the expertise to complete the scope of work required.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was a joint RFP thru Nevada Department of Transportation. RFP#668-16-816. This was the most qualified vendor.

d. Last bid date: 05/24/2017 Anticipated re-bid date: 05/24/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	shoh1	09/05/2017 13:21:24 PM
Division Approval	shoh1	09/05/2017 13:21:30 PM
Department Approval	mcar2	09/05/2017 13:29:02 PM
Contract Manager Approval	mcar2	09/05/2017 13:37:26 PM
Budget Analyst Approval	jrodrig9	09/12/2017 22:10:14 PM
BOE Agenda Approval	sbrown	09/15/2017 12:47:34 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: **19130**

Agency Name: **DEPARTMENT OF WILDLIFE**
Agency Code: **702**
Appropriation Unit: **4464-14**

Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **EL AERO SERVICES, LLC**
Contractor Name: **EL AERO SERVICES, LLC**
Address: **815 MURRAY WAY**
City/State/Zip: **ELKO, NV 89801-7813**
Contact/Phone: **Brad Rathbun 775/738-7123**
Vendor No.: **PUR0005822**
NV Business ID: **NV20151415893**

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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 %	X	Fees	25.00 %	Habitat Conservation
X Federal Funds	75.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **18-10/#3444TB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/10/2017**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2021**

Contract term: **4 years and 22 days**

4. Type of contract: **Contract**

Contract description: **Helicopter Services**

5. Purpose of contract:

This is a new contract to provide helicopter services, pilots and associated services to assist in wildlife survey and inventory, transporting externally loaded materials, performing animal capture, fish planting and aerial application of seed and herbicide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

NDOW requires helicopter services to help meet its wildlife management responsibilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW does not have adequate resources or adequate number of pilots to complete the 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):

**Airlift Helicopters, Inc.
Reeder Flying Service, Inc.
EI Aero Services, LLC**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3444, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/11/2017 Anticipated re-bid date: 05/11/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Current contract with Department of Wildlife; Quality of service is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:

Cody Schroeder, Wildlife Staff Specialist Ph: 775/688-1659

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	08/17/2017 11:11:19 AM
Division Approval	tdoucett	08/24/2017 09:53:01 AM
Department Approval	eobrien	08/24/2017 13:04:15 PM
Contract Manager Approval	dwendell	08/29/2017 10:54:20 AM
Budget Analyst Approval	cpalme2	09/12/2017 10:34:23 AM
BOE Agenda Approval	cmurph3	09/12/2017 13:16:07 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: **19129**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: KIWI AIR, LLC
Agency Code: 702	Contractor Name: KIWI AIR, LLC
Appropriation Unit: 4464-14	Address: 1288 PORT WAY
Is budget authority available?: Yes	City/State/Zip: CLARKSTON, WA 99403
If "No" please explain: Not Applicable	Contact/Phone: SAMANTHA J. MALO 303/946-2475
	Vendor No.:
	NV Business ID: NV20171556840
To what State Fiscal Year(s) will the contract be charged?	2018-2022

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 %	X	Fees	25.00 %	Habitat Conservation
X Federal Funds	75.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 18-09

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/10/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2021**

Contract term: **4 years and 22 days**

4. Type of contract: **Contract**

Contract description: **Helicopter Services**

5. Purpose of contract:

This is a new contract to provide helicopter services, pilots and associated services to assist in wildlife survey and inventory, transporting externally loaded materials, performing animal capture, fish planting and aerial application of seed and herbicide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

NDOW requires helicopter services to help meet its wildlife management responsibilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW does not have adequate resources or adequate number of pilots to complete the 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):

EI Aero Services, LLC
Airlift Helicopters, Inc.
Reeder Flying Services, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3444, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/11/2017 Anticipated re-bid date: 05/11/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Pending

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Cody Schroeder, Wildlife Staff Specialist Ph: 775/688-1659

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	08/17/2017 10:54:50 AM
Division Approval	tdoucett	08/24/2017 09:52:16 AM
Department Approval	eobrien	08/24/2017 13:54:05 PM
Contract Manager Approval	dwendell	08/31/2017 12:51:17 PM
Budget Analyst Approval	cpalme2	09/12/2017 10:45:14 AM
BOE Agenda Approval	cmurph3	09/12/2017 13:14:30 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: **18121** Amendment Number: **2**
 Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **QUICKSILVER AIR, INC.**
 Agency Code: **702** Contractor Name: **QUICKSILVER AIR, INC.**
 Appropriation Unit: **4464-14** Address: **2721 CORMORANT STREET**
 Is budget authority available?: **Yes** City/State/Zip: **FAIRBANKS, AK 99709-2565**
 If "No" please explain: Not Applicable Contact/Phone: 907/457-1941
 Vendor No.: T27015472
 NV Business ID: NV20161543544

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	50.00 % Game Donations & Heritage Tag Auctions

Agency Reference #: 17-19

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/11/2016**
 Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**
 Contract term: **3 years and 263 days**

4. Type of contract: **Contract**
 Contract description: **Aerial Capture**

5. Purpose of contract:
This is the second amendment to the original contract which provides aerial wildlife capture and transport services for disease surveillance, deployment of tracking devices, translocation of big game and to support research projects statewide. This amendment increases the maximum amount from \$300,000 to \$1,600,000 due to the addition of mountain goat to the fee schedule and stipulations to the scope of work over the next three capture seasons.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$1,300,000.00	\$1,300,000.00	\$1,300,000.00	Yes - Action
3. New maximum contract amount:	\$1,600,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

To more effectively manage our big game herds by better understanding herd distribution, seasonal movements, migration corridors, survival rates, pathogen exposure, and critical use areas. Big game captures are also conducted to collaborate on research projects with academia and universities to support graduate research and assist in collecting scientifically credible information for future use in conservation of critical big game habitat.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

It is Department policy to use private vendors due to extreme safety issues related to big game netgun captures from a helicopter. We do have NDOW pilots and biologists conducting aerial big game surveys, but this contract would further assist in conducting more timely surveys to augment the existing NDOW aircraft when they are unavailable or when NDOW aircraft are already conducting surveys and there are additional survey needs not being met.

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):

Leading Edge
Quicksilver Air
Native Range Capture Services
Kiwi Air
Heliwild

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3272, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed committee.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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 worked with NDOW and had satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	08/18/2017 08:44:16 AM
Division Approval	tdoucett	08/24/2017 09:25:52 AM
Department Approval	eobrien	08/24/2017 14:20:10 PM
Contract Manager Approval	dwendell	08/29/2017 10:53:27 AM
Budget Analyst Approval	cpalme2	09/07/2017 14:27:07 PM
BOE Agenda Approval	cmurph3	09/11/2017 09:43:06 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19131**

Agency Name: **DEPARTMENT OF WILDLIFE**
Agency Code: **702**
Appropriation Unit: **4464-14**

Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **REEDER FLYING SERVICE, INC.**
Contractor Name: **REEDER FLYING SERVICE, INC.**
Address: **644 AIRPORT LOOP**
City/State/Zip: **TWIN FALLS, ID 83301**
Contact/Phone: **Steve West 208/733-5920**
Vendor No.: **T32002531**
NV Business ID: **NV20131197795**

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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 %	X	Fees	25.00 %	Habitat Conservation
X Federal Funds	75.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 18-11

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/10/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2021**

Contract term: **4 years and 22 days**

4. Type of contract: **Contract**

Contract description: **Helicopter Services**

5. Purpose of contract:

This is a new contract to provide helicopter services, pilots and associated services to assist in wildlife survey and inventory, transporting externally loaded materials, performing animal capture, fish planting and aerial application of seed and herbicide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

NDOW requires helicopter services to help meet its wildlife management responsibilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW does not have adequate resources or adequate number of pilots to complete the 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):

Reeder Flying Service, Inc.
Airlift Helicopters, Inc.
EI Aero Services, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3444, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/11/2017 Anticipated re-bid date: 05/11/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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:

2013-2017 Department of Wildlife; Quality of service satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Cody Schroeder, Wildlife Staff Specialist Ph: 775/688-1659

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	08/17/2017 11:14:44 AM
Division Approval	tdoucett	08/24/2017 09:51:19 AM
Department Approval	eobrien	08/24/2017 14:12:52 PM
Contract Manager Approval	dwendell	08/29/2017 10:54:33 AM
Budget Analyst Approval	cpalme2	09/12/2017 10:50:38 AM
BOE Agenda Approval	cmurph3	09/12/2017 13:11:38 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 17311	Amendment Number: 2	
	Legal Entity Name:	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNR
Agency Name: DEPARTMENT OF WILDLIFE	Contractor Name:	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNR
Agency Code: 702	Address:	CONTROLLERS MAIL STOP 325
Appropriation Unit: 4467-13	City/State/Zip:	RENO, NV 89557-0325
Is budget authority available?: Yes	Contact/Phone:	KIM HIGGINS 775-784-4040
If "No" please explain: Not Applicable	Vendor No.:	D35000849
	NV Business ID:	Government Entity
To what State Fiscal Year(s) will the contract be charged?	2016-2019	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	16-33		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/14/2015**

 Anticipated BOE meeting date: 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2017**

Contract term: **3 years and 18 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **UNR Herbarium**

5. Purpose of contract:

This is the second amendment to the original contract which provides financial support and technical assistance to increase available resources for plant species identification. This amendment extends the termination date from December 31, 2017 to December 31, 2018 and increases the maximum amount from \$49,350 to \$74,350 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:	\$24,675.00	\$24,675.00	\$24,675.00	Yes - Info
a. Amendment 1:	\$24,675.00	\$24,675.00	\$49,350.00	Yes - Info
2. Amount of current amendment (#2):	\$25,000.00	\$25,000.00	\$74,350.00	Yes - Action
3. New maximum contract amount:	\$74,350.00			
and/or the termination date of the original contract has changed to:	12/31/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

Funding will provide financial support and technical assistance for the curator at the Herbarium to continue to perform the important plant identification functions of this collection.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW does not employ a curator.

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?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

17.5%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

currently contracted with NDOW and they have met satisfactory needs.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	08/17/2017 14:50:12 PM
Division Approval	tdoucett	08/24/2017 09:36:07 AM
Department Approval	eobrien	08/25/2017 10:20:16 AM
Contract Manager Approval	dwendell	08/29/2017 11:06:44 AM
Budget Analyst Approval	cpalme2	09/07/2017 13:24:55 PM
BOE Agenda Approval	cmurph3	09/11/2017 12:26:08 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: **19136**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-04**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Lyon County Road Division**
Contractor Name: **Lyon County Road Division**
Address: **18 Highway 95A North**
City/State/Zip: **Yerington, NV 89447**
Contact/Phone: **Dustin Homan, Superintendent 775-463-6551**
Vendor No.:
NV Business ID: **Government Entity**

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	20.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
<input checked="" type="checkbox"/>	Highway Funds	80.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/10/2017**
Anticipated BOE meeting date **09/2017**

Retroactive? **Yes**

If "Yes", please explain

I am requesting a retroactive interlocal for the new park, Walker River State Recreational Area. The contract was not approved by Lyon County until August 17, 2017.

3. Termination Date: **06/30/2019**

Contract term: **1 year and 263 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Road Maintenance**

5. Purpose of contract:

This is a new interlocal agreement to provide road maintenance for portions of roads and associated culverts for Walker River State Recreation Area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Other basis for payment: \$37,500 per year for roads plus \$9,000 per year of maintenance on culverts plus a contingency of \$3,500 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The new park, WRSRA will require road and culvert maintenance in Lyon County.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We don't have the proper machinery or staff expertise

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

Lyon County Public Works

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Randy Denter, Park Supervisor III Ph: 775-684-2770

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	08/21/2017 11:53:53 AM
Division Approval	sdecrona	08/21/2017 11:53:56 AM
Department Approval	sdecrona	08/21/2017 11:53:59 AM
Contract Manager Approval	sdecrona	08/23/2017 07:39:26 AM
Budget Analyst Approval	hfield	08/24/2017 10:23:02 AM
BOE Agenda Approval	cmurph3	08/24/2017 11:14:44 AM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor

BRADLEY CROWELL
Director

Department of Conservation and
Natural Resources

ERIC M. JOHNSON
Administrator

STATE OF NEVADA



901 S. Stewart Street,
Suite 5005
Carson City, NV
89701-5248

Phone: (775) 684-2770
Fax: (775) 684-2777
stparks@parks.nv.gov
<http://parks.nv.gov>

DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF STATE PARKS

August 21, 2017

MEMORANDUM

TO: Curtis Palmer, Budget Analyst
Robert Mergell, Deputy Administrator
Jennifer Idema, Administrative Service Officer
Bryan Stockton, Deputy Attorney General

FROM: Shirley DeCrona, Management Analyst

SUBJECT: Retroactive Interlocal with Lyon County Road Division for road and culvert maintenance for Walker River State Recreation Area

Nevada State Parks will be reimbursing Lyon County Road Division for road and culvert maintenance for portions of Pitchfork and Rafter 7 of East Walker Road, Flying M portion of Pine Grove Road and Minister and Sweetwater road. There is additional maintenance required to portions of roads required to reach the new Walker River State Recreational Area.

I am requesting a retroactive interlocal. The new park, Walker River State Recreation Area, was not approved until August 17, 2017. There will be road costs due to the new park that will take place prior to the BOE meeting that we need to reimburse the county for.

Lyon County Road Division agrees to provide the services set forth in paragraph (6) at an estimated cost of \$37,500 per year for portions of road maintenance, and up to \$9,000 per year for culvert related expenses, since this is an estimated cost a contingency of \$3,500.

The interlocal is not to exceed \$100,000 for the two year term through June 30, 2019.

This will be paid out of 416204 and highway funds.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19167**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: SUMMIT PLUMBING CO., LLC DBA SUMMIT SEPTIC SEWER & DRAIN
Agency Code: 704	Contractor Name: SUMMIT PLUMBING CO., LLC DBA SUMMIT SEPTIC SEWER & DRAIN
Appropriation Unit: 4605-16	Address: 1165 Sawmill Rd. Suite B
Is budget authority available?: Yes	City/State/Zip: GARDNERVILLE, NV 89410
If "No" please explain: Not Applicable	Contact/Phone: Paul Kearney 775/588-5996
	Vendor No.: T29008376
	NV Business ID: NV19991021762

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

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 % Utility Charge
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 **10/10/2017**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**

Contract term: **2 years and 264 days**

4. Type of contract: **Contract**

Contract description: **On Call Plumbing**

5. Purpose of contract:

This is a new contract for on call plumbing, pumping and portable toilet services for Lake Tahoe Nevada State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$90,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Emergency responses, plumbing and pumping services and portable toilet rentals for special events and emergencies.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We lack proper equipment and certifications for need 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):

Alpine Septic & Pumping
D & D Plumbing
Waters Vacuum Truck Service

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The only qualified bidder.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

They've had several contract with Nevada State Parks from 2009 through 2017 with satisfactory compliance.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Joe Fontaine, Facility Supervisor Ph: 775-831-0494 ext 227

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	08/29/2017 09:02:41 AM
Division Approval	sdecrona	08/29/2017 09:02:44 AM
Department Approval	sdecrona	08/29/2017 09:02:46 AM
Contract Manager Approval	sdecrona	08/29/2017 09:18:28 AM
Budget Analyst Approval	cpalme2	09/07/2017 15:33:22 PM
BOE Agenda Approval	cmurph3	09/12/2017 12:54:57 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **19166**

Agency Name:	DCNR - DIVISION OF WATER RESOURCES	Legal Entity Name:	U.S. Department of the Interior, Geological Survey
Agency Code:	705	Contractor Name:	U.S. Department of the Interior, Geological Survey
Appropriation Unit:	4157 - All Categories	Address:	2730 N. Deer Run Road
Is budget authority available?:	Yes	City/State/Zip:	Carson City, NV 89701
If "No" please explain:	Not Applicable	Contact/Phone:	Steven Berris 775-887-7693
		Vendor No.:	T80838030
		NV Business ID:	Business Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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	37.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	63.00 % Basin Funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2017**

Anticipated BOE meeting date 10/2018

Retroactive? **Yes**

If "Yes", please explain

The Division of Water Resources received confirmation of Southern Nevada Water Authority's agreement to provide funding on August 23, 2017, long after the deadline for the Board of Examiners meeting.
--

3. Termination Date: **09/30/2018**Contract term: **364 days**4. Type of contract: **Other (include description): Joint Funding Agreement**Contract description: **Hydrology Monitoring**

5. Purpose of contract:

This is a new joint funding agreement for ongoing monitoring of a hydrology program for water resources in Southern and Eastern Nevada.
--

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$415,560.00**

Payment for services will be made at the rate of \$103,890.00 per quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

This is an on-going data collection program instituted to provide information regarding hydrologic conditions in the region. This information is necessary for the administration of the region's water resources.
--

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The U.S. Geological Survey has the scientists, equipment and expertise to provide the products and services.
--

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The U.S. Geological Survey has the necessary equipment in place and experience in delivering the desired product, and the State Engineer is authorized to enter into agreements with the U.S. Geological Survey under NRS 532.170.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Division has executed many agreements with the U.S. Geological Survey that have resulted in many products widely used by governmental agencies and the public. The results have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Matthew Dillons, Water Resource Specialist Ph: 775-684-2856

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bkordono	08/28/2017 16:07:10 PM
Division Approval	bkordono	08/28/2017 16:07:14 PM
Department Approval	kwilliam	08/31/2017 10:19:17 AM
Contract Manager Approval	bkordono	08/31/2017 11:03:48 AM
Budget Analyst Approval	cpalme2	09/07/2017 15:58:53 PM
BOE Agenda Approval	cmurph3	09/12/2017 13:07:31 PM
BOE Final Approval	Pending	



**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES
DIVISION OF WATER RESOURCES**

**901 South Stewart Street, Suite 2002
Carson City, Nevada 89701-5250
(775) 684-2800 • Fax (775) 684-2811
<http://water.nv.gov>**

INTEROFFICE MEMORANDUM

**TO: CURTIS PALMER, BUDGET ANALYST
MICHELINE FAIRBANK, DEPUTY ATTORNEY GENERAL
BRADLEY CROWELL, DIRECTOR DEPARTMENT OF CONSERVATION AND
NATURAL RESOURCES**

FROM: MATT DILLON, WATER RESOURCE SPECIALIST

THROUGH: JASON KING, P.E., STATE ENGINEER

**SUBJECT: JOINT FUNDING AGREEMENT WITH THE U.S. GEOLOGICAL SURVEY FOR THE
SOUTHERN AND EASTERN NEVADA HYDROLOGY MONITORING PROGRAM**

DATE: August 25, 2017

Accompanying this memorandum are the proposed Joint Funding Agreement (JFA) for the Southern and Eastern Nevada Hydrology Program (Program) and associated documents for fiscal years 2018- 2019. The Program consists of a hydrologic monitoring network of 12 continuous streamflow gages, 14 continuous groundwater level monitoring stations, miscellaneous measurements at 11 groundwater wells, and miscellaneous measurements at 21 springs within the carbonate-rock province.

The Program is funded by pass-through funds from the Southern Nevada Water Authority (SNWA) and basin budget funds from the Nevada Division of Water Resources. The U.S. Geological Survey provides federal matching funds for a portion of the total cost of the Program and performs all work.

The JFA start date is October 1, 2017. The term of the JFA is from October 1, 2017 through September 30, 2018. The JFA and supporting documents are not submitted in time to qualify for the September meeting of the Board of Examiners. It is likely the JFA will be on the October 10 Board of Examiners agenda and eligible for approval after the start date for the JFA. I apologize for missing the deadline for the September Board of Examiners meeting. The Division of Water Resources received confirmation of SNWA's agreement to provide funding on August 23, 2017, long after the deadline for the September Board of Examiners meeting.

Should you have any questions or comments regarding this matter, please do not hesitate to contact me at 684-2856.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14805** Amendment Number: **4**
 Legal Entity Name: **BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNR**
 Agency Name: **DCNR - ENVIRONMENTAL PROTECTION** Contractor Name: **BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNR**
 Agency Code: **709** Address: **UNR CONTROLLERS OFFICE MAIL STOP 0124**
 Appropriation Unit: **3185-04** City/State/Zip: **RENO, NV 89557-0025**
 Is budget authority available?: **Yes** Contact/Phone: **775/784-4062**
 If "No" please explain: **Not Applicable** Vendor No.: **D35000816**
 NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2014-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Violation Penalties
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **DEP 14-010**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/10/2013**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2018**

Contract term: **5 years and 21 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Woodstove Change Out**

5. Purpose of contract:

This is the fourth amendment to the interlocal agreement to develop, implement and monitor the Wood Stove Change-Out Program. This amendment increases the maximum amount from \$339,000 to \$409,000 due to increased interest in program participation.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$250,000.00	\$250,000.00	\$250,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$49,000.00	\$49,000.00	\$49,000.00	Yes - Info
c. Amendment 3:	\$40,000.00	\$40,000.00	\$89,000.00	Yes - Action
2. Amount of current amendment (#4):	\$70,000.00	\$70,000.00	\$70,000.00	Yes - Action
3. New maximum contract amount:	\$409,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The US Environmental Protection Agency (EPA) has proposed stricter National Ambient Air Quality Standards (NAAQS) for PM2.5, prompting the need for reduced emissions from woodstoves in the Carson City area.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Our agency does not have the manpower required to handle the additional workload. The UNR BEP has already established the framework for this project, as they managed the Washoe County woodstove changeout program, and will simply transfer the program structure, materials and website over to the BAPC/BAQP program.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

24.7%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

They have been contracted by our agency, but there are no vendor ratings recorded.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ahanso1	07/31/2017 12:46:56 PM
Division Approval	ddragon1	08/29/2017 15:59:49 PM
Department Approval	jkinde1	08/30/2017 09:12:40 AM
Contract Manager Approval	mgowe1	09/12/2017 12:25:00 PM
Budget Analyst Approval	cpalme2	09/12/2017 16:03:58 PM
BOE Agenda Approval	cmurph3	09/13/2017 10:15:02 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18573	Amendment Number: 1
Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: BOARD OF REGENTS-TMCC
Agency Code: 901	Contractor Name: BOARD OF REGENTS-TMCC
Appropriation Unit: 3265-12	Address: CONTROLLERS OFFICE - EL CORD 7000 DANDINI BLVD RM 318
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89512-3999
If "No" please explain: Not Applicable	Contact/Phone: 775/673-7155
	Vendor No.: D35000841
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3021-20-REHAB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **3 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **CareerConnect 18-20**

5. Purpose of contract:

This is the first amendment to the interlocal agreement that provides support to the CareerConnect program. The CareerConnect Program focuses on serving students with disabilities who are attending college with academic preparation and job skills necessary to successfully obtain and maintain employment. This amendment increases the maximum amount from \$794,483 to \$985,884 due to TMCC's ability to provide additional funds to the program, updating/revising the Scope of Work and the Service and Certified Expenditure Budgets.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$794,483.00	\$794,483.00	\$794,483.00	Yes - Action
2. Amount of current amendment (#1):	\$191,401.00	\$191,401.00	\$191,401.00	Yes - Action
3. New maximum contract amount:	\$985,884.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Cooperation and coordination of services between the Vocational Rehabilitation and students with disabilities is a high priority focus by the Rehabilitation Services Administration, US Department of Education to better serve high school students with disabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division does not have the staff or the funding to perform these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Governmental Entity, TMCC indirect rate 10%

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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:

TMCC has performed satisfactory service for the Department, on multiple contracts, since 2003.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jmcentee	09/05/2017 16:52:20 PM
Division Approval	jmcentee	09/05/2017 16:52:29 PM
Department Approval	jmcentee	09/05/2017 16:52:33 PM
Contract Manager Approval	dohl0	09/06/2017 13:49:54 PM
Budget Analyst Approval	tgreenam	09/08/2017 15:50:21 PM
BOE Agenda Approval	sbrown	09/13/2017 12:28:48 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 14574	Amendment Number: 2	
Agency Name: PUBLIC EMPLOYEES BENEFITS	Legal Entity Name: HEALTHSCOPE BENEFITS, INC.	
Agency Code: 950	Contractor Name: HEALTHSCOPE BENEFITS, INC.	
Appropriation Unit: 1338-10	Address: 27 CORPORATE HILL DR	
Is budget authority available?: Yes	City/State/Zip: LITTLE ROCK, AR 72205-4537	
If "No" please explain: Not Applicable	Contact/Phone: 501/218-7810	
	Vendor No.: T29028424	
	NV Business ID: NV20011223201	

To what State Fiscal Year(s) will the contract be charged? **2014-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 33% Premium Revenue 67% State Subsidy

Agency Reference #: RFP #3010

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/09/2013**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **8 years and 358 days**

4. Type of contract: **Contract**

Contract description: **Dental Claims Admin**

5. Purpose of contract:

This is the second amendment to the existing contract for dental claims administration. This amendment extends the termination date from June 30, 2020 to June 30, 2022 at the fiscal year 2018 rates and increases the maximum amount from \$4,724,000 to \$6,100,000 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:	\$2,812,000.00	\$2,812,000.00	\$2,812,000.00	Yes - Action
a. Amendment 1:	\$1,912,000.00	\$1,912,000.00	\$1,912,000.00	Yes - Action
2. Amount of current amendment (#2):	\$1,376,000.00	\$1,376,000.00	\$1,376,000.00	Yes - Action
3. New maximum contract amount:	\$6,100,000.00			
and/or the termination date of the original contract has changed to:		06/30/2022		

II. JUSTIFICATION

7. What conditions require that this work be done?

The Public Employees' Benefits Program (PEBP) offers dental coverage as a part of its core benefits package.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state of Nevada does not pay medical or dental claims.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3010, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee and was ratified by the PEBP Board.

d. Last bid date: 01/01/2013 Anticipated re-bid date: 01/01/2017

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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:

HealthSCOPE is PEBP's current administrator for medical benefits and administers the HSA and FSA for participants of the program. PEBP is very satisfied by the services provided by HealthSCOPE.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ceaton	07/25/2017 14:41:12 PM
Division Approval	ceaton	07/25/2017 14:41:20 PM
Department Approval	cglover	07/27/2017 16:41:51 PM
Contract Manager Approval	ceaton	08/02/2017 09:58:22 AM
Budget Analyst Approval	nhovden	08/31/2017 16:27:03 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 11825	Amendment Number: 3
Agency Name: PUBLIC EMPLOYEES BENEFITS	Legal Entity Name: HealthSCOPE Benefits, Inc.
Agency Code: 950	Contractor Name: HealthSCOPE Benefits, Inc.
Appropriation Unit: 1338-10	Address: 27 Corporate Hill Dr
Is budget authority available?: Yes	City/State/Zip: Little Rock, AR 72205
If "No" please explain: Not Applicable	Contact/Phone: Mary Catherine Person (501)2187513
	Vendor No.:
	NV Business ID: NV20011223201
To what State Fiscal Year(s) will the contract be charged?	2011-2022

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 33% Premium Revenue and 67% State Subsidy

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/08/2011**

Anticipated BOE meeting date: 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **11 years and 144 days**

4. Type of contract: **Contract**

Contract description: **TPA**

5. Purpose of contract:

This is the third amendment to the existing contract to provide third party administrator services. This amendment extends the termination date from June 30, 2020 to June 30, 2022 at the fiscal year 2018 rates; increases the maximum amount from \$46,100,000 to \$62,600,000; includes new performance guarantees and penalties; and a new fee schedule including a \$2,500,000 allowance for work order requests for cost saving strategy initiatives over the next five plan years.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$29,500,000.00	\$29,500,000.00	\$29,500,000.00	Yes - Action
a. Amendment 1:	\$16,600,000.00	\$16,600,000.00	\$16,600,000.00	Yes - Action
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$16,500,000.00	\$16,500,000.00	\$16,500,000.00	Yes - Action
3. New maximum contract amount:	\$62,600,000.00			
and/or the termination date of the original contract has changed to:		06/30/2022		

II. JUSTIFICATION

7. What conditions require that this work be done?

The Public Employees' Benefits Program requires a Third Party Administrator to process medical, dental and vision health claims for the self funded PPO Plan.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees' are not licensed to provide this service and PEBP does not have the infrastructure to support such a large project.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor received the highest score from the evaluation committee and was ratified by the PEBP Board. Criteria included ability to perform required functions, cost, conformance with the terms of the RFP.

d. Last bid date: 10/01/2010 Anticipated re-bid date: 10/01/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ceaton	07/25/2017 12:04:40 PM
Division Approval	ceaton	07/25/2017 12:04:44 PM

Department Approval	cglover	08/08/2017 08:33:29 AM
Contract Manager Approval	ceaton	08/09/2017 13:55:05 PM
Budget Analyst Approval	nhovden	08/31/2017 16:33:42 PM
BOE Agenda Approval	nhovden	08/31/2017 16:33:46 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14276** Amendment Number: **2**
 Agency Name: **PUBLIC EMPLOYEES BENEFITS** Legal Entity Name: **STANDARD INSURANCE COMPANY**
 Agency Code: **950** Contractor Name: **STANDARD INSURANCE COMPANY**
 Appropriation Unit: **1338-08** Address: **1100 SW 6TH AVE**
 Is budget authority available?: **Yes** City/State/Zip: **PORTLAND, OR 97204-1010**
 If "No" please explain: Not Applicable Contact/Phone: 971/321-3601
 Vendor No.: T29000017
 NV Business ID: nv19971294431

To what State Fiscal Year(s) will the contract be charged? **2014-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 67% State Subsidy/ 33% participant contributions

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2013**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2018**

Contract term: **9 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Group Basic Life**

5. Purpose of contract:

This is the second amendment to the existing contract to provide group basic life insurance and long term disability insurance to eligible participants. This amendment extends the termination date from June 30, 2018 to June 30, 2022, updates the fee schedule with reduced fees for fiscal years 2019 through 2022 and increases the maximum amount from \$46,194,505 to \$95,000,000 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:	\$30,957,000.00	\$30,957,000.00	\$30,957,000.00	Yes - Action
a. Amendment 1:	\$15,237,505.00	\$15,237,505.00	\$15,237,505.00	Yes - Action
2. Amount of current amendment (#2):	\$48,805,495.00	\$48,805,495.00	\$48,805,495.00	Yes - Action
3. New maximum contract amount:	\$95,000,000.00			
and/or the termination date of the original contract has changed to:	06/30/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

Basic life insurance for active and retired PEBP participants and long term disability for active employees are a part of the state's core benefit package.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state of Nevada is not licensed as a life insurance provider.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor received the highest score from the evaluation committee. Some of the criteria used to score were: demonstrated competence, conformance with the terms of the RFP and experience in comparable engagements.

d. Last bid date: 01/01/2008 Anticipated re-bid date: 01/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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:

Standard is currently under contract to provide basic life insurance and long term disability to the state of Nevada. PEBP is satisfied with the services provided by the Standard.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ceaton	07/26/2017 09:07:04 AM
Division Approval	ceaton	07/26/2017 09:07:08 AM
Department Approval	cglover	07/27/2017 16:45:37 PM
Contract Manager Approval	ceaton	08/02/2017 09:57:15 AM

Budget Analyst Approval
BOE Agenda Approval

nhovden
nhovden

08/30/2017 10:12:41 AM
08/30/2017 10:12:46 AM

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	INTRAWORKS, INC.	OTHER: VARIOUS	\$0	
	Contract Description:	This is a new contract to provide equipment, install new systems and provide warranty/maintenance services for security and fire protection services to State agencies.				
		VARIOUS STATE AGENCIES	JUSTICE SYSTEMS CORPORATION	OTHER: VARIOUS	\$0	
2.		VARIOUS STATE AGENCIES	JUSTICE SYSTEMS CORPORATION	OTHER: VARIOUS	\$0	
	Contract Description:	This is a new contract to provide equipment, install new systems and provide warranty/maintenance services for security and fire protection services to State agencies.				
		VARIOUS STATE AGENCIES	POWERCOMM SOLUTIONS	OTHER: VARIOUS	\$0	
3.		VARIOUS STATE AGENCIES	POWERCOMM SOLUTIONS	OTHER: VARIOUS	\$0	
	Contract Description:	This is a new contract to provide equipment, install new systems and provide warranty/maintenance services for security and fire protection services to State agencies.				
		VARIOUS STATE AGENCIES	RFI ENTERPRISES, INC. DBA RFI COMMUNICATIONS & SECURITY SYSTEMS	OTHER: VARIOUS	\$0	
4.		VARIOUS STATE AGENCIES	RFI ENTERPRISES, INC. DBA RFI COMMUNICATIONS & SECURITY SYSTEMS	OTHER: VARIOUS	\$0	
	Contract Description:	This is a new contract to provide equipment, install new systems and provide warranty/maintenance services for security and fire protection services to State agencies.				
		VARIOUS STATE AGENCIES	SHI INTERNATIONAL CORPORATION	OTHER: VARIOUS	\$0	
5.		VARIOUS STATE AGENCIES	SHI INTERNATIONAL CORPORATION	OTHER: VARIOUS	\$0	
	Contract Description:	This is a new contract to establish a Participating Addendum (PA) to provide Cloud Services, Software as a Service, Platform as a Service, and Infrastructure as a Service, allowing state agencies and political subdivisions the ability to purchase cloud services. The PA has no dollar value. Individual purchases require an approved work plan and if applicable, a Technology Investment Request, prior to start of services.				
		VARIOUS STATE AGENCIES	STRATEGIC PROGRESS, LLC	OTHER: VARIOUS	\$200,000	
6.		VARIOUS STATE AGENCIES	STRATEGIC PROGRESS, LLC	OTHER: VARIOUS	\$200,000	
	Contract Description:	This is a new contract to provide grant management and development services for federal grants. This contract is a statewide contract and may be used by all State agencies and political subdivisions.				
		VARIOUS STATE AGENCIES	STRATEGIC PROGRESS, LLC	OTHER: VARIOUS	\$200,000	

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.		VARIOUS STATE AGENCIES	SWITCH, LTD	OTHER: VARIOUS	\$20,000,000	Sole Source
	Contract Description:	This is a new contract to provide access to computer equipment colocation facilities for State agencies and political subdivisions. Colocation services includes the space, associated power, cooling and other services provided by the vendor pursuant to a service order completed by a using agency or political subdivision, which is required prior to start of services.				
	Term of Contract:	Upon Approval - 06/30/2027	Contract # 19231			
8.		VARIOUS STATE AGENCIES	SIMPLEX GRINNELL, LP	OTHER: VARIOUS	\$0	
	Contract Description:	This is a new contract to provide equipment, install new systems and provide warranty/maintenance services for security and fire protection services to State agencies.				
	Term of Contract:	11/01/2017 - 07/31/2019	Contract # 19180			
9.		VARIOUS STATE AGENCIES	STANLEY CONVERGENT SECURITY SOLUTIONS	OTHER: VARIOUS	\$0	
	Contract Description:	This is a new contract to provide equipment, install new systems and provide warranty/maintenance services for security and fire protection services to State agencies.				
	Term of Contract:	11/01/2017 - 07/31/2019	Contract # 19181			
10.		VARIOUS STATE AGENCIES	ECIVIS, INC.	OTHER: VARIOUS	\$200,000	
	Contract Description:	This is a new contract to provide grant management and development services for federal grants. This contract is a statewide contract and may be used by all State agencies and political subdivisions.				
	Term of Contract:	11/01/2017 - 10/31/2021	Contract # 19109			

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19172**

Agency Name: MSA MASTER SERVICE AGREEMENTS Agency Code: MSA Appropriation Unit: 9999 - All Categories Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: Intraworks, Inc. Contractor Name: Intraworks, Inc. Address: 7910 Lorraine Ct NE City/State/Zip: Albuquerque, NM 87113 Contact/Phone: Kevin Mayer 505-884-1970 Vendor No.: NV Business ID: NV20171514763
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To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2019**

Contract term: **1 year and 272 days**

4. Type of contract: **MSA**

Contract description: **Security & Fire**

5. Purpose of contract:

This is a new contract to provide equipment, install new systems and provide warranty/maintenance services for security and fire protection services to State agencies

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

II. JUSTIFICATION

7. What conditions require that this work be done?

All State agencies have some sort of fire suppression equipment ranging from fire extinguishers to kitchen fire suppression systems. It is necessary to service all of this equipment routinely to insure proper working order. Also, many of the security and protection systems currently installed in State facilities are past their manufacturer/installer warranty periods and continue to need maintenance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to service and maintain the various types of equipment.

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):

Stanley Convergent
RFI
PowerComm Solutions

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3407 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/22/2017 Anticipated re-bid date: 05/20/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	09/05/2017 09:33:31 AM
Division Approval	ldeloach	09/05/2017 09:33:34 AM
Department Approval	ldeloach	09/05/2017 09:33:38 AM
Contract Manager Approval	rmille8	09/05/2017 10:31:00 AM
Budget Analyst Approval	lfree1	09/14/2017 17:11:39 PM
BOE Agenda Approval	lfree1	09/18/2017 08:38:21 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: **19173**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Justice Systems Corporation
Agency Code: MSA	Contractor Name: Justice Systems Corporation
Appropriation Unit: 9999 - All Categories	Address: 19428 66th Ave S Suite Q-109
Is budget authority available?: Yes	City/State/Zip: Kent, WA 98032
If "No" please explain: Not Applicable	Contact/Phone: Paul Allyn 253-236-4817
	Vendor No.: T29039689
	NV Business ID: NV20071308625

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2019**

Contract term: **1 year and 272 days**

4. Type of contract: **MSA**

Contract description: **Security & Fire**

5. Purpose of contract:

This is a new contract to provide equipment, install new systems and provide warranty/maintenance services for security and fire protection services to State agencies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

II. JUSTIFICATION

7. What conditions require that this work be done?

All State agencies have some sort of fire suppression equipment ranging from fire extinguishers to kitchen fire suppression systems. It is necessary to service all of this equipment routinely to insure proper working order. Also, many of the security and protection systems currently installed in State facilities are past their manufacturer/installer warranty periods and continue to need maintenance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to service and maintain the various types of equipment.

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):

Simplex Grinnell
PowerComm Solutions
RFI

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3407 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/22/2017 Anticipated re-bid date: 05/20/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	09/05/2017 09:32:03 AM
Division Approval	ldeloach	09/05/2017 09:32:08 AM
Department Approval	ldeloach	09/05/2017 09:32:11 AM
Contract Manager Approval	rmille8	09/05/2017 10:30:07 AM
Budget Analyst Approval	lfree1	09/14/2017 17:21:27 PM
BOE Agenda Approval	lfree1	09/18/2017 08:37:31 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: **19174**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: PowerComm Solutions
Agency Code: MSA	Contractor Name: PowerComm Solutions
Appropriation Unit: 9999 - All Categories	Address: 450 Sunshine Lane
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Jesse Blanco 775-772-3317
	Vendor No.: PUR0005587
	NV Business ID: NV20001383279

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2019**

Contract term: **1 year and 272 days**

4. Type of contract: **MSA**

Contract description: **Security & Fire**

5. Purpose of contract:

This is a new contract to provide equipment, install new systems and provide warranty/maintenance services for security and fire protection services to State agencies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

II. JUSTIFICATION

7. What conditions require that this work be done?

All State agencies have some sort of fire suppression equipment ranging from fire extinguishers to kitchen fire suppression systems. It is necessary to service all of this equipment routinely to insure proper working order. Also, many of the security and protection systems currently installed in State facilities are past their manufacturer/installer warranty periods and continue to need maintenance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to service and maintain the various types of equipment.

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):

Stanley Convergent
Aronson Security Group
RFI

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3407 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/22/2017 Anticipated re-bid date: 05/20/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Current security vendor. No issues.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	09/05/2017 09:22:21 AM
Division Approval	ldeloach	09/05/2017 09:22:25 AM
Department Approval	ldeloach	09/05/2017 09:22:29 AM
Contract Manager Approval	rmille8	09/05/2017 10:29:25 AM
Budget Analyst Approval	lfree1	09/14/2017 17:10:17 PM
BOE Agenda Approval	lfree1	09/18/2017 08:37:50 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: **19176**

Agency Name: **MSA MASTER SERVICE AGREEMENTS**

Agency Code: **MSA**

Appropriation Unit: **9999 - All Categories**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **RFI Enterprises, Inc. dba RFI Communications & Security Systems**
Contractor Name: **RFI Enterprises, Inc. dba RFI Communications & Security Systems**
Address: **360 Turtle Creek Rd.**
City/State/Zip: **San Jose, CA 95125**
Contact/Phone: **Dave Gish 775-852-3555**
Vendor No.: **PUR0002572**
NV Business ID: **NV20021334287**

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2019**

Contract term: **1 year and 272 days**

4. Type of contract: **MSA**

Contract description: **Security & Fire**

5. Purpose of contract:

This is a new contract to provide equipment, install new systems and provide warranty/maintenance services for security and fire protection services to State agencies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

II. JUSTIFICATION

7. What conditions require that this work be done?

All State agencies have some sort of fire suppression equipment ranging from fire extinguishers to kitchen fire suppression systems. It is necessary to service all of this equipment routinely to insure proper working order. Also, many of the security and protection systems currently installed in State facilities are past their manufacturer/installer warranty periods and continue to need maintenance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to service and maintain the various types of 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):

Simplex Grinnell
Aronson Security Group
PowerComm Solutions

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Current vendor and their services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	09/05/2017 09:20:41 AM
Division Approval	ldeloach	09/05/2017 09:20:44 AM
Department Approval	ldeloach	09/05/2017 09:21:26 AM
Contract Manager Approval	rmille8	09/05/2017 10:28:57 AM
Budget Analyst Approval	lfree1	09/14/2017 17:28:57 PM
BOE Agenda Approval	lfree1	09/18/2017 08:38:40 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: **19222**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	SHI INTERNATIONAL CORPORATION
Agency Code:	MSA	Contractor Name:	SHI INTERNATIONAL CORPORATION
Appropriation Unit:	9999 - All Categories	Address:	290 DAVIDSON AVE
Is budget authority available?:	No	City/State/Zip:	SOMERSET, NJ 08873-4145
If "No" please explain: Funding approval will happen during the enactment of a Work Plan, which per the PA is required for each purchase under the contract.		Contact/Phone:	Nick Grappone 303/723-5256
		Vendor No.:	PUR0001595
		NV Business ID:	NV20131129294

To what State Fiscal Year(s) will the contract be charged? **2018-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various

Agency Reference #: AR2488

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/10/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/08/2026**

Contract term: **8 years and 335 days**

4. Type of contract: **MSA**

Contract description: **Cloud Services**

5. Purpose of contract:

This is a new contract to establish a Participating Addendum (PA) to provide Cloud Services, Software as a Service, Platform as a Service, and Infrastructure as a Service, allowing state agencies and political subdivisions the ability to purchase cloud services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

Other basis for payment: As invoiced by the Vendor and approved by the State, in accordance with each Work Plan.

II. JUSTIFICATION

7. What conditions require that this work be done?

Multiple State agencies and political subdivisions require access to cloud solutions to support the needs of their agencies.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Explain why State employees in your agency or other State agencies are not able to do this work:

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

NASPO ValuePoint Contract for Cloud Solutions awarded to 32 vendors. State Purchasing Division is signing Participating Addenda with vendor awarded under NASPO contract that provide services that state agencies or political subdivisions have expressed a need for.

d. Last bid date: 12/21/2015 Anticipated re-bid date: 12/01/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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 currently holds a NASPO ValuePoint Software Value Added Re-seller (VAR) contract that the Purchasing Division has signed onto through a Participating Addendum (PA) for statewide use in Nevada. The Purchasing Division is happy with the service provided under that contract and happy to continue working with this vendor.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Gideon Davis, Purchasing Officer Ph: 775-684-0196

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	09/05/2017 09:58:27 AM
Division Approval	ldeloach	09/05/2017 09:58:30 AM
Department Approval	ldeloach	09/05/2017 09:58:34 AM
Contract Manager Approval	gdavi6	09/05/2017 10:07:11 AM
Budget Analyst Approval	lfree1	09/18/2017 13:39:38 PM
BOE Agenda Approval	lfree1	09/19/2017 10:28:48 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19108**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: STRATEGIC PROGRESS LLC
Agency Code: MSA	Contractor Name: STRATEGIC PROGRESS LLC
Appropriation Unit: 9999 - All Categories	Address: 1697 Crescent Pointe Court
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89523
If "No" please explain: Not Applicable	Contact/Phone: Cynthia Ortiz Gustafson 702/241-8033
	Vendor No.: T27029824A
	NV Business ID: NV20051774907

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various

Agency Reference #: **3435GB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2017**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2021**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Federal Grant Manage**

5. Purpose of contract:

This is a new contract to provide grant management and development services for federal grants. This contract may be used by all State agencies and political subdivisions

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Other basis for payment: As invoiced by State agency or political subdivision, \$150/hour for most services, travel at state per diem rates

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal grants require management and development to be effective

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires a contractor

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):

Gary Bess
eCivis, Inc
StreamLink Software

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor scored the necessary amount of points to receive a contract.

d. Last bid date: 04/03/2017 Anticipated re-bid date: 03/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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:

Office of Grant Procurement - Service is satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Gail Burchett, Purchasing Officer Ph: 775-684-0172

Connie Lucido, Chief Ph: 775-684-0155

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	08/21/2017 08:18:06 AM
Division Approval	mstewa10	08/21/2017 08:18:09 AM
Department Approval	mstewa10	08/21/2017 08:18:13 AM
Contract Manager Approval	gburchet	08/21/2017 09:12:27 AM
Budget Analyst Approval	lfree1	09/18/2017 09:50:34 AM
BOE Agenda Approval	lfree1	09/18/2017 09:50:37 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19231**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	SWITCH, LTD
Agency Code:	MSA	Contractor Name:	SWITCH, LTD
Appropriation Unit:	9999 - All Categories	Address:	PO BOX 400850
Is budget authority available?:	No	City/State/Zip:	LAS VEGAS, NV 89140-0850
If "No" please explain: Budget Authority is determined by a using agency during the enactment of a service order, which is required for each purchase under the contract.		Contact/Phone:	Terri Cooper 702-333-1096
		Vendor No.:	T29011358A
		NV Business ID:	NV20031180607

To what State Fiscal Year(s) will the contract be charged? **2018-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **3497**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**
Contract term: **9 years and 274 days**

4. Type of contract: **MSA**
Contract description: **Colocation Facility**

5. Purpose of contract:

This is a new contract to provide access to computer equipment colocation facilities for state agencies and political subdivisions. Colocation services includes the space, associated power, cooling and other services provided by the vendor pursuant to a service order completed by a using agency or political subdivision, which is required prior to start of services.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$20,000,000.00**
Other basis for payment: As invoiced by the vendor and approved by the State, in accordance with each service order.

II. JUSTIFICATION

7. What conditions require that this work be done?

Multiple state agencies and political subdivisions require access to colocation facilities to support the needs of their agencies.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state can neither fully protect its data interests nor provide the same level of dedicated intrastate bandwidth with the existing in-house server architecture.

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 #: 170901

Approval Date: 09/06/2017

c. Why was this contractor chosen in preference to other?

Services provided will meet Tier 4 data center designation in both Northern and Southern Nevada. No other Tier 4 data centers serve the Northern part of the State. Vendor operates the only Tier 4 that can fully protect the state's data interests and provide the state with dedicated ultra-low latency multi-gigabit bandwidth intrastate between the North and South. This is required for real-time data replication; all other providers must transport via California or Utah.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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:

Multiple agencies have had contracts with Switch to provide co-location services. All are happy with the services. The Purchasing Office, in conjunction with EITS, has determined a single statewide agreement for colocation services is in the best interest of the state going forward.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Gideon Davis, Purchasing Officer Ph: 775-684-0196

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	09/07/2017 08:31:07 AM
Division Approval	ldeloach	09/07/2017 08:31:11 AM
Department Approval	ldeloach	09/07/2017 08:31:16 AM
Contract Manager Approval	jthom17	09/07/2017 08:35:23 AM
EITS Approval	lolso3	09/12/2017 08:33:47 AM

Budget Analyst Approval
BOE Agenda Approval
BOE Final Approval

aurruty
lfree1
Pending

10/04/2017 08:39:05 AM
10/04/2017 08:39:51 AM

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 Haug
 Administrator

Purchasing Use Only:	
Approval#:	170901

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:			
	State Agency:	Department of Administration, Enterprise IT Services		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Ken Adams – Chief of Communications	775 684-5802	link@admin.nv.gov
		Tom Wolf – Chief of IT	775 684-4377	wolf@admin.nv.gov
	Ann Scott – Contract Manager	775 684-5859	annmscott@admin.nv.gov	

Vendor Information:		
1b	Identify Vendor:	Switch Communications Group
	Contact Name:	Terri Cooper
	Address:	4495 East Sahara Ave., Las Vegas, NV 89104
	Telephone Number:	702 333-1096 office; 775 750-2036
	Email Address:	terric@switch.com

1c		Type of Waiver Requested – Check the appropriate type:
Sole or Single Source:		X
Professional Service Exemption:		

Contract Information:			
1d	Is this a new Contract?	Yes X	No
	Amendment:	#	
	CETS:	#	

1e				Term:
One (1) Time Purchase:				
Contract:	Start Date:	October 01, 2017	End Date:	June 30, 2027

1f		Funding: 100%
State Appropriated:		
Federal Funds:		
Grant Funds:		
Other (Explain):	Revenue generated funding	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	Not to Exceed \$20,000,000.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	The State of Nevada requires a specific level of capability to recover from a disaster resulting in depleted functionality of the State Computer Facility located in Carson City. Occupying data space at the Switch SuperNAP's in Northern and Southern Nevada for a total statewide service will provide data replication to ensure we are protecting SilverNet, and VoIP phone services and state mainframe computing at the highest level possible. The Switch Contract can be utilized by all state agencies in the State of Nevada and all Nevada local municipalities, including cities and counties and NSHE.

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	Switch will provide us a Tier 4 level service and security at the Switch Northern and Southern SuperNAP's. They are currently the only company that has a Tier 4 data center in the North and South allowing for Disaster Recovery sites to be located miles apart per best practices. The most important asset they provide to the State is the "Fault Tolerance" network capability. They have the most robust fiber network access point in North America providing access to multiple Internet and private line carriers; provisioning for multi gigabit services; providing for path and vendor diversity a critical component in network disaster recovery implementations and cloud based initiatives including voice and data. Provides for dedicated ultra-low latency multi gigabit bandwidth intrastate between the north and the south. Switch will provide us with 24/7/365 on-site security, safety, operations and critical infrastructure personnel.

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<ul style="list-style-type: none"> • These services provided by Switch will be met with the Tier 4 level designation for Northern and Southern Nevada using the SuperNAP's. • There are no other Tier 4 level data centers in the Northern part of the State. • It will be the only data Tier 4 center that can fully protect the State's data interests and provide the state with dedicated ultra-low latency multi gigabit bandwidth <i>intrastate</i> between the north and the south. Required for real-time data replication, all other providers must transport via California or Utah. • Cost savings to the State of Nevada of 40% discount provided for all Nevada state agencies and local municipalities.

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				
	The cost is in line with our expectations for what is being provided at the security levels we need to meet to protect the State's assets. See item #3 for the capacity consequences. Also, Switch is the ONLY Tier 4 data center in the northern part of the state, and has the networking capacity to give us redundant capabilities.				

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	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
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request.				
a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>				
<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>
7/1/2013	6/30/2016	\$1,000,000.00	States disaster recovery project	120711
		\$		
		\$		
		\$		
		\$		

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	EITS and exempt customers seeking Tier 4 services will not have access to SilverNet with linking communications to the rest of the state. Duplication of network services and communication infrastructure would need to be created. Access to cloud providers and other cloud services would require multiple last mile connections to the Carson City Data Center at additional costs.

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?
	Since the State of Nevada Disaster Recovery security will require a collocate with a Tier 4 data center and Switch has the only Tier 4 data centers located in northern and southern Nevada, there is no other vendor to acquire a competitive bid for the services and the security we must meet.

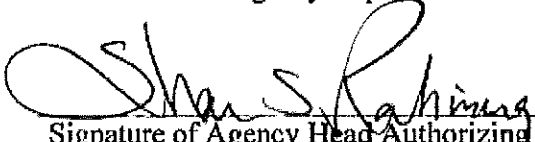
9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:		No:	X
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				

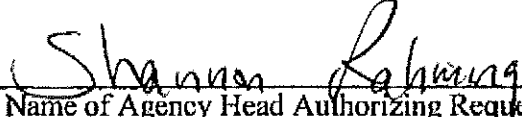
By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.


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

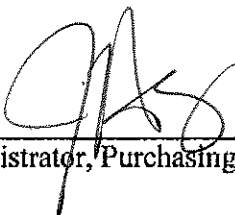
Print Name of Representative Providing Review

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: **19180**

Agency Name: MSA MASTER SERVICE AGREEMENTS Agency Code: MSA Appropriation Unit: 9999 - All Categories Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: Simplex Grinnell LP Contractor Name: Simplex Grinnell LP Address: 50 Technology Drive City/State/Zip: Westminster, MA 01441 Contact/Phone: Tom Staves 443-676-8813 Vendor No.: PUR0003182 NV Business ID: NV20011155948
--	---

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2019**

Contract term: **1 year and 272 days**

4. Type of contract: **MSA**

Contract description: **Security & Fire**

5. Purpose of contract:

This is a new contract to provide equipment, install new systems and provide warranty/maintenance services for security and fire protection services to State agencies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

II. JUSTIFICATION

7. What conditions require that this work be done?

All State agencies have some sort of fire suppression equipment ranging from fire extinguishers to kitchen fire suppression systems. It is necessary to service all of this equipment routinely to insure proper working order. Also, many of the security and protection systems currently installed in State facilities are past their manufacturer/installer warranty periods and continue to need maintenance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to service and maintain the various types of equipment.

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):

PowerComm Solutions
Stanley Convergent
Justice Systems

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3407 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/22/2017 Anticipated re-bid date: 05/20/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Current MSA vendor with satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	09/05/2017 09:19:28 AM
Division Approval	ldeloach	09/05/2017 09:19:31 AM
Department Approval	ldeloach	09/05/2017 09:19:35 AM
Contract Manager Approval	rmille8	09/05/2017 10:28:27 AM
Budget Analyst Approval	lfree1	09/14/2017 17:35:08 PM
BOE Agenda Approval	lfree1	09/18/2017 08:38:58 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: **19181**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Stanley Convergent Security Solutions
Agency Code:	MSA	Contractor Name:	Stanley Convergent Security Solutions
Appropriation Unit:	9999 - All Categories	Address:	55 Shuman Blvd, Ste 900
Is budget authority available?:	Yes	City/State/Zip:	Naperville, IL 60563
If "No" please explain:	Not Applicable	Contact/Phone:	Scott Wulforst 775-287-8110
		Vendor No.:	PUR0004352
		NV Business ID:	NV20041497886

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2019**Contract term: **1 year and 272 days**4. Type of contract: **MSA**Contract description: **Security & Fire**

5. Purpose of contract:

This is a new contract to provide equipment, install new systems and provide warranty/maintenance services for security and fire protection services to State agencies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01****II. JUSTIFICATION**

7. What conditions require that this work be done?

All State agencies have some sort of fire suppression equipment ranging from fire extinguishers to kitchen fire suppression systems. It is necessary to service all of this equipment routinely to insure proper working order. Also, many of the security and protection systems currently installed in State facilities are past their manufacturer/installer warranty periods and continue to need maintenance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to service and maintain the various types of equipment.

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):

**PowerComm Solutions
Aronson Security Group
Simplex Grinnell**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3407 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Current MSA vendor with satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	09/05/2017 09:17:55 AM
Division Approval	ldeloach	09/05/2017 09:17:58 AM
Department Approval	ldeloach	09/05/2017 09:18:03 AM
Contract Manager Approval	rmille8	09/05/2017 10:27:54 AM
Budget Analyst Approval	lfree1	09/14/2017 17:46:44 PM
BOE Agenda Approval	lfree1	09/18/2017 08:38:05 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: **19109**

Agency Name: MSA MASTER SERVICE AGREEMENTS Agency Code: MSA Appropriation Unit: 9999 - All Categories Is budget authority available?: Yes If "No" please explain: Not Applicable To what State Fiscal Year(s) will the contract be charged? 2018-2022 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. <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">General Funds</td> <td style="width: 17%;">0.00 %</td> <td style="width: 33%;">Fees</td> <td style="width: 17%;">0.00 %</td> </tr> <tr> <td>Federal Funds</td> <td>0.00 %</td> <td>Bonds</td> <td>0.00 %</td> </tr> <tr> <td>Highway Funds</td> <td>0.00 %</td> <td>X Other funding</td> <td>100.00 % Various</td> </tr> </table> Agency Reference #: 3435GB	General Funds	0.00 %	Fees	0.00 %	Federal Funds	0.00 %	Bonds	0.00 %	Highway Funds	0.00 %	X Other funding	100.00 % Various	Legal Entity Name: eCivis, Inc. Contractor Name: eCivis, Inc. Address: 418 North Fair Oaks Ave Suite 101 City/State/Zip: Pasadena, CA 91103 Contact/Phone: Ryan Baird 877-232-4847 Vendor No.: NV Business ID: NV20161338568
General Funds	0.00 %	Fees	0.00 %										
Federal Funds	0.00 %	Bonds	0.00 %										
Highway Funds	0.00 %	X Other funding	100.00 % Various										

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2017**
 Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2021**
 Contract term: **4 years**

4. Type of contract: **MSA**
 Contract description: **Federal Grant Manage**

5. Purpose of contract:
This is a new contract to provide grant management and development services for federal grants.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$200,000.00**
 Other basis for payment: As invoiced

II. JUSTIFICATION

7. What conditions require that this work be done?
Federal grants require management and development to be effective

8. Explain why State employees in your agency or other State agencies are not able to do this work:
This is a specialized service that requires a contractor

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):
StreamLink Software
Gary Bess
Strategic Progress, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor scored the necessary amount of points to receive a contract

d. Last bid date: 04/03/2017 Anticipated re-bid date: 03/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Connie Lucido, Chief Ph: 775-685-0155

Gail Burchett, Purchasing Officer Ph: 775-684-0172

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	08/21/2017 08:17:07 AM
Division Approval	mstewa10	08/21/2017 08:17:10 AM
Department Approval	mstewa10	08/21/2017 08:17:13 AM
Contract Manager Approval	gburchet	08/21/2017 09:12:59 AM
Budget Analyst Approval	lfree1	09/18/2017 13:29:28 PM
BOE Agenda Approval	lfree1	09/18/2017 13:29:32 PM
BOE Final Approval	Pending	

WORK PLAN SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
		GOVERNOR'S FINANCE OFFICE – INFORMATION TECHNOLOGY PROJECT	GARTNER, INC.	GENERAL	\$982,000	
1.		This is a new Work Plan related to Master Service Agreement contract #18964 that provides research and advisory services related to information technology. This Work Plan is for the Statewide ERP Contract Replacement Project, including services for ERP Strategy Assessment and Refinement, RFP Description: Development/Administration, Vendor Selection and Negotiation Support, and ERP Implementation Oversight and Quality Assurance.				
		Term of Contract:	9/12/2017 - 08/08/2021	Contract # 19234		

Exec 9/12/17

For Board Use Only

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: **19234**

Agency Name: GOVERNOR'S FINANCE OFFICE	Legal Entity Name: Gartner, Inc.
Agency Code: 015	Contractor Name: Gartner, Inc.
Appropriation Unit: 1325-09	Address: 56 Top Gallant Road
Is budget authority available?: Yes	City/State/Zip: Stamford, CT 06902
If "No" please explain: Not Applicable	Contact/Phone: jay.friedman@gartner.com 480-283-8933
	Vendor No.: T80976121A
	NV Business ID: NV19941112701

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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.

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 #: **170036**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/21/2021**
Contract term: **3 years and 325 days**

4. Type of contract: **MSA** **Contract**
Contract description: **ERP Work Plan**

5. Purpose of contract: **MSA**
This is a new Work Plan in relation to Good of the State contract #18964 that provides research and advisory services related to information technology. This Work Plan is for the Statewide ERP Replacement Project, including services for ERP Strategy Assessment and Refinement, RFP Development/Administration, Vendor Selection & Negotiation Support, and ERP Implementation Oversight & Quality Assurance.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$982,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada requires a statewide single solution for enhanced functionality and technology to support and automate the state's Human Resource Management and Integrated Financial System. This technology will improve customer service statewide.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the resources or software capabilities to provide a statewide ERP system.

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):

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GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

RETURN TO
DoA/ASD

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. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

LeeAnn Easton, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	09/07/2017 16:43:06 PM
Division Approval	amarangi	09/07/2017 16:43:09 PM
Department Approval	amarangi	09/07/2017 16:43:12 PM
Contract Manager Approval	amarangi	09/07/2017 16:43:14 PM
Budget Analyst Approval	Pending	
BOE Agenda Approval	Pending	
BOE Final Approval	Pending	

CEB 9/15/17
Brian Sandoval
Governor



Lee-Ann Easton
Director

**STATE OF NEVADA
OFFICE OF PROJECT MANAGEMENT**

515 E. Musser Street, Room 300 | Carson City, NV 89701
Phone: (775) 684-0299 | www.admin.nv.gov | Fax: (775) 684-0298

TO: Katrina Nielsen, Budget Analyst
Governor's Finance Office

FROM: Lee-Ann Easton, Director
Office of Project Management

DATE: September 12, 2017

SUBJECT: Retroactive Work Plan Request – Gartner MSA

I would like to request a retroactive Work Plan request be placed on the October Board of Examiners meeting agenda to utilize the statewide Master Service Agreement for Gartner, inc., to provide services from September 12, 2017 through August 8, 2021 for ERP Strategy, RFP Development and Project Management Assurance Services as outlined in the attached Work Plan.

Please let me know if you have any questions regarding this request or need additional information.

cc: file

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	011	GOVERNOR'S OFFICE - STATE ENERGY OFFICE - RENEWABLE ENERGY FUND	CLEARRESULT CONSULTING, INC.	OTHER: TAX ASSESSMENTS	\$25,000	
	Contract Description:	This is a new contract to provide licensed energy auditors to assist in carrying out programs that require audits and modeling. Term of Contract: 09/14/2017 - 03/31/2019 Contract # 18760				
2.	030	ATTORNEY GENERAL'S OFFICE - VICTIMS OF DOMESTIC VIOLENCE	CITY OF LAS VEGAS DEPARTMENT OF PUBLIC SAFETY	OTHER: REVENUE	\$20,000	
	Contract Description:	This is a new revenue interlocal contract to provide access to the Automated Victim Information and Notification System. This entity uses this system and will cost share with the Office of the Attorney General. Term of Contract: 08/28/2017 - 06/30/2018 Contract # 19140				
3.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	MARQUIS AURBACH COFFING, PC	OTHER: TORT CLAIM FUNDS	\$45,000	Professional Service
	Contract Description:	This is a new contract to provide attorney representation for a defendant in a lawsuit filed against the State of Nevada, Board of Regents, University of Nevada Las Vegas, et al. Term of Contract: 08/28/2017 - 08/31/2021 Contract # 19193				
4.	040	SECRETARY OF STATE'S OFFICE	CLEAR CHANNEL OUTDOOR, INC.	GENERAL	\$38,300	Sole Source
	Contract Description:	This is a new contract to provide ongoing digital advertising for Silverflume, Nevada's business portal, on electronic monitors at the baggage claim, mezzanine and walkways at Reno-Tahoe International Airport. Term of Contract: 09/01/2017 - 06/30/2019 Contract # 19125				
5.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT (HAVA) ELECTION REFORM	CENTER FOR ELECTIONS INNOVATION AND RESEARCH	GENERAL	\$20,000	
	Contract Description:	This a new contract to provide consulting services to improve voter registration processes, policies and procedures. Term of Contract: 07/01/2017 - 06/30/2018 Contract # 19132				

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ADVANCED IPM DBA ROSEVILLE TERMITE & PEST CONTROL ADVANCED INTEGRATED PEST MANAGEMENT	FEE: B&G RENTAL INCOME	\$49,900	
	Contract Description:	This is a new contract that continues ongoing quarterly weed control services for state-owned facilities in the Northern Nevada region.				
		Term of Contract:	08/31/2017 - 08/31/2021	Contract # 19122		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ENTERPRISE JANITORIAL, INC.	FEE: BUILDINGS AND GROUNDS RENTAL INCOME	\$45,694	
	Contract Description:	This is a new contract that continues ongoing janitorial services for the Department of Motor Vehicles located at 305 Galletti Way, Reno.				
		Term of Contract:	09/01/2017 - 08/31/2018	Contract # 19153		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	MCNEILS CLEANING SERVICE, INC.	FEE: BUILDINGS AND GROUNDS BUILDING RENTAL	\$27,884	
	Contract Description:	This is a new contract that continues ongoing janitorial services at the Tourism Building located at 401 N. Carson Street, Carson City.				
		Term of Contract:	09/01/2017 - 08/31/2018	Contract # 19165		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - NON-EXEC	CARPENTER SELLERS DEL GATTO DBA ARCHITECTS, PC	GENERAL 1% BONDS 49% OTHER: UNIVERSITY SYSTEM RECEIPTS 50%	\$32,185	Professional Service
	Contract Description:	This is a new contract to provide professional engineering/surveying and evaluation services for the UNLV Hotel College Academic Building CIP project. Services will be specific to the east portions of the building on levels 2, 3 and 4 with special emphasis on grid locations 7 thru 9: CIP Project: 15-C78; SPWD Contract No. 111306.				
		Term of Contract:	08/31/2017 - 06/30/2019	Contract # 19178		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	ENGINEERING PARTNERS, LLC	BONDS	\$15,000	Professional Service
		Contract Description: This is a new contract to provide professional architectural/engineering services that will provide engineering construction documents for the Southern Nevada Child and Adolescent Services, Buildings 11, 13, & 14, HVAC Renovation CIP project to include electrical and mechanical engineering documents and services of the replacement of the associated HVAC units for each building: CIP Project: 17-M47; SPWD Contract No. 11350. Term of Contract: 09/18/2017 - 06/30/2021 Contract # 19214				
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	HARRIS CONSULTING ENGINEERS, LLC	BONDS	\$48,200	Professional Service
		Contract Description: This is a new contract to provide professional architectural/engineering services to provide construction documents and administration for the Stein Hospital, Building 3, Generator Replacement CIP project to include electrical and civil engineering design documents, construction administration and document recordings: CIP Project 17-M07; SPWD Contract No. 111349. Term of Contract: 09/18/2017 - 06/30/2021 Contract # 19186				
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	JBA CONSULTING ENGINEERS, INC.	BONDS	\$29,000	Professional Service
		Contract Description: This is a new contract to provide professional architectural/engineering services for Southern Nevada Child and Adolescent Services, Building #7, Chiller Replacement CIP project to include electrical, plumbing and mechanical construction documents and construction administration: CIP Project 17-M41; SPWD Contract No. 111353 Term of Contract: 09/18/2017 - 06/30/2021 Contract # 19235				

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	MELROY ENGINEERING, INC. DBA MSA ENGINEERING CONSULTANTS	BONDS	\$47,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services to provide construction documents for the Desert Regional Center, Buildings 1307 - 1310, Emergency Generator Replacement and New Electrical Panels and Transformer for building 1300: CIP Project 17-M08; SPWD Contract No. 111351.				
	Term of Contract:	09/18/2017 - 06/30/2021	Contract # 19184			
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	BROWN AND CALDWELL	BONDS	\$41,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Humboldt Conservation Camp Water Supply Nitrate Treatment CIP project to include pre-design engineering service for nitrate management in the potable and wastewater systems: CIP Project 17-M04; SPWD Contract No. 111386.				
	Term of Contract:	09/18/2017 - 06/30/2021	Contract # 19250			
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	HARRIS CONSULTING ENGINEERS, LLC	BONDS	\$14,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services to provide electrical engineering design documents for the High Desert State Prison Power Panel and Switchgear Infrared Survey project: CIP Project 17-M19; SPWD Contract No. 111346.				
	Term of Contract:	09/18/2017 - 06/30/2021	Contract # 19187			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	HARRIS CONSULTING ENGINEERS, LLC	BONDS	\$25,000	
	Contract Description:	This is a new contract to provide professional architectural/engineering services to provide construction documents and construction administration for the Southern Desert Correctional Center Surge Protection project: CIP Project 17-M17; SPWC Contract No. 11347.				
		Term of Contract:	09/18/2017 - 06/30/2021	Contract # 19189		
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	TJ KROB CONSULTING ENGINEERS, INC. DBA TJK CONSULTING ENGINEERS	BONDS	\$13,600	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Florence McClure Women's Correctional Center Transformers Replacement CIP project to include three complete sets of electrical engineering design documents for the replacement of eight existing transformers: CIP Project: 17-M05; Contract No. 111348.				
		Term of Contract:	09/18/2017 - 06/30/2021	Contract # 19216		
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	RAYMOND P. CROOK DBA RPC ROOF CONSULTING	BONDS 50% FEDERAL 50%	\$36,150	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Washoe County Armory, Stead Nevada National Guard, Roof Replacement CIP project to include design documents, pre-bid walk through, quality assurance, final inspections and final roof inspection reports: CIP Project 17-S01G(1); SPWD Contract No. 111366.				
		Term of Contract:	09/18/2017 - 06/30/2021	Contract # 19229		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	BONDS	\$27,100	Professional Service
	Contract Description:	This is a new contract to provide architectural and civil engineering design services for the Stewart Indian School, Buildings 2 & 3, ADA Site Improvements CIP project to include civil engineering and topographic survey services for the replacement of concrete sidewalks and ramps adjacent to Buildings 1 & 2: CIP Project 17-S02(6); SPWD Contract No. 111362.				
	Term of Contract:	09/18/2017 - 06/30/2021	Contract # 19213			
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PAUL CAVIN ARCHITECT, LLC	BONDS 79% OTHER: TRANSFER FROM CAPITAL PROJECTS FUND 21%	\$17,850	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the State Capitol Annex Dome Water Intrusion and Moisture Mitigation CIP project to include field investigation, observation, and recommendations for mitigating actions: CIP Project No. 15-S01-12C; Contract No. 111110. This amendment increases the maximum amount from \$14,070 to \$31,920 for construction documents and construction administration costs associated with Capitol Annex Dome repairs recommended in the Observations and Recommendations Report provided by the Architect.				
	Term of Contract:	04/24/2017 - 06/30/2019	Contract # 18644			
21.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	RESOURCE CONCEPTS, INC.	BONDS	\$24,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center ADA Site Improvements CIP project to include engineering construction documents, survey services, and bidding and construction administration support services for the remaining civil site work within the facility's recreation yard. CIP Project 17-S02-1; SPWD Contract No. 111376.				
	Term of Contract:	09/18/2017 - 06/30/2021	Contract # 19258			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	HARRIS CONSULTING ENGINEERS, LLC	BONDS	\$27,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services to provide construction administration services for the Grant Sawyer Office Building Central Plant Renovation CIP project to include HVAC, plumbing and electrical engineering design documents and services through the bid and construction administration phases of the project: CIP Project 17-M09; SPWD Contract No. 111342.				
		Term of Contract:	09/18/2017 - 06/30/2021	Contract # 19185		
23.	082	ADMINISTRATION - STATE PUBLIC WORKS DIVISION	LG ARCHITECTS, INC. DBA LGA	OTHER: AGENCY FUNDED CIP	\$23,000	Professional Service
	Contract Description:	This is the first amendment to the original contract that provides professional architectural/engineering services for the advance planning of the Boulder City Nevada State Railroad Museum Visitor's Center project: CIP Project No. 17-A009; SPWD Contract No. 111001. This amendment increases the maximum amount from \$407,100 to \$430,100 to provide for the development of a Master Plan.				
		Term of Contract:	04/11/2017 - 06/30/2021	Contract # 18481		
24.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-TOURISM	PK ELECTRIC, INC.	OTHER: LODGING TAX	\$34,000	
	Contract Description:	This is a new contract to provide for the design of a new audio visual system in the Laxalt Building assembly chambers and a conference room in Las Vegas.				
		Term of Contract:	09/12/2017 - 06/30/2018	Contract # 19219		
25.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	NATIONAL MAIN STREET CENTER, INC.	GENERAL	\$49,810	Sole Source
	Contract Description:	This is a new contract to provide orientations, training, application workshops, inaugural visits and other assistance related to the Nevada Main Street Program in connection with the National Trust for Historic Preservation.				
		Term of Contract:	08/25/2017 - 06/30/2018	Contract # 19080		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
26.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	NAVAL FACILITIES ENGINEERING COMMAND	OTHER: REVENUE	\$14,932	
		Term of Contract:	07/01/2017 - 06/30/2018	Contract # 19158		
27.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	NYE COUNTY SHERIFF	OTHER: REVENUE	\$42,663	
		Term of Contract:	07/01/2017 - 06/30/2021	Contract # 19170		
28.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA RENO	OTHER: REVENUE	\$25,598	
		Term of Contract:	07/01/2017 - 06/30/2021	Contract # 19152		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	TURNING POINT, INC.	GENERAL 35% FEDERAL 65%	\$30,900	
	Contract Description:	This is the second amendment to the original contract to provide technical assistance and guide the development of the implementation plan, for the Birth through Third Grade or B-3 model, conduct a pilot study of the model in high need areas across the state, and develop and implement a professional learning series. This amendment increases the maximum amount from \$899,196 to \$930,096 to conduct community based meetings and focus groups around the state and to work with three versus two pilot sites, inclusive of travel costs, materials, and site mini-grants.				
	Term of Contract:	10/11/2016 - 06/30/2019	Contract # 18067			
30.	300	DEPARTMENT OF EDUCATION - SAFE AND RESPECTFUL LEARNING	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, RENO	FEDERAL	\$20,889	
	Contract Description:	This is a new interlocal agreement to provide videoconference case consultation and training activities that will provide school-based mental health providers and community health providers with access to an interdisciplinary team of experts in the field of child mental health.				
	Term of Contract:	07/01/2017 - 09/29/2017	Contract # 19182			
31.	300	DEPARTMENT OF EDUCATION - SAFE AND RESPECTFUL LEARNING	THE ABBI AGENCY	FEDERAL	\$20,000	
	Contract Description:	This is a new contract to provide services of marketing and branding for the Safe-to-Tell Initiative.				
	Term of Contract:	09/18/2017 - 02/07/2018	Contract # 19179			
32.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	ANTHONY WARN	FEE: SPONSORSHIP	\$24,976	
	Contract Description:	This is a new contract which provides for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.				
	Term of Contract:	09/01/2017 - 06/30/2021	Contract # 19103			
33.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	HEATHER WENDLING	FEE: SPONSORSHIP	\$24,976	
	Contract Description:	This is a new contract which provides for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.				
	Term of Contract:	08/31/2017 - 06/30/2021	Contract # 19051			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	333	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - GOVERNOR'S PORTRAIT FUND - NON EXEC	ADRIAN GOTTLIEB	GENERAL	\$23,000	
	Contract Description:	This is a new contract to provide for the commission of a portrait of Governor Brian Sandoval to display in the Nevada State Capitol Building, pursuant to NRS 223.121.				
		Term of Contract:	09/14/2017 - 03/31/2018	Contract # 19233		
35.	333	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - NEVADA ARTS COUNCIL	OMAR ALAN PIERCE	OTHER: TRANSFER FROM TOURISM	\$10,280	
	Contract Description:	This is a new contract to provide for the production of seven videos to highlight the Fellowship program. The videos will feature William Fox discussing how the Fellowship program was started, as well as interviews with prior Fellowship grant awardees Michael Sarich, Kate Cotter, Ben Parks, Erica Vital, Shana Tucker and Dayvid Figler.				
		Term of Contract:	09/08/2017 - 02/01/2018	Contract # 19069		
36.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - RURAL REGIONAL CENTER	DOUGLAS COUNTY	OTHER: REVENUE	\$25,000	
	Contract Description:	This is a new revenue interlocal agreement that continues ongoing services for children with intellectual and developmental disabilities.				
		Term of Contract:	07/01/2017 - 06/30/2018	Contract # 19098		
37.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SIERRA REGIONAL CENTER	GARDNER MECHANICAL SERVICES DBA GARDNER ENGINEERING, INC.	GENERAL	\$10,000	
	Contract Description:	This is the first amendment to the original contract which continues ongoing air conditioning and heating services on an as needed basis. This amendment increases the maximum amount from \$20,000 to \$30,000 and extends the termination date from September 30, 2017 to September 30, 2018 due to the continued need for this service.				
		Term of Contract:	11/06/2015 - 09/30/2018	Contract # 17099		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
38.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - RURAL CLINICS	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, RENO	GENERAL	\$49,500	
	Contract Description: This is a new interlocal agreement to provide tele-psychology client services from doctorate psychology students. Term of Contract: 07/01/2017 - 06/30/2018 Contract # 19236					
39.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - RURAL CLINICS	RICHARD L. NEPPER	GENERAL	\$12,400	
	Contract Description: This is a new contract that continues ongoing janitorial services for the Hawthorne Mental Health Center. Term of Contract: 09/01/2017 - 06/30/2019 Contract # 19097					
40.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NEVADA YOUTH TRAINING CENTER	INFINITE CAMPUS, INC.	GENERAL	\$14,988	
	Contract Description: This is a new contract to provide implementation and ongoing data sharing of youth school records with the Nevada Department of Education. Term of Contract: 08/25/2017 - 06/30/2021 Contract # 19019					
41.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	CLEVELAND CONSTRUCTION & DESIGN, LLC	GENERAL	\$19,556	
	Contract Description: This is a new contract to demolish the greenhouse and patio cover located on the northwest corner of the Charleston campus. Term of Contract: 09/15/2017 - 12/31/2017 Contract # 19022					

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
42.	431	OFFICE OF THE MILITARY	ENVISE	FEDERAL	\$24,935	
	Contract Description:	This is a new contract to furnish and install Delta controls equipment for the Field Maintenance Shop in Las Vegas.				
		Term of Contract:	08/25/2017 - 01/31/2018	Contract # 19145		
43.	440	DEPARTMENT OF CORRECTIONS - CORRECTIONAL PROGRAMS	RIDGE HOUSE, INC.	GENERAL	\$24,897	
	Contract Description:	This is a new contract which provides an ongoing assessment for a minimum of 45 of Nevada's inmates housed at the Northern Nevada Transitional Housing unit. The services provided are part of Nevada's strategic recidivism reduction plan to assist offenders with the completion of a reentry plan as they prepare for release from incarceration. An individual care plan will be developed for offenders' pre-release and as needed, will provide comprehensive case management for outpatient care.				
		Term of Contract:	07/01/2017 - 06/30/2018	Contract # 19096		
44.	651	DEPARTMENT OF PUBLIC SAFETY - HIGHWAY SAFETY GRANTS ACCOUNT	A COMPANY PORTABLE RESTROOMS, INC. DBA A COMPANY, INC.	FEDERAL	\$24,000	
	Contract Description:	This is a new contract to provide ongoing portable restroom equipment and service for the Nevada Highway Patrol Division at the Apex and Sloan Inspection Station's.				
		Term of Contract:	09/18/2017 - 03/31/2021	Contract # 18394		
45.	702	DEPARTMENT OF WILDLIFE - HABITAT	EASTERN NEVADA LANDSCAPE COALITION	FEE: HABITAT CONSERVATION	\$29,500	
	Contract Description:	This is a new contract to provide landowners and managers in Pahrnagat Valley education, foliar treatments and site treatments on the Russian Olive infestation in the watershed.				
		Term of Contract:	09/18/2017 - 06/30/2020	Contract # 19191		
46.	702	DEPARTMENT OF WILDLIFE - HABITAT	NORTH EAST NEVADA CONSERVATION DISTRICT, COTTONWOOD RANCH	FEE: HABITAT CONSERVATION	\$33,000	
	Contract Description:	This is a new interlocal agreement to implement a variety of habitat projects including invasive weed abatement, installation of cattle guards, conifer removal, meadow and wetland enhancements.				
		Term of Contract:	09/07/2017 - 09/01/2020	Contract # 19116		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
47.	702	DEPARTMENT OF WILDLIFE - HABITAT	SOUTHERN NYE COUNTY CONSERVATION DISTRICT	FEE: HABITAT CONSERVATION	\$35,000	
	Contract Description:	This is a new interlocal agreement to provide tamarisk control through cutting and spraying, replanting of native vegetation, Amargosa toad breeding pond maintenance, restoration of hydrologic flows, and fence maintenance and installation in Oasis Valley and Beatty.				
		Term of Contract:	09/18/2017 - 06/30/2020		Contract # 19192	
48.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - ADMINISTRATION	BRITT WEST DBA APPRAISAL WEST	GENERAL 19.5% FEE: REAL ESTATE LICENSING AND ADMINISTRATIVE FEES 80.5%	\$15,000	
	Contract Description:	This is a new contract to provide appraisal Standard 3 desk review services in compliance with the Uniform Standards of Professional Appraisal Practices to assist the division with completing investigations within the twelve month federal guidelines.				
		Term of Contract:	09/07/2017 - 06/30/2019		Contract # 19111	
49.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - ADMINISTRATION	DIFEDERICO GROUP DBA TIO S. DIFEDERICO, REAL ESTATE APPRAISAL, INC.	GENERAL 19.5% FEE: REAL ESTATE LICENSING AND ADMINISTRATIVE FEES. 80.5%	\$13,700	
	Contract Description:	This is a new contract to provide appraisal Standard 3 desk review services in compliance with the Uniform Standards of Professional Appraisal Practices to assist with completing investigations within the twelve month federal guidelines.				
		Term of Contract:	09/15/2017 - 06/30/2019		Contract # 19113	
50.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - ADMINISTRATION	KELLY WADE DBA WADE VALUATION SERVICES, LLC	GENERAL 19.5% FEE: REAL ESTATE LICENSING AND ADMINISTRATIVE FEES 80.5%	\$15,000	
	Contract Description:	This is a new contract to provide appraisal Standard 3 desk review services in compliance with the Uniform Standards of Professional Appraisal Practices to assist the division with completing investigations within the twelve month federal guidelines.				
		Term of Contract:	09/07/2017 - 06/30/2019		Contract # 19112	

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
51.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	BULLS EYE TECHNICAL SERVICE	OTHER: BUSINESS ENTERPRISE SET-ASIDE FUND	\$20,500	
	Contract Description:	This is the first amendment to the original contract that continues the ongoing repair and maintenance of commercial kitchen appliances for the southern Nevada BEN locations. This amendment increases the maximum amount from \$24,500 to \$45,000 and extends the termination date from December 31, 2018 to May 31, 2019 due to the continued need for these services.				
	Term of Contract:	06/23/2015 - 05/31/2019	Contract # 16784			
52.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	RAKEMAN PLUMBING, INC.	OTHER: BUSINESS ENTERPRISE SET ASIDE	\$15,000	
	Contract Description:	This is the second amendment to the original contract which provides ongoing regular and emergency plumbing services for the various Business Enterprise of Nevada food service locations in southern Nevada. This amendment increases the maximum amount from \$20,000 to \$35,000 and extends the termination date from October 31, 2017 to October 31, 2019 due to the continued need for these services.				
	Term of Contract:	11/01/2015 - 10/31/2019	Contract # 17077			
53.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, RENO	GENERAL 21.3% FEDERAL 78.7%	\$40,000	
	Contract Description:	This is a new interlocal agreement to provide Softskills training to eligible clients of the Bureau of Vocational Rehabilitation and the Bureau of Services to the Blind and Visually Impaired on skills to support their efforts in finding and maintaining a job.				
	Term of Contract:	08/24/2017 - 06/30/2018	Contract # 19102			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
54.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	TRANSCEN, INC.	GENERAL 21.3% FEDERAL 78.7%	\$44,950	
	Contract Description :	This is a new contract to provide training assistance, planning and facilitation of day service programs that is community based and focused on employment.				
		Term of Contract:	08/24/2017 - 06/30/2019	Contract # 19070		
55.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND	CARRIER CORPORATION	OTHER: ESD SPECIAL FUND	\$15,500	
	Contract Description :	This is new contract that provides ongoing HVAC maintenance services to the facilities located in southern Nevada.				
		Term of Contract:	08/30/2017 - 09/30/2019	Contract # 19063		
56.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND	CASHMAN EQUIPMENT COMPANY	OTHER: ESD SPECIAL FUND	\$16,640	
	Contract Description :	This is a new contract that provides ongoing scheduled generator maintenance services for the Carson City Administrative Office emergency back-up generator.				
		Term of Contract:	09/18/2017 - 08/31/2019	Contract # 19225		
57.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND	CASHMAN EQUIPMENT COMPANY	OTHER: ESD SPECIAL FUND	\$20,492	
	Contract Description :	This is the first amendment to the original contract which provides ongoing annual remedial preventative maintenance on the Uninterrupted Power Supply Module (UPS) system located at 500 E. Third Street, Carson City, NV. This amendment increases the maximum amount from \$7,008 to \$27,500 and extends the termination date from August 31, 2017 to August 31, 2019 due to the continued need for these services.				
		Term of Contract:	09/01/2015 - 08/31/2019	Contract # 16968		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
58.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND	EMCOR SERVICES DBA MESA ENERGY SYSTEMS	OTHER: ESD SPECIAL FUNDING	\$15,500	
		Contract Description : This is new contract that continues ongoing HVAC maintenance services to the facilities located in southern Nevada. Term of Contract: 08/30/2017 - 09/30/2019 Contract # 19065				
59.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND	JOHNSON CONTROLS, INC.	OTHER: ESD SPECIAL FUNDING	\$15,500	
		Contract Description : This is new contract that provides ongoing HVAC maintenance services to the facilities located in southern Nevada. Term of Contract: 08/30/2017 - 09/30/2019 Contract # 19066				
60.	950	PUBLIC EMPLOYEES BENEFIT PROGRAM	URAC	OTHER: 73% STATE SUBSIDY; 27% PREMIUM REVENUE	\$24,900	
		Contract Description : This is a new contract to provide administrative review; training resources; three year accreditation (if approved) and ongoing adherence to accreditation standards. Term of Contract: 09/13/2017 - 06/30/2021 Contract # 19143				
61.	B031	LICENSING BOARDS AND COMMISSIONS - OCCUPATIONAL THERAPY	ALBERTSON CONSULTING, INC.	FEE: LICENSING	\$24,500	
		Contract Description : This is a new contract to provide a customized off-the-shelf web-based licensing and regulatory software and database program. Term of Contract: 09/07/2017 - 08/31/2018 Contract # 19154				

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18760**

Agency Name: STATE ENERGY OFFICE	Legal Entity Name: CLEARRESULT CONSULTING, INC.
Agency Code: 011	Contractor Name: CLEARRESULT CONSULTING, INC.
Appropriation Unit: 4869-09	Address: 7474 W. LAKE MEAD BLVD.
Is budget authority available?: Yes	STE 106
If "No" please explain: Not Applicable	City/State/Zip: LAS VEGAS, NV 89128
	Contact/Phone: ANDY DUMOND 512-416-5958
	Vendor No.: TBD
	NV Business ID: NV20101700555
To what State Fiscal Year(s) will the contract be charged?	2018-2019

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Tax Assessments
Agency Reference #:	2387598		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/14/2017**

Anticipated BOE meeting date 06/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2019**

Contract term: **1 year and 198 days**

4. Type of contract: **Contract**

Contract description: **Energy Auditor**

5. Purpose of contract:

This is a new contract to provide licensed energy auditors to assist in carrying out programs that require energy audits and energy modeling.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: Upon approved invoice by the Governor's Office of Energy.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Governor's Office of Energy offers a program to all state employees which provides an interest-free loan to perform energy efficiency retrofits to their homes. The source of funding has stringent requirements and thus GOE must have energy audits performed on all homes prior to approving measures and granting a loan.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Energy audits must be performed by licensed energy auditors, the licensing process is lengthy, expensive, and requires experience in the field. No current staff or state agency has the ability to meet the requirements at the moment.

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):

Clearesult Consulting Inc.
California Living & Energy
Las Vegas Urban League
Robert G Ernst
Energy Conservation Group
Sierra Green Builders
Sierra Energy Resources LLC
Energy Masters
DGE Training
Home Energy Connection
Energy Insight
Service 1st Energy Solutions
SolarEnvi
Duct Testers
HELP of Southern Nevada
Ruitter Construction
All Phase Inspection Services
Energy Inspectors
Aaron Linfante

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has the experience and was one of the highest scoring vendors as selected by the evaluation committee.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Laura Wickham, Management Analyst Ph: 775-687-1850

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	08/28/2017 17:53:09 PM
Division Approval	amarangi	08/28/2017 17:53:12 PM
Department Approval	amarangi	08/28/2017 17:53:14 PM
Contract Manager Approval	amarangi	08/28/2017 17:53:16 PM
Budget Analyst Approval	hfield	09/14/2017 10:36:35 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19140**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: City of Las Vegas Department of Public Safety
Agency Code: 030	Contractor Name: City of Las Vegas Department of Public Safety
Appropriation Unit: 1042-00	Address: 3300 Stewart Avenue
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89101
If "No" please explain: Not Applicable	Contact/Phone: 702-229-5295
	Vendor No.: T40277602
	NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % revenue from outside entity

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/28/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2018**

Contract term: **306 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Revenue Contract**

5. Purpose of contract:

This is a new interlocal revenue contract to provide access to the Automated Victim Information and Notification System (VINE). This entity uses this system and will cost share with the Office of the Attorney General.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 178.4715 a victim may request the Administrator or the Administrators designee to notify them of an offenders discharge, conditional release or escape from the custody of the Administrator. The VINE system has been implemented so that this notification is an automated process removing this task from the individual jurisdictions and creating a more expedient method of notification.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract that does not require work done by State employees

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **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. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Debbie Tanaka, MAIV Ph: 775-684-1110

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	08/22/2017 11:21:18 AM
Division Approval	cschon1	08/22/2017 11:21:20 AM
Department Approval	cschon1	08/22/2017 11:21:22 AM
Contract Manager Approval	cschon1	08/22/2017 11:24:18 AM
Budget Analyst Approval	lfree1	08/28/2017 13:07:13 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19193**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: MARQUIS AURBACH COFFING PC
Agency Code: 030	Contractor Name: MARQUIS AURBACH COFFING PC
Appropriation Unit: 1348-15	Address: 10001 PARK RUN DR
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89145-8857
If "No" please explain: Not Applicable	Contact/Phone: CRAIG ANDERSON 702/942-2126
	Vendor No.: T81035998
	NV Business ID: NV19721001853
To what State Fiscal Year(s) will the contract be charged? 2018-2022	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % TORT CLAIM FUNDS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/28/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **Yes**

If "Yes", please explain

Originally, the Office of the Attorney General was providing representation on this case; however, a potential conflict of interest had arisen between the defendants creating the need for outside counsel in August of 2016. Due to medical reasons, the original contractor was unable to continue this case and new counsel had to be obtained.

3. Termination Date: **08/31/2021**

Contract term: **4 years and 4 days**

4. Type of contract: **Contract**

Contract description: **Outside Counsel**

5. Purpose of contract:

This is a new contract to provide attorney representation for a defendant in a lawsuit filed against the State of Nevada, Board of Regents, University of Nevada Las Vegas, et al.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Payment for services will be made at the rate of \$180.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Originally, the Office of the Attorney General was providing representation on this case; however, a potential conflict of interest had arisen between the defendants creating the need for outside counsel in August of 2016. Due to medical reasons, the original contractor was unable to continue this case and new counsel had to be obtained.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Due to the conflict of interest the Attorney General's Office cannot do this work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: _____ Anticipated re-bid date: _____

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Katafias, Tort Claims Manager Ph: 775-684-1252

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rbrunzli	08/31/2017 14:36:42 PM
Division Approval	rbrunzli	08/31/2017 14:36:46 PM
Department Approval	rbrunzli	08/31/2017 14:36:50 PM
Contract Manager Approval	lgallow1	08/31/2017 14:37:39 PM
Budget Analyst Approval	myoun3	09/08/2017 09:16:06 AM

ADAM PAUL LAXALT
Attorney General



WESLEY K. DUNCAN
First Assistant Attorney General

NICHOLAS A. TRUTANICH
Chief of Staff

KETAN D. BHIRUD
General Counsel

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City, Nevada 89701

Date: August 30, 2017
To: Christian Schonlau, Chief Financial Officer
Melanie Young, Budget Officer
From: Lesa Galloway, Management Analyst II
Subject: Retroactive Contract #19193, Marquis Aurbach Coffing P.C.

Originally, the Office of the Attorney General was providing representation on this case; however, a potential conflict of interest had arisen between the defendants creating the need for outside counsel in August of 2016. Due to medical reasons, the original contractor was unable to continue this case and new counsel had to be obtained.

Due to the nature of this litigation, the services of this vendor were required immediately and prior to all contract documents being completed and fully approved.

The services of this contract are being requested pursuant to NRS 41.03435 and per section 2, are payable from the Tort Fund; Budget 1348, category 15.

NRS 41.03435 Employment of special counsel by Attorney General. The Attorney General may employ special counsel whose compensation must be fixed by the Attorney General, subject to the approval of the State Board of Examiners, if the Attorney General determines at any time prior to trial that it is impracticable, uneconomical or could constitute a conflict of interest for the legal service to be rendered by the Attorney General or a deputy attorney general. Compensation for special counsel must be paid out of:

1. The Reserve for Statutory Contingency Account; or
2. Available federal grants or a permanent fund in the State Treasury other than the State General Fund.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19125**

Agency Name: SECRETARY OF STATE'S OFFICE	Legal Entity Name: Clear Channel Outdoor, Inc
Agency Code: 040	Contractor Name: Clear Channel Outdoor, Inc
Appropriation Unit: 1050-23	Address: 7450 Tilghman st
Is budget authority available?: Yes	City/State/Zip: Allentown, PA 18106
If "No" please explain: Not Applicable	Contact/Phone: Christopher Muniz 610-674-6064
	Vendor No.:
	NV Business ID: NV19981236769
To what State Fiscal Year(s) will the contract be charged?	2018-2019

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2017**

Anticipated BOE meeting date 10/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **1 year and 302 days**

4. Type of contract: **Contract**

Contract description: **Digital Advertising**

5. Purpose of contract:

This is a new contract to provide ongoing digital advertising for Silverflume Nevada's Business Portal on electronic monitors at the baggage claim , mezzanine and LCD walkways at Reno-Tahoe International Airport.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,300.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Reno -Tahoe International Airport has entered into a contract with Clear Channel Airports to be the sole provider of their advertising. There is no other vendor who is authorized to advertise at the Reno Tahoe International Airport.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State personnel have neither the expertise nor the contractual ability to advertise through other channels at the Reno Tahoe International Airport.

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 #: 170501

Approval Date: 05/22/2017

c. Why was this contractor chosen in preference to other?

Reno -Tahoe International Airport has entered into a contract with Clear Channel Airports to be the sole provider of their advertising. There is no other advertising vendor who is authorized to advertise at the Reno Tahoe International Airport.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pdover	08/15/2017 15:08:18 PM
Division Approval	pdover	08/15/2017 15:08:21 PM
Department Approval	pdover	08/15/2017 15:08:24 PM
Contract Manager Approval	shudder	08/15/2017 15:14:47 PM
Budget Analyst Approval	aurruty	09/01/2017 12:05:38 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#:	170501

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency: <i>Sec. of State's Ofc.</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Karen Michael, Business Portal Administrator</i>	<i>775-684-5732</i>	<i>kmichael@sos.nv.gov</i>

Vendor Information:	
Identify Vendor:	<i>Clear Channel Airports</i>
Contact Name:	<i>Chris Muniz</i>
Address:	<i>7450 Tilghman St., Allentown, PA 18106</i>
Telephone Number:	<i>610-674-6064</i>
Email Address:	<i>ChristopherMuniz@clearchannel.com</i>

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<i>Sole Source</i>
	Professional Service Exemption:	

Contract Information:					
1d	Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Amendment:	#			
	CETS:	#			

1e	Term:				
	One (1) Time Purchase:	<i>No – ongoing</i>			
	Contract:	Start Date:	<i>6/30/2017</i>	End Date:	<i>6/30/2018</i>

1f	Funding:	
	State Appropriated:	<i>Budget 1050 Category 23</i>
	Federal Funds:	
	Grant Funds:	
Other (Explain):		

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	<i>\$22,980</i>

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Clear Channel Airports will provide digital advertising for SilverFlume Nevada's Business Portal on electronic monitors at the baggage claim, mezzanine, and LCD walkways.</i>
<i>The advertising will reach audiences outside of Nevada as they travel through the airport.</i>	

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>Reno-Tahoe Airport has entered into a contract with Clear Channel Airports to be the sole provider of their advertising. There is no other advertising vendor who is authorized to advertise at the Reno-Tahoe Airport.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>Reno-Tahoe Airport has entered into a contract with Clear Channel Airports to be the sole provider of their advertising. There is no other advertising vendor who is authorized to advertise at the Reno-Tahoe Airport.</i>

5	Were alternative services or commodities evaluated? Check One. Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>
	b. <i>If not, why were alternatives not evaluated?</i>
<i>Reno-Tahoe Airport has entered into a contract with Clear Channel Airports to be the sole provider of their advertising. There is no other advertising vendor who is authorized to advertise at the Reno-Tahoe Airport.</i>	

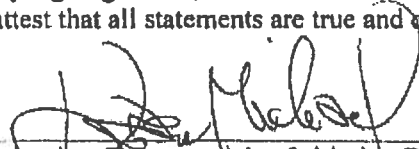
6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.			Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>					
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>	
	<i>4/14/2017</i>	<i>9/14/2017</i>	<i>\$1999</i>	<i>Display SilverFlume Governmental Public Service Announcement at Reno-Tahoe Information Desk Electronic Display.</i>	<i>Purchase Order</i>	
			<i>\$</i>			
		<i>\$</i>				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>SilverFlume Governmental PSA will not be able to run at Reno-Tahoe Airport and reach the travelling public regarding starting a business in Nevada.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>Karen Michael met with the Reno-Tahoe Airport representatives on several occasions to understand options for advertising at Reno-Tahoe Airport. A formal letter from Reno-Tahoe Airport is attached.</i>

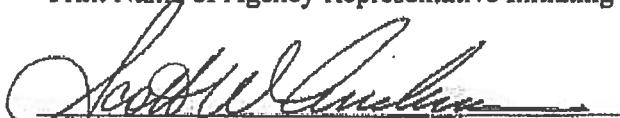
9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:		No:	X
	a. <i>If yes, please provide details regarding future obligations or needs. The State of Nevada may discontinue at any time.</i>				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.


Agency Representative Initiating Request

Karen Michael
Print Name of Agency Representative Initiating Request

5/19/2017
Date


Signature of Agency Head Authorizing Request

Scott W. Anderson
Print Name of Agency Head Authorizing Request

5/19/17
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

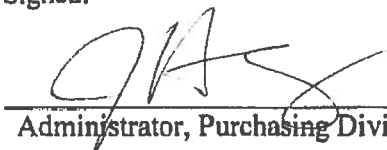
Print Name of Representative Providing Review

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

5-22-2017
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: **19132**

Agency Name: SECRETARY OF STATE'S OFFICE	Legal Entity Name: Center for Election Innovation
Agency Code: 040	Contractor Name: Center for Elections Innovation and Research (CEIR)
Appropriation Unit: 1051-11	Address: 1015 15th Street NW Suite 600
Is budget authority available?: Yes	City/State/Zip: Washington , DC 20005
If "No" please explain: Not Applicable	Contact/Phone: David Becker 202-550-3470
	Vendor No.: T27041485
	NV Business ID: NV20171285643

To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/26/2017**

Anticipated BOE meeting date 10/2018

Retroactive? **Yes**

If "Yes", please explain

State has solicited independent professional services to assist with review of the processes related to voter registration services provided by the DMV. Given the current intense public scrutiny of the overall election process, including voter registration processes, the Office of SOS found it necessary to continue to receive the services of the Center for Elections Innovation and Research. We therefore request that this contract be accepted with a retroactive start date of July 1, 2017.

3. Termination Date: **06/30/2018**

Contract term: **277 days**

4. Type of contract: **Contract**

Contract description: **contract**

5. Purpose of contract:

This a new contract to provide consulting services to improve voter registration processes, policies and procedures.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

While completing standard post-election process review procedures, the Office of the Secretary of State became aware of the need to conduct an immediate and thorough review of the policies and procedures related to the processing of voter registration applications received by voter registration agencies, including but not limited to DMV.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Given the short time frame in which the work associated with this agreement needs to be complete, state employees lack the time to complete the job. Additionally, due to the nature of the subject matter, the office of SOS desires to have independent third-party review of the subject matter.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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:

Contract # 18782 Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Alternate Name

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pdover	08/18/2017 08:35:58 AM
Division Approval	pdover	08/18/2017 08:36:00 AM
Department Approval	pdover	08/18/2017 08:36:04 AM
Contract Manager Approval	shudder	08/18/2017 08:42:06 AM
Budget Analyst Approval	tgreenam	09/26/2017 10:08:44 AM



**OFFICE OF THE
SECRETARY OF STATE**

MEMORANDUM

To: Andre M. Urruty, Budget Officer
Governor's Finance Office, Budget Division

From: Cadence Matijevich, Deputy Secretary for Operations *cm*

CC: Sheri Hudder, Management Analyst III, Office of the Secretary of State

Date: July 27, 2017

Subject: Request for retroactive start date of contract – Center for Elections
Innovation and Research (CETS #19132)

The Secretary of State is the chief election officer of the State of Nevada and is thereby responsible for the execution and enforcement of the National Voter Registration Act of 1993 (NVRA), 52 U.S.C. §§ 20501, 20509; NRS 293.124, including authority to prescribe voter registration forms for use by the county clerks, registrars and other county or local election officials who register voters in the state of Nevada. Nevada's voter registration forms, processes and procedures are governed, in part by the provisions of the NVRA. The Nevada Department of Motor Vehicles (DMV) is required by 52 U.S.C. § 20504 of the NVRA (Section 5) to provide certain voter registration services to individuals who apply for, renew or change addresses with respect to a motor vehicle driver license or state-issued, non-driver identification card.

Given the responsibilities detailed above, the Office of the Secretary of State continuously works in good faith with the DMV to ensure that the State of Nevada is in compliance with Section 5 of the NVRA, and to provide support to the DMV as may be necessary to coordinate and facilitate DMV's interactions with local election officials. As a component of these efforts, the Office of the Secretary of State has solicited independent professional services to assist with review of the processes related to voter registration services provided by the DMV and to make recommendations on any amendments that may be necessary to ensure compliance with the NVRA. Given the current intense public scrutiny of the overall election process, including voter registration processes, the Office of the Secretary of State found it necessary to continue to receive the services of the Center for Elections Innovation and Research. We therefore request that this contract be accepted with a retroactive start date of July 1, 2017.

Thank you for your consideration in this matter.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19122**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: ROSEVILLE TERMITE & PEST CONTROL
Agency Code: 082	Contractor Name: ADVANCED IPM
Appropriation Unit: 1349-12	Address: 156 GLENDALE AVENUE #11
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: 800-655-3993
	Vendor No.: T32001814
	NV Business ID: NV20101149905

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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 %	X	Fees	100.00 % B&G RENTAL INCOME FEES
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **ASD2586466**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/31/2017**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2021**

Contract term: **4 years and 1 day**

4. Type of contract: **Contract**

Contract description: **WEED CONTROL**

5. Purpose of contract:

This is a new contract that continues ongoing quarterly weed control services for the state-owned facilities in the Northern Nevada region.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,900.00**

Payment for services will be made at the rate of \$0.00 per HOUR

Other basis for payment: Not to exceed \$175.00-\$200.00 per hour plus materials, Monday through Friday, 7:30 a.m.-4:30 p.m. for general weed control; \$250.00-\$300.00 per hour plus materials, Monday through Friday, 4:00 a.m.-7:30 a.m., 4:30 p.m.-9:00 p.m., and Saturday 7:00 a.m.-4:00 p.m. for general weed control; rates are for labor only; rates do not include supplies or materials, materials are charged at cost plus 20%; Sundays and Holidays for emergency calls only, one hour minimum charge per service. Not to exceed \$6,000.00 per treatment; \$1,000 per mowing or cutting;\$4,500 initial service and \$1,200 - \$6,000 per quarter.

II. JUSTIFICATION

7. What conditions require that this work be done?

To abate weeds on large areas of state properties.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Some weed control is beyond the means of B&G grounds staff

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?

Per SAM 0338.0, each contractor will be contacted to submit bids on projects. Pursuant to NRS 338.13862, Buildings and Grounds is using a Public Works board pre-qualified bidder.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Since 2012 vendor has performed well for Buildings and Grounds.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

DBA

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

David Bell, Grounds Supervisor 1 Ph: 775/684/1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	08/30/2017 11:29:57 AM
Division Approval	ssands	08/30/2017 11:30:05 AM
Department Approval	ssands	08/30/2017 11:30:17 AM
Contract Manager Approval	ssands	08/30/2017 11:30:20 AM
Budget Analyst Approval	jrodrig9	08/31/2017 12:04:45 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19153**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: ENTERPRISE JANITORIAL, INC.
Agency Code: 082	Contractor Name: ENTERPRISE JANITORIAL, INC.
Appropriation Unit: 1349-12	Address: PO BOX 19913
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: 775-691-2939
	Vendor No.: T32003728
	NV Business ID: NV20141642364

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Buildings and Grounds Rental Income Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **ASD 2595040**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2017**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2018**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **JANITORIAL SERVICES**

5. Purpose of contract:

This is a new contract that continues ongoing janitorial services for the Department of Motor Vehicles located at 305 Galletti Way, Reno.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,693.93**

Payment for services will be made at the rate of \$6,886.23 per month

Other basis for payment: Hard floor care cleaning \$1,876.55 ; \$2,500 for extra services

II. JUSTIFICATION

7. What conditions require that this work be done?

Buildings to be kept clean and sanitary for the public and employees.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the personnel to handle such large buildings.

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):

D&D Elite Property Maintenance
WOW Cleaning Services
Enterprise Janitorial Inc
Express Janitorial

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided the lowest bid.

d. Last bid date: 08/21/2017 Anticipated re-bid date: 07/21/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Since 2001 this vendor has worked for the State and work is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Cheryl Warren, Custodial Supervisor Ph: 775-684-1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	08/30/2017 11:33:22 AM
Division Approval	ssands	08/30/2017 11:33:25 AM
Department Approval	ssands	08/30/2017 11:33:30 AM
Contract Manager Approval	ssands	08/30/2017 11:33:34 AM
Budget Analyst Approval	jrodrig9	08/31/2017 21:50:28 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19165**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: MCNEILS CLEANING SERVICE, INC.
Agency Code: 082	Contractor Name: MCNEILS CLEANING SERVICE, INC.
Appropriation Unit: 1349-12	Address: PO BOX 40916
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89504
If "No" please explain: Not Applicable	Contact/Phone: Charles McNeil 775-772-3749
	Vendor No.: T81015272
	NV Business ID: NV20061269584

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Buildings and Grounds Building Rental Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **ASD 2599229**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2017**

Anticipated BOE meeting date **08/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2018**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new contract that continues ongoing janitorial services at the Tourism Building located at 401 N. Carson Street, Carson City.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,884.00**

Payment for services will be made at the rate of \$1,882.00 per month

Other basis for payment: Hard floor/VCT \$150.00 per service; \$5,000.00 for extra services.

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings must stay clean and sanitary for tenants and the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the personnel.

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):

McNeils Cleaning
WOW Cleaning
Express Janitorial
Premier Janitorial Mgmt.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

McNeils Cleaning came in with the lowest bid.

d. Last bid date: 06/01/2017 Anticipated re-bid date: 04/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Buildings and Grounds has used McNeils Cleaning Services since 1999 service is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

CHERYL WARREN, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	08/30/2017 08:58:35 AM
Division Approval	ssands	08/30/2017 08:58:38 AM
Department Approval	ssands	08/30/2017 08:58:42 AM
Contract Manager Approval	ssands	08/30/2017 08:58:46 AM
Budget Analyst Approval	jrodrig9	08/31/2017 11:59:14 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19178**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CARPENTER SELLERS DEL GATTO
Agency Code: 082	Contractor Name: CARPENTER SELLERS DEL GATTO
Appropriation Unit: 1510-65	Address: ARCHITECTS PC 8882 SPANISH RIDGE AVE. LAS VEGAS, NV 89148-1303
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89148-1303
If "No" please explain: Not Applicable	Contact/Phone: malinky@kecnv.com 702-251-8896
	Vendor No.: T80997582
	NV Business ID: NV19871041301

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	1.00 %	Fees	0.00 %
Federal Funds	0.00 %	<input checked="" type="checkbox"/> Bonds	49.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	50.00 % University System Receipts

Agency Reference #: 111306

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/31/2017**
Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **1 year and 303 days**

4. Type of contract: **Contract**

Contract description: **MISC SERV- Surveying**

5. Purpose of contract:

This is a new contract to provide professional engineering/surveying and evaluation services for the UNLV Hotel College Academic Building CIP. Services will be specific to the east portions of the building on level 2, 3 and 4 with special emphasis on grid locations 7 thru 9: CIP Project: 15-C78; SPWD Contract No. 111306.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,185.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Professional Miscellaneous Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Demonstrated the required expertise for work on this project.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Luis Roa, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	08/29/2017 17:44:25 PM
Division Approval	amarangi	08/29/2017 17:44:28 PM
Department Approval	amarangi	08/29/2017 17:44:30 PM
Contract Manager Approval	amarangi	08/29/2017 17:44:33 PM
Budget Analyst Approval	jrodrig9	08/31/2017 19:51:10 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: **19214**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: ENGINEERING PARTNERS, LLC
Agency Code: 082	Contractor Name: ENGINEERING PARTNERS, LLC
Appropriation Unit: 1535-39	Address: 4775 W TECO AVE. SUITE 230
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118-4361
If "No" please explain: Not Applicable	Contact/Phone: 702-931-3000
	Vendor No.: T27032644
	NV Business ID: NV20121610178

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111350

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 286 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services that will provide engineering construction documents for the Southern Nevada Child and Adolescent Services, Buildings 11, 13, & 14, HVAC Renovation CIP project to include electrical and mechanical engineering documents and services of the replacement of the associated HVAC units for each building: CIP Project: 17-M47; SPWD Contract No. 11350.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:
Marshall, Benton, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	08/31/2017 15:17:46 PM
Division Approval	lmars1	08/31/2017 15:17:49 PM
Department Approval	lmars1	08/31/2017 15:17:53 PM
Contract Manager Approval	lmars1	08/31/2017 15:17:56 PM
Budget Analyst Approval	jrodrig9	09/18/2017 21:46:41 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19186**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	HARRIS CONSULTING ENGINEERS, LLC
Agency Code:	082	Contractor Name:	HARRIS CONSULTING ENGINEERS, LLC
Appropriation Unit:	1535-24	Address:	680 PILOT RD. SUITE A
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89119-9015
If "No" please explain:	Not Applicable		
		Contact/Phone:	702-269-1575
		Vendor No.:	T27003439
		NV Business ID:	NV20011085889

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111349

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 286 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services to provide construction documents and administration for the Stein Hospital, Building 3, Generator Replacement CIP project to include electrical and civil engineering design documents, construction administration and document recordings: CIP Project 17-M07; SPWD Contract No. 111349.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,200.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name? Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)? Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office? Yes

19. Agency Field Contract Monitor: Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	08/30/2017 13:20:51 PM
Division Approval	lmars1	08/30/2017 13:20:55 PM
Department Approval	lmars1	08/30/2017 13:20:59 PM
Contract Manager Approval	lmars1	08/30/2017 13:56:00 PM
Budget Analyst Approval	jrodrig9	09/18/2017 19:48:05 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19235**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION Agency Code: 082 Appropriation Unit: 1535-36 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: JBA CONSULTING ENGINEERS, INC. Contractor Name: JBA CONSULTING ENGINEERS, INC. Address: 5155 W PATRICK LN STE 100 City/State/Zip: LAS VEGAS, NV 89118-2828 Contact/Phone: Debbie Blodgett 702-362-9200 Vendor No.: T80928382 NV Business ID: NV19661000733
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To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111353

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 286 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for Southern Nevada Child and Adolescent Services, Building #7, Chiller Replacement CIP project to include electrical, plumbing and mechanical construction documents and construction administration: CIP Project 17-M41; SPWD Contract No. 111353

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Marshall, Benton, Project Manager Ph: 775-684-411

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	09/08/2017 09:46:10 AM
Division Approval	lmars1	09/08/2017 09:46:13 AM
Department Approval	lmars1	09/08/2017 09:46:16 AM
Contract Manager Approval	lmars1	09/08/2017 09:46:19 AM
Budget Analyst Approval	jrodrig9	09/18/2017 18:29:22 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: **19184**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: MELROY ENGINEERING, INC. DBA
Agency Code: 082	Contractor Name: MELROY ENGINEERING, INC. DBA
Appropriation Unit: 1535-25	Address: MSA ENGINEERING CONSULTANTS 4599 Longley Lane
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Tony Price 775-828-4889
	Vendor No.: T29022618
	NV Business ID: NV19941047730

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111351

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 286 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services to provide construction documents for the Desert Regional Center, Buildings 1307 - 1310, Emergency Generator Replacement and New Electrical Panels and Transformer for building 1300 CIP project: CIP Project 17-M08; SPWD Contract No. 111351.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	08/30/2017 12:34:05 PM
Division Approval	lmars1	08/30/2017 12:34:08 PM
Department Approval	lmars1	08/30/2017 12:34:11 PM
Contract Manager Approval	lmars1	08/30/2017 14:02:30 PM
Budget Analyst Approval	jrodrig9	09/18/2017 20:53:09 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19250**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: BROWN AND CALDWELL
Agency Code: 082	Contractor Name: BROWN AND CALDWELL
Appropriation Unit: 1550-53	Address: 3264 GONI ROAD SUITE 153
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89706
If "No" please explain: Not Applicable	Contact/Phone: 775-883-4118
	Vendor No.: T32005501
	NV Business ID: NV19831007512

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111386

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 286 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Humboldt Conservation Camp Water Supply Nitrate Treatment CIP project to include pre-design engineering service for nitrate management in the potable and wastewater systems for the camp: CIP Project 17-M04; SPWD Contract No. 111386.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$41,500.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Scarbrough, Ken, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	09/14/2017 08:43:06 AM
Division Approval	lmars1	09/14/2017 08:43:10 AM
Department Approval	lmars1	09/14/2017 08:43:14 AM
Contract Manager Approval	lmars1	09/14/2017 08:43:17 AM
Budget Analyst Approval	jrodrig9	09/18/2017 22:21:53 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19187**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	HARRIS CONSULTING ENGINEERS, LLC
Agency Code:	082	Contractor Name:	HARRIS CONSULTING ENGINEERS, LLC
Appropriation Unit:	1550-73	Address:	680 PILOT RD. SUITE A
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89119-9015
If "No" please explain:	Not Applicable		
		Contact/Phone:	702-269-1575
		Vendor No.:	T27003439
		NV Business ID:	NV20011085889

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111346

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 286 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services to provide electrical engineering design documents for the High Desert State Prison Power Panel and Switchgear Infrared Survey CIP project: CIP Project 17-M19; SPWD Contract No. 111346.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	08/30/2017 13:37:21 PM
Division Approval	lmars1	08/30/2017 13:37:25 PM
Department Approval	lmars1	08/30/2017 13:37:28 PM
Contract Manager Approval	lmars1	08/30/2017 13:37:31 PM
Budget Analyst Approval	jrodrig9	09/18/2017 19:20:52 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19189**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	HARRIS CONSULTING ENGINEERS, LLC
Agency Code:	082	Contractor Name:	HARRIS CONSULTING ENGINEERS, LLC
Appropriation Unit:	1550-57	Address:	680 PILOT RD SUITE A
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89119-9015
If "No" please explain:	Not Applicable		
		Contact/Phone:	702-269-1575
		Vendor No.:	T27003439
		NV Business ID:	NV20011085889

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111347

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 286 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services to provide construction documents and construction administration for the Southern Desert Correctional Center Surge Protection CIP project: CIP Project 17-M17; SPWC Contract No. 11347.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	08/30/2017 14:15:20 PM
Division Approval	lmars1	08/30/2017 14:15:23 PM
Department Approval	lmars1	08/30/2017 14:15:26 PM
Contract Manager Approval	lmars1	08/30/2017 14:15:30 PM
Budget Analyst Approval	jrodrig9	09/18/2017 21:02:25 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: **19216**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: TJ KROB CONSULTING ENGINEERS, Inc.
Agency Code: 082	Contractor Name: TJ KROB CONSULTING ENGINEERS, Inc.
Appropriation Unit: 1550-54	Address: 8728 Spanish Ridge Ave. Suite 100
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89148
If "No" please explain: Not Applicable	Contact/Phone: Kent Meechudhone 702-871-3621
	Vendor No.: T80972581
	NV Business ID: NV19861003493

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111348

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**
Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 286 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Florence McClure Women's Correctional Center Transformers Replacement CIP project to include three complete set of electrical engineering design documents for the replacement of eight existing transformers: CIP Project: 17-M05; Contract No. 111348.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,600.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	09/01/2017 07:17:25 AM
Division Approval	lmars1	09/01/2017 07:17:28 AM
Department Approval	lmars1	09/01/2017 07:17:32 AM
Contract Manager Approval	lmars1	09/01/2017 07:17:35 AM
Budget Analyst Approval	jrodrig9	09/18/2017 19:07:20 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19229**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CROOK, RAYMOND P DBA
Agency Code: 082	Contractor Name: CROOK, RAYMOND P DBA
Appropriation Unit: 1585-46	Address: RPC ROOF CONSULTING 14370 MOUNT SNOW DR. RENO, NV 89511-9185
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-9185
If "No" please explain: Not Applicable	Contact/Phone: 775-853-7202
	Vendor No.: T29013770
	NV Business ID: NV20101198067

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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	50.00 %	X Bonds	50.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111366

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**
Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 286 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Washoe County Armory, Stead Nevada National Guard, Roof Replacement CIP project to include design documents, pre-bid walk through, quality assurance and final inspections and final roof inspection reports: CIP Project 17-S01G(1); SPWD Contract No. 111366.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,150.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:
Lutz, Andrew, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	09/06/2017 13:06:20 PM
Division Approval	lmars1	09/06/2017 13:06:24 PM
Department Approval	lmars1	09/06/2017 13:06:27 PM
Contract Manager Approval	lmars1	09/06/2017 13:06:30 PM
Budget Analyst Approval	jrodrig9	09/18/2017 18:46:09 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19213**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.
Agency Code:	082	Contractor Name:	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.
Appropriation Unit:	1585 - All Categories	Address:	5485 RENO CORPORATE DR. SUITE 100
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89511-2262
If "No" please explain:	Not Applicable	Contact/Phone:	775-332-6640
		Vendor No.:	T80984709
		NV Business ID:	NV19941047730

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111362

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**
Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 286 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the architectural and civil engineering design services for the Stewart Indian School, Buildings 2 & 3, ADA Site Improvements CIP project to civil engineering and topographic survey services for replacement of concrete sidewalks and ramps adjacent to Buildings 1 & 2: CIP Project 17-S02(6); SPWD Contract No. 111362.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,100.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:
Rife, Michael, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	08/31/2017 14:50:28 PM
Division Approval	lmars1	08/31/2017 14:50:31 PM
Department Approval	lmars1	08/31/2017 14:50:34 PM
Contract Manager Approval	lmars1	08/31/2017 14:50:37 PM
Budget Analyst Approval	jrodrig9	09/18/2017 21:34:05 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 18644	Amendment Number: 1
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PAUL CAVIN ARCHITECT LLC
Agency Code: 082	Contractor Name: PAUL CAVIN ARCHITECT LLC
Appropriation Unit: 1585-40	Address: 51 MARILYN MAE DRIVE
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89441-6236
If "No" please explain: Not Applicable	Contact/Phone: PAUL CAVIN 775-842-0261
	Vendor No.: T29033842
	NV Business ID: NV20131182382

To what State Fiscal Year(s) will the contract be charged? **2017-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	79.00 %
Highway Funds	0.00 %	X Other funding	21.00 % Transfer from Capital Projects Fund

Agency Reference #: 111110

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/24/2017**
Anticipated BOE meeting date 09/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **2 years and 67 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for field investigation, observation, and recommendations for mitigation of the moisture and water intrusion within the State Capitol Annex Dome; SPWD Project No. 15-S01-12C; Contract No. 111110. This amendment increases the total contract maximum amount from \$14,070 to \$31,920 for Construction Documents and Construction Administration costs associated with Capitol Annex Dome Repairs project to include additional repairs, repainting of metal cladding, wood siding and trim, and ventilation of the dome and dome components in accordance with recommendations and treatments identified in the Observations and Recommendations Report provided by the Architect.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$14,070.00	\$14,070.00	\$14,070.00	Yes - Info
2. Amount of current amendment (#1):	\$17,850.00	\$17,850.00	\$31,920.00	Yes - Info
3. New maximum contract amount:	\$31,920.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD, currently and/or in the past for various amounts with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	07/25/2017 18:20:55 PM
Division Approval	amarangi	07/25/2017 18:20:59 PM
Department Approval	amarangi	07/25/2017 18:21:03 PM
Contract Manager Approval	amarangi	07/25/2017 18:21:07 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19258**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: RESOURCE CONCEPTS, INC.
Agency Code: 082	Contractor Name: RESOURCE CONCEPTS, INC.
Appropriation Unit: 1585-48	Address: 340 N MINNESOTA ST
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89703-4152
If "No" please explain: Not Applicable	Contact/Phone: 775-883-1600
	Vendor No.: T12785100
	NV Business ID: NV19781005208

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111376

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 286 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center ADA Site Improvements CIP project to include engineering construction documents, survey services, and bidding and construction administration support services for the remaining civil site work within the facility's recreation yard. CIP Project 17-S02-1; SPWD Contract No. 111376.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00**

Other basis for payment: Monthly progress payments based on services provided

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:
Rife, Michael, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	09/14/2017 16:06:40 PM
Division Approval	lmars1	09/14/2017 16:06:43 PM
Department Approval	lmars1	09/14/2017 16:06:46 PM
Contract Manager Approval	lmars1	09/14/2017 16:06:50 PM
Budget Analyst Approval	jrodrig9	09/18/2017 22:48:42 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: **19185**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	HARRIS CONSULTING ENGINEERS, LLC
Agency Code:	082	Contractor Name:	HARRIS CONSULTING ENGINEERS, LLC
Appropriation Unit:	1590 - All Categories	Address:	680 PILOT RD. SUITE A
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89119-9015
If "No" please explain:	Not Applicable	Contact/Phone:	702-269-1575
		Vendor No.:	T27003439
		NV Business ID:	NV20011085889

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111342

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 286 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services to provide construction administration services for the Grant Sawyer Office Building Central Plant Renovation CIP project to include HVAC, plumbing and electrical engineering design documents and services through the bid and construction administration phases of the project: CIP Project 17-M09; SPWD Contract No. 111342.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,500.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Architectural/Engineering Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:
Marshall, Benton, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	08/30/2017 12:54:39 PM
Division Approval	lmars1	08/30/2017 12:54:43 PM
Department Approval	lmars1	08/30/2017 12:54:46 PM
Contract Manager Approval	lmars1	08/30/2017 13:59:25 PM
Budget Analyst Approval	jrodrig9	09/18/2017 20:00:00 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18481**

Amendment Number: **1**

Legal Entity Name: **LG ARCHITECTS, INC. DBA**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **LG ARCHITECTS, INC. DBA**

Agency Code: **082**

Address: **LGA**

Appropriation Unit: **All Appropriations**

241 W CHARLESTON BLVD STE 107

Is budget authority available?: **No**

City/State/Zip: **LAS VEGAS, NV 89102**

Contact/Phone: **CRAIG GALATI 702-263-7111**

Vendor No.: **T27041309**

NV Business ID: **NV19861005290**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD, but all funding and contractor payment responsibilities will remain with the initiating agency. For this contract the funding and expenditure authority will reside in the Account 4216, expenditure category 39. A portion of the approved funds were raised through a fundraiser and the rest was appropriated by the State Museum Board.

To what State Fiscal Year(s) will the contract be charged? **2017-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency Funded CIP

Agency Reference #: 111001

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/11/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **4 years and 81 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is the first amendment to the original contract that provides professional architectural/engineering services for the advance planning of the Boulder City Nevada State Railroad Museum Visitor's Center CIP project: CIP Project No. 17-A009; SPWD Contract No. 111001. This amendment increases the total contract maximum amount from \$407,100 to \$430,100 to provide for the development of a Master Plan.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$407,100.00	\$407,100.00	\$407,100.00	Yes - Action
2. Amount of current amendment (#1):	\$23,000.00	\$23,000.00	\$23,000.00	Yes - Info
3. New maximum contract amount:	\$430,100.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	08/21/2017 07:55:07 AM
Division Approval	amarangi	08/21/2017 07:55:23 AM
Department Approval	amarangi	08/21/2017 07:55:27 AM

Contract Manager Approval
Budget Analyst Approval

amarangi
jrodrig9

08/21/2017 07:55:31 AM
08/24/2017 23:57:19 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19219**

Agency Name: DTCA - DIVISION OF TOURISM	Legal Entity Name: PK ELECTRIC INC
Agency Code: 101	Contractor Name: PK ELECTRIC INC
Appropriation Unit: 1522-31	Address: 681 SIERRA ROSE DRIVE
Is budget authority available?: Yes	SUITE B
If "No" please explain: Not Applicable	City/State/Zip: RENO, NV 89511
To what State Fiscal Year(s) will the contract be charged? 2018	Contact/Phone: JOEY GANSER 775-826-9010
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	Vendor No.: T81016802
General Funds 0.00 % Fees 0.00 %	NV Business ID: NV19961128650
Federal Funds 0.00 % Bonds 0.00 %	
Highway Funds 0.00 % X Other funding 100.00 % LODGING TAX	
Agency Reference #: RFP #100	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/12/2017**

Anticipated BOE meeting date **09/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2018**
Contract term: **291 days**

4. Type of contract: **Contract**
Contract description: **AV & Video Conf Sys**

5. Purpose of contract:
This is a new contract to provide for the design of a new audio visual system in the Laxalt Building assembly chambers and a conference room in Las Vegas.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$34,000.00**
Other basis for payment: \$28,900 for construction documents; \$5,100 for construction administration

II. JUSTIFICATION

7. What conditions require that this work be done?
The current AV system in the assembly chambers is failing. This is making it difficult to interface with the Division of Tourism's satellite office in Las Vegas during Commission meetings, etc. This contract will provide the design documents for the upgrade of the AV and video conference systems for the frequently used chambers meeting room in the Laxalt building. Upgrades also include a mobile "cart-based" AV system for the Department's Las Vegas office conference room.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
This contract will provide AV design services which is a service that cannot be done by State Employees.

9. Were quotes or proposals solicited? **Yes**
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Farr West Engineering
McGinley & Associates Inc.
PK Electric
AM Smith Electric Inc.
Shaw Engineering
Van Woert Bigotti Achitects

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #100, and in accordance with NRS 333, the selected vendor was the only vendor to respond to the RFP.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amathies	09/06/2017 12:46:38 PM
Division Approval	amathies	09/06/2017 12:46:40 PM
Department Approval	amathies	09/06/2017 12:46:42 PM
Contract Manager Approval	amathies	09/06/2017 12:46:45 PM
Budget Analyst Approval	myoun3	09/11/2017 09:48:22 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19080**

Agency Name: GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	Legal Entity Name: National Main Street Center, Inc.
Agency Code: 102	Contractor Name: National Main Street Center, Inc.
Appropriation Unit: 1532-11	Address: 53 West Jackson Blvd. Suite 350
Is budget authority available?: Yes	City/State/Zip: Chicago, IL 60604
If "No" please explain: Not Applicable	Contact/Phone: Patrice Frey 312-610-5617
	Vendor No.:
	NV Business ID: NV20161444620

To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/25/2017**
Anticipated BOE meeting date 09/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2018**

Contract term: **309 days**

4. Type of contract: **Contract**

Contract description: **Program Facilitation**

5. Purpose of contract:

This is a new contract to provide orientations, training, application workshops, inaugural visits and other assistance related to the Nevada Main Street Program in connection with the National Trust for Historic Preservation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,810.00**

Other basis for payment: Payments will be made upon completion of agreed upon deliverables and receipt of corresponding invoice(s)

II. JUSTIFICATION

7. What conditions require that this work be done?

This work is being performed in compliance with AB417 of the 2017 Legislature.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a new program requiring training and other assistance that is being provided to all participating states through the Department of Housing and Urban Development and the National Trust for Historic Preservation. There are no state employees with the knowledge and expertise to provide this work.170801

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 #: 17081

Approval Date: 08/22/2017

c. Why was this contractor chosen in preference to other?

This vendor is a non-profit corporation and subsidiary of the National Trust for Historic Preservation and the only entity administering the Main Street America program nationwide and the only organization the State can partner with to implement the Nevada Main Street Program.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Peter Wallish, Director, Rural Community Economic Development Ph: 775-687-9911

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	swoodbur	08/22/2017 15:56:34 PM
Division Approval	swoodbur	08/22/2017 15:56:38 PM
Department Approval	swoodbur	08/22/2017 16:03:32 PM
Contract Manager Approval	swoodbur	08/22/2017 16:03:35 PM
Budget Analyst Approval	lfree1	08/25/2017 12:06:02 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: **19158**

Agency Name: ADMIN - ENTERPRISE IT SERVICES	Legal Entity Name: NAVAL FACILITIES ENGINEERING COMMAND
Agency Code: 180	Contractor Name: NAVAL FACILITIES ENGINEERING COMMAND
Appropriation Unit: 1388-00	Address: SOUTHWEST-REAL ESTATAE DEPT 1220 PACIFIC HIGHWAY
Is budget authority available?: Yes	City/State/Zip: SAN DIEGO, CA 92132
If "No" please explain: Not Applicable	Contact/Phone: LORNA TIMOG 619/532-1164
	Vendor No.:
	NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date **10/2017**

Retroactive? **Yes**

If "Yes", please explain

The attached Revenue Contract with Naval Facilities Engineering Command Southwest, Real Estate Department has been submitted for approval. Due to the necessity of continued public communications coverage, we are asking to retroactively approve this contract back to July 1, 2017.

3. Termination Date: **06/30/2018**

Contract term: **364 days**

4. Type of contract: **Revenue Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:

This is a new revenue contract that continues to provide rack space at Austin Peak in Lander County.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,932.12**

Other basis for payment: Rack Rent FY18 \$14,932.12

II. JUSTIFICATION

7. What conditions require that this work be done?

Revenue Contract

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Revenue Contract

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Not Applicable

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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:

We have had ongoing revenue contracts with Naval Facilities Engineering Command Southwest, Real Estate Department for many years and other mountain top sites, all satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbaughn	08/27/2017 14:00:30 PM
Division Approval	capple	08/29/2017 06:18:28 AM
Department Approval	capple	08/29/2017 06:18:31 AM
Contract Manager Approval	ascott	08/30/2017 11:51:31 AM
Budget Analyst Approval	cmurph3	09/01/2017 10:23:36 AM

Brian Sandoval
Governor



Patrick Cates
Director

Shannon Rahming
Chief Information Officer

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Enterprise I.T. Services Division

100 N. Stewart Street, Suite 100 | Carson City, NV 89701
Phone: (775) 684-5800

August 24, 2017

MEMORANDUM

To: Colleen Murphy, Budget Analyst

From: Ann Scott, Management Analyst
Enterprise Information Technology Services

Purpose: **Request BOE retroactively approve for attached Revenue Contract**

The attached Revenue Contract with Naval Facilities Engineering Command Southwest, Real Estate Department has been submitted for the BOE's approval. Due to the necessity of continued public communications coverage, we are asking the Board of Examiners to retroactively approve this contract to July 1, 2017.

The agency takes its contract process serious and with the recent staff changes we had a delay in processing revenue contracts and anticipate being timelier in the future.

I appreciate your time and assistance. Should you have questions please call me at (775) 684-5859 or email to annmscott@admin.nv.gov.

Sincerely, Ann Scott

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19170**

Agency Name: ADMIN - ENTERPRISE IT SERVICES	Legal Entity Name: NYE COUNTY SHERIFF
Agency Code: 180	Contractor Name: NYE COUNTY SHERIFF
Appropriation Unit: 1388-00	Address: 1520 E BASIN AVE STE 102
Is budget authority available?: Yes	City/State/Zip: PAHRUMP, NV 89060
If "No" please explain: Not Applicable	Contact/Phone: BRADY ADAMS 775/751-7015
	Vendor No.: T80824550
	NV Business ID: Not Applicable
To what State Fiscal Year(s) will the contract be charged?	2018-2021

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2017**

Anticipated BOE meeting date **10/2017**

Retroactive? **Yes**

If "Yes", please explain

The attached Revenue Contract with Nye County (Sheriff's Department, Sheriff's Office, Tonopah Fire Department) has been submitted for approval. Due to the necessity of continued public communications coverage, we are asking to retroactively approve this contract back to July 1, 2017.

3. Termination Date: **06/30/2021**

Contract term: **3 years and 303 days**

4. Type of contract: **Revenue Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:

This is a new revenue contract that continues to provide rack space at Brock Mountain in Nye Count, Montezuma in Esmeralda County, Warm Springs in Nye County and Sober Peak in Nye County.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,663.20**

Other basis for payment: Rack Rent FY18 \$10,665.80, FY19 \$10,665.80, FY20 \$10,665.80, FY21 \$10,665.80

II. JUSTIFICATION

7. What conditions require that this work be done?

Revenue Contract

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Revenue Contract

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Not Applicable

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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:

We have had ongoing revenue contracts with Nye County (Sheriff's Department, Sheriff's Office, Tonopah Fire Department) for many years and other mountain top sites, all satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbaughn	08/29/2017 14:30:29 PM
Division Approval	capple	08/29/2017 14:47:45 PM
Department Approval	capple	08/31/2017 09:50:46 AM
Contract Manager Approval	ascott	08/31/2017 09:51:12 AM
Budget Analyst Approval	cmurph3	09/01/2017 13:45:52 PM

Brian Sandoval
Governor



Patrick Cates
Director

Shannon Rahming
Chief Information Officer

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Enterprise I.T. Services Division

100 N. Stewart Street, Suite 100 | Carson City, NV 89701
Phone: (775) 684-5800

August 29, 2017

MEMORANDUM

To: Colleen Murphy, Budget Analyst

From: Ann Scott, Management Analyst
Enterprise Information Technology Services

Purpose: **Request BOE retroactively approve for attached Revenue Contract**

The attached Revenue Contract with Nye County (Sheriff's Department, Sheriff's Office, Tonopah Fire Department) has been submitted for the BOE's approval. Due to the necessity of continued public communications coverage, we are asking the Board of Examiners to retroactively approve this contract to July 1, 2017.

The agency takes its contract process serious and with the recent staff changes we had a delay in processing revenue contracts and anticipate being timelier in the future.

I appreciate your time and assistance. Should you have questions please call me at (775) 684-5859 or email to annmscott@admin.nv.gov.

Sincerely, Ann Scott

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19152**

Agency Name: ADMIN - ENTERPRISE IT SERVICES	Legal Entity Name: UNIVERSITY OF NEVADA, RENO, MACKAY SCHOOL
Agency Code: 180	Contractor Name: UNIVERSITY OF NEVADA, RENO, MACKAY SCHOOL
Appropriation Unit: 1388-00	Address: OF MINES, SEISMOLOGY DEPT MAIL STOP 174
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89557
If "No" please explain: Not Applicable	Contact/Phone: ERIK WILLIAMS 775/784-4975
	Vendor No.: D35000816A
	NV Business ID: Not Applicable

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **Yes**

If "Yes", please explain

The attached Revenue Contract with University of Nevada, Reno, Mackay School of Mines, Seismology Department has been submitted for approval. Due to the necessity of continued public communications coverage, we are asking to retroactively approve this contract back to July 1, 2017.

3. Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:

This is a new revenue contract that continues to provide rack space at Angel Peak in Clark County, Fairview Peak in Churchill County and Sober Peak in Nye County.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,597.92**

Other basis for payment: Rack Rent FY18 \$6,399.48, FY19 \$6,399.48, FY20 \$6,399.48, FY21 \$6,399.48

II. JUSTIFICATION

7. What conditions require that this work be done?

Revenue Contract

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Revenue Contract

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Not Applicable

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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:

We have had ongoing revenue contracts with University of Nevada, Reno, Mackay School of Mines, Seismology Department for many years and other mountain top sites, all satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbaughn	08/27/2017 13:57:49 PM
Division Approval	capple	08/29/2017 06:20:27 AM
Department Approval	capple	08/29/2017 06:20:31 AM
Contract Manager Approval	ascott	08/30/2017 11:46:00 AM
Budget Analyst Approval	cmurph3	09/01/2017 10:26:04 AM

Brian Sandoval
Governor



Patrick Cates
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Chief Information Officer

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Enterprise I.T. Services Division

100 N. Stewart Street, Suite 100 | Carson City, NV 89701
Phone: (775) 684-5800

August 23, 2017

MEMORANDUM

To: Colleen Murphy, Budget Analyst

From: Ann Scott, Management Analyst
Enterprise Information Technology Services

Purpose: **Request BOE retroactively approve for attached Revenue Contract**

The attached Revenue Contract with University of Nevada, Reno, Mackay School of Mines, Seismology Department has been submitted for the BOE's approval. Due to the necessity of continued public communications coverage, we are asking the Board of Examiners to retroactively approve this contract to July 1, 2017.

The agency takes its contract process serious and with the recent staff changes we had a delay in processing revenue contracts and anticipate being timelier in the future.

I appreciate your time and assistance. Should you have questions please call me at (775) 684-5859 or email to annmscott@admin.nv.gov.

Sincerely, Ann Scott

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18067** Amendment Number: **2**

Agency Name: **NDE - DEPARTMENT OF EDUCATION** Legal Entity Name: **Turning Point, Inc.**

Agency Code: **300** Contractor Name: **Turning Point, Inc.**

Appropriation Unit: **2709-33** Address: **PO Box 1028**

Is budget authority available?: **Yes** City/State/Zip: **Virginia City, NV 89440**

If "No" please explain: **Not Applicable** Contact/Phone: **Deborah Loesch-Griffin, Ph.D. 775-843-2275**

Vendor No.: **T29005273**

NV Business ID: **NV19881034454**

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.

<input checked="" type="checkbox"/>	General Funds	35.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	65.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/11/2016**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **2 years and 262 days**

4. Type of contract: **Contract**

Contract description: **B3 Model Tech Assist**

5. Purpose of contract:

This is the second amendment to the original contract to provide technical assistance and guide the development of the implementation plan, for the Birth through Third Grade or B-3 model, conduct a pilot study of the model in high need areas across the state, and develop and implement a professional learning series. This amendment increases the maximum amount from \$899,196 to \$930,096 to conduct community based meetings and focus groups around the state and to work with three versus two pilot sites, inclusive of travel costs, materials, and site mini-grants.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$819,566.00	\$819,566.00	\$819,566.00	Yes - Action
a. Amendment 1:	\$79,630.00	\$79,630.00	\$79,630.00	Yes - Action
2. Amount of current amendment (#2):	\$30,900.00	\$30,900.00	\$30,900.00	Yes - Info
3. New maximum contract amount:	\$930,096.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The federal Preschool Development Grant requires this work be completed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department of Education and other state agencies lack the personnel capacity to complete this work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #2108, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/23/2016 Anticipated re-bid date: 01/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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 Public and Behavioral Health; Nevada Home Visiting Program; August 2015-July 2016
Department of Education; Office of Early Childhood Learning and Head Start Collaboration; January 2015-June 30 2015
Division of Public and Behavioral Health; Bureau of Child, Family Services, Healthy Communities Project; June 2009; March 2010
They have been deemed as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	08/10/2017 13:50:31 PM
Division Approval	amccalla	08/10/2017 13:50:41 PM
Department Approval	amccalla	08/10/2017 13:50:49 PM

Contract Manager Approval
Budget Analyst Approval

ablackwe
knielsen

08/10/2017 13:59:02 PM
09/11/2017 08:28:23 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: **19182**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: Board of Regents - UNR
Agency Code: 300	Contractor Name: Board of Regents - UNR
Appropriation Unit: 2721-41	Address: UNR Controller's Office Mail Stop 0124
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89557-0124
If "No" please explain: Not Applicable	Contact/Phone: Thomas Landis 775-784-4477
	Vendor No.: D35000816
	NV Business ID: GOV'T ENTITY

To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **Yes**

If "Yes", please explain

The request for retroactive approval is due to the time constraints of the university to perform this work and the federal Project AWARE grant funds for this activity expire on September 29, 2017. If the retroactive approval is not granted, the department will be out of compliance with the cooperative agreement with the federal Department of Health and Human Services, SAMHSA agreement. The Office of Safe and Respectful Learning Environment will plan more in advance in the future.

3. Termination Date: **09/29/2017**

Contract term: **90 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Project ECHO**

5. Purpose of contract:

This is a new interlocal agreement to provide videoconference case consultation and training activities that will provide school-based mental health providers and community health providers with access to an interdisciplinary team of experts in the field of child mental health.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,888.56**

Other basis for payment: upon receipt of detailed invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Project AWARE has been highly successful in building awareness, increasing early identification of at-risk students and referral of these students to school-based mental health services. However, an ongoing barrier for the project has been referral of the highest need students to community services, particularly psychiatric medication management services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no available resources to perform the services needed.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 277.180, the agency has contracted with the University of Nevada, Reno to be the service provider.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

35%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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 Education has multiple interlocal agreements with UNR to perform various services and the work has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Christy McGill, Director Safe & Respectful Learning Environment Office Ph: 775-687-9168

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rrussum	08/31/2017 08:47:26 AM
Division Approval	rrussum	08/31/2017 08:47:31 AM
Department Approval	amccalla	08/31/2017 09:19:34 AM
Contract Manager Approval	ablackwe	08/31/2017 09:22:32 AM
Budget Analyst Approval	sbrown	09/18/2017 15:04:23 PM

BRIAN SANDOVAL
Governor

STATE OF NEVADA

SOUTHERN NEVADA OFFICE
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STEVE CANAVERO, Ph.D.
Superintendent of Public Instruction



DEPARTMENT OF EDUCATION
700 E. Fifth Street
Carson City, Nevada 89701-5096
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<http://www.doe.nv.gov>

July 21, 2017

MEMORANDUM

TO: James Wells
Clerk of the Board of Examiners
Governor's Finance Office – Budget Division

THROUGH: Susan Brown
Budget Analyst, Governor's Finance Office – Budget Division

FROM: Andrea McCalla *AMC*
Administrative Services Officer 3, Business and Support Services Division

SUBJECT: Request for Retroactive Contract with Board of Regents, Nevada System of Higher Education

This memorandum serves as a request for a retroactive approval to July 1, 2017 on a contract with the Board of Regents, Nevada System of Higher Education, School of Social Work.

Retroactive start date is necessary due to the time constraints of the University to perform this work. Following the completion of this phase of the project, continuation funding will be available for the University to continue and sustain the remaining portions of the project. Funds for this activity will expire from the Now Is The Time – Project AWARE grant by September 29, 2017. In addition, if not approved, NDE will be out of compliance with the cooperative agreement with the federal department of Health and Human Services, SAMHSA agreement. To avoid this in the future, a 6 month minimum in planning time is needed to ensure a contract is in place earlier.

We appreciate your consideration in this matter.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19179**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: The Abbi Agency
Agency Code: 300	Contractor Name: The Abbi Agency
Appropriation Unit: 2721-35	Address: 1385 Haskell Street
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89509
If "No" please explain: Not Applicable	Contact/Phone: Abbi Whitaker 775-323-2977
	Vendor No.: T27037235
	NV Business ID: NV20081200897

To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/07/2018**

Contract term: **142 days**

4. Type of contract: **Contract**

Contract description: **Marketing & Branding**

5. Purpose of contract:

This is a new contract to provide services of marketing and branding for the Safe-to-Tell Initiative.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: two installments of \$10,000 each

II. JUSTIFICATION

7. What conditions require that this work be done?

Safe2Tell is a requirement in NRS 388.1455 which states in part: Provide to each public school educational materials regarding the program, including, without limitation, the telephone number and any other methods by which a report may be made. In addition, to launch the Safe2Tell program effectively requires 2 stages of public information launch, and sustained/refresh to 3 district audiences students, parents, and the community at large, within both urban and rural Nevada. The complexity of that challenge necessitates a professional strategy be developed so that it may be accomplished within a very short timeframe with limited financial resources.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no available resources to perform the service needed.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

The Abbi Agency
KPS3
The Glenn Group

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor was able to provide the services within the timeframe and budget amount.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Wildlife - May 9, 2017 - work has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Christy McGill, Director Safe & Respectful Learning Office Ph: 775-687-9168

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rsum	09/06/2017 08:51:25 AM
Division Approval	rsum	09/06/2017 08:51:31 AM
Department Approval	amccalla	09/06/2017 11:55:49 AM
Contract Manager Approval	ablackwe	09/06/2017 13:31:32 PM
Budget Analyst Approval	tgreenam	09/18/2017 11:51:10 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19103**

Agency Name:	STATE PUBLIC CHARTER SCHOOL AUTHORITY	Legal Entity Name:	WARN, ANTHONY
Agency Code:	315	Contractor Name:	WARN, ANTHONY
Appropriation Unit:	2711-04	Address:	617 S OWYHEE ST
Is budget authority available?:	Yes	City/State/Zip:	BOISE, ID 83705-1744
If "No" please explain:	Not Applicable		
		Contact/Phone:	646/643-0926
		Vendor No.:	T32004796
		NV Business ID:	NV20161576564

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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 % Sponsorship Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/20/2017**

Anticipated BOE meeting date 09/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 284 days**

4. Type of contract: **Contract**

Contract description: **External Reviewer**

5. Purpose of contract:

This is a new contract which provides for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,976.00**

Payment for services will be made at the rate of \$999.00 per application/document

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 388A.249 (2) sets forth the manner in which applications for charter schools shall be reviewed. To comply with this requirement the agency has determined that it is in the best interest of the State to execute contracts with external reviewers who can provide this level of review.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Currently the agency does not have enough staff with the expertise to review charter documents to ensure compliance with NRS 388A.249 (2) and best practices in authorizing.

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):

Jill Shahan
Simeon Stolzberg
Halli Bayer

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor meets the general minimum qualifications required in the informal solicitation.

d. Last bid date: 06/16/2017 Anticipated re-bid date: 01/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. 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

18. Not Applicable

19. Agency Field Contract Monitor:

Patrick Gavin, Director Ph: 775-687-9160

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kbaldwi1	08/09/2017 14:36:32 PM
Division Approval	kbaldwi1	08/09/2017 14:36:35 PM
Department Approval	jbauer	08/28/2017 11:54:54 AM
Contract Manager Approval	kbaldwi1	08/28/2017 12:11:17 PM
Budget Analyst Approval	tgreenam	09/20/2017 14:00:55 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: **19051**

Agency Name:	STATE PUBLIC CHARTER SCHOOL AUTHORITY	Legal Entity Name:	Wendling, Heather
Agency Code:	315	Contractor Name:	Wendling, Heather
Appropriation Unit:	2711-04	Address:	633 Vanderlyn Ln
Is budget authority available?:	Yes	City/State/Zip:	Slingerlands, NY 12156
If "No" please explain:	Not Applicable		
		Contact/Phone:	Heather Wendling 518-456-0921
		Vendor No.:	T32005230
		NV Business ID:	NV20171433754

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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 % Sponsorship 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 **08/31/2017**

Anticipated BOE meeting date 09/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 304 days**

4. Type of contract: **Contract**

Contract description: **External Reviewer**

5. Purpose of contract:

This is a new contract which provides for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,976.00**

Payment for services will be made at the rate of \$999.00 per application/document

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 388A.249 (2) sets forth the manner in which applications for charter schools shall be reviewed. To comply with this requirement the agency has determined that it is in the best interest of the State to execute contracts with external reviewers who can provide this level of review.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Currently the agency does not have enough staff with the expertise to review charter documents to ensure compliance with NRS 388A.249 (2) and best practices in authorizing.

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):

Halli Bayer
Simeon Stolzberg
Jill Shahan

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor meets the general minimum qualifications required in the informal solicitation.

d. Last bid date: 07/21/2017 Anticipated re-bid date: 01/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. 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

18. Not Applicable

19. Agency Field Contract Monitor:

Patrick Gavin, Director Ph: 775-687-9160

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kbaldwi1	08/15/2017 15:09:25 PM
Division Approval	kbaldwi1	08/15/2017 15:09:28 PM
Department Approval	jbauer	08/28/2017 11:56:09 AM
Contract Manager Approval	kbaldwi1	08/28/2017 12:11:27 PM
Budget Analyst Approval	tgreenam	09/01/2017 07:32:51 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19233**

Agency Name: DTCA - NEVADA ARTS COUNCIL	Legal Entity Name: Adrian Gottlieb
Agency Code: 333	Contractor Name: Adrian Gottlieb
Appropriation Unit: 2640-10	Address: 1839 Blake Ave #3
Is budget authority available?: Yes	City/State/Zip: Los Angeles, CA 90039
If "No" please explain: Not Applicable	Contact/Phone: Adrian 3238299699
	Vendor No.:
	NV Business ID: TBD
To what State Fiscal Year(s) will the contract be charged? 2018	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **Gov Portrait**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/14/2017**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2018**

Contract term: **198 days**

4. Type of contract: **Contract**

Contract description: **Governor's Portrait**

5. Purpose of contract:

This is a new contract to provide for the commission of a portraiture of Governor Brian Sandoval to display in the Nevada State Capitol Building, pursuant to NRS 223.121.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,000.00**

Payment for services will be made at the rate of \$23,000.00 per Finished Portrait

II. JUSTIFICATION

7. What conditions require that this work be done?

Assembly Bill #500, and NRS 223.121

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No State employee is qualified to do this type of portraiture.

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):

**Tom Edgerton
James Tennison
Adrian Gottlieb**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governor Sandoval chose this artist, per NRS 223.121

d. Last bid date: 07/31/2017 Anticipated re-bid date: 07/05/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Individual

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Artist is an individual, from out of state.

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

No b. If "NO", please explain.

This is an individual from out of Nevada who will be painting the portrait of Governor Brian Sandoval, no business license is needed. See attached.

19. Agency Field Contract Monitor:

David Peterson, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lficklin	09/07/2017 10:48:32 AM
Division Approval	lficklin	09/07/2017 17:01:03 PM
Department Approval	dpeters3	09/13/2017 10:25:17 AM
Contract Manager Approval	dpeters3	09/13/2017 10:25:21 AM
Budget Analyst Approval	myoun3	09/14/2017 09:09:42 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19069**

Agency Name: DTCA - NEVADA ARTS COUNCIL	Legal Entity Name: Omar Alan Pierce
Agency Code: 333	Contractor Name: Omar Alan Pierce
Appropriation Unit: 2979-39	Address: 861 Forest St
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89509
If "No" please explain: Not Applicable	Contact/Phone: Omar 775-813-8785
	Vendor No.: T27038417
	NV Business ID: NV20171416961
To what State Fiscal Year(s) will the contract be charged? 2018	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Transfer from Tourism

Agency Reference #: **39-Fellows Video**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/08/2017**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/01/2018**

Contract term: **146 days**

4. Type of contract: **Contract**

Contract description: **Videography**

5. Purpose of contract:

This is a new contract to provide for the production of seven videos to highlight the Fellowship program. The videos will feature William Fox the former Executive Director of the Nevada Arts Council, to discuss how the Fellowship program was started, interview and video prior Fellowship grant awardees Michael Sarich; Kate Cotter; Ben Parks; Erica Vital; Shana Tucker and Dayvid Figler.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,280.00**

Other basis for payment: \$2,280 upon approval of contract by BOE; \$6,000 after filming of local artists; additional interviews of artists in Tuscarora, Las Vegas and Reno to be completed by January 2018. After NAC receives final rough cut the final payment of \$2,000, will be released to contractor.

II. JUSTIFICATION

7. What conditions require that this work be done?

In conjunction with the Nevada Arts Council's 50th anniversary (legislatively established in 1967), the arts council is featuring an artist who received a fellowship grant. These video's will showcase the program, including how funds were used to support the artist and their work. The video will be featured in workshops, on the NAC web-site, and other venues as appropriate.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The time involved in traveling to interview these artists, would be more than the NAC staff could handle, staff is not trained in the use of videography, nor does the NAC have 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):

Brad Horn Photography
Omar Alan Pierce
DP Video Productions

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Based on the ability to keep in the timeframe, costs, and availability to do the work.

d. Last bid date: 05/22/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lficklin	08/01/2017 08:32:21 AM
Division Approval	lficklin	08/01/2017 08:32:24 AM
Department Approval	dpeters3	08/07/2017 08:48:53 AM
Contract Manager Approval	lficklin	08/08/2017 14:20:30 PM
Budget Analyst Approval	myoun3	09/08/2017 09:01:54 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: **19098**

Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name: Douglas County
Agency Code: 402	Contractor Name: Douglas County
Appropriation Unit: 3167-00	Address: 1594 Esmeralda Ave. PO Box 218
Is budget authority available?: Yes	City/State/Zip: Minden, NV 89423
If "No" please explain: Not Applicable	Contact/Phone: 775/782-9821
	Vendor No.: T40174400
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue from County

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date **09/2017**

Retroactive? **Yes**

If "Yes", please explain

This contract requires retroactive start date for the State's obligation to continue to provide these services and ensure continuity of care to children and for reimbursement to ADSD for the non-federal share of funding as payment for children's services per NRS 435.010. The critical nature of services and NRS 435.020 obligate the State to continue providing needed support services. ADSD spent months working with the Counties to get these contracts approved by their monthly commission meetings.

3. Termination Date: **06/30/2018**

Contract term: **364 days**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue Contract**

5. Purpose of contract:

This is a new revenue interlocal agreement that continues ongoing services to children with intellectual and developmental disabilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: **Revenue Contract**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 435.010 and NRS 435.020, Aging and Disability Services Division (ADSD) is obligated to provide services to children with intellectual disabilities and the County to reimburse ADSD the non-federal share of funding as payment for services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Not applicable. State employees are providing the services for the County.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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:

MHDS 7/1/11 - 6/30/13, ADSD 7/1/13 - 6/30/17. Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	08/09/2017 11:08:39 AM
Division Approval	dbowma1	08/09/2017 11:08:42 AM
Department Approval	jkolenut	08/21/2017 11:33:38 AM
Contract Manager Approval	ltuttl1	08/22/2017 14:42:57 PM
Budget Analyst Approval	bwooldri	08/28/2017 14:46:20 PM



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

3416 Goni Road, D-132
Carson City, Nevada 89706

(775) 687-4210 • Fax (775) 687-0576
adsd@adsd.nv.gov

Richard Whitley
Director

Edward Ableser, Ph. D.
Administrator

July 28, 2017

MEMORANDUM

FP 19

To: Bessie Wooldridge
Budget Analyst
Budget Division

From: Cara Paoli
Deputy Administrator
Aging and Disability Services Division

**Subject: Request for Approval for Retroactive July 1, 2017, Start Date –
Douglas County Revenue Contract**

This memorandum requests that the above referenced Aging and Disability Services Division (ADSD) revenue contract with Douglas County be approved for a retroactive start date effective July 1, 2017. This contract requires this retroactive start date for the State’s obligation to continue to provide these services and ensure continuity of care to children.

This revenue contract is for reimbursement to ADSD for the non-federal share of funding as payment for children’s services per NRS 435.010. The critical nature of these services and NRS 435.020 obligate the State to continue to provide needed support services and service coordination for residents with intellectual and developmental disabilities.

ADSD has spent months working with the Counties to get these contracts to their monthly commission meetings and approved.

Thank you for your consideration.

cc: Jamie Pruneau-Certified Contract Manager
Aging and Disability Services Division

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 17099	Amendment Number: 1
Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name: Gardner Mechanical Services
Agency Code: 402	Contractor Name: Gardner Mechanical Services
Appropriation Unit: 3280-07	Address: 270 E. Parr Blvd.
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89512
If "No" please explain: Not Applicable	Contact/Phone: 775/329-4133
	Vendor No.: T27000470A
	NV Business ID: NV19871014001

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/06/2015**

Anticipated BOE meeting date **09/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **09/30/2017**

Termination Date:

Contract term: **2 years and 328 days**

4. Type of contract: **Contract**

Contract description: **HVAC Maintainance**

5. Purpose of contract:

This is the first amendment to the original contract which continues ongoing air conditioning and heating services. The contractor will, on an as needed basis, provide for the maintenance, repair, and/or replacement of heating and air conditioning units. This amendment extends the termination date from September 30, 2017 to September 30, 2018 and increases the maximum amount from \$20,000 to \$30,000 due to the increased need for this service.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
2. Amount of current amendment (#1):	\$10,000.00	\$10,000.00	\$30,000.00	Yes - Info
3. New maximum contract amount:	\$30,000.00			
and/or the termination date of the original contract has changed to:	09/30/2018			

II. JUSTIFICATION

7. What conditions require that this work be done?

Heating and air conditioning systems require ongoing maintenance and repair for optimal and efficient performance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The technical nature of heating, ventilation and air conditioning maintenance (HVAC) requires a specific set of skills and knowledge. SRC will benefit both in terms of cost and performance by contracting with industry professionals of ongoing HVAC maintenance.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Paschall Plumbing, Heating and Cooling
Sierra Air, Inc.
Fleet Heating and Air
Pauls Plumbing, Heating and Air, Inc.
Gardner Mechanical Systems
Gardner Mechanical Servces

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Gardner had the lowest hourly service charge, and a positive consumer rating.

d. Last bid date: 08/09/2015 Anticipated re-bid date: 06/30/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

ADSD 11/6/15 to current. Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	08/18/2017 15:49:53 PM
Division Approval	dbowma1	08/18/2017 15:49:57 PM

Department Approval	jkolenut	08/24/2017 11:45:27 AM
Contract Manager Approval	ltuttl1	08/24/2017 16:01:53 PM
Budget Analyst Approval	bwooldri	08/28/2017 14:30:17 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19236**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Board of Regents of the Nevada System of Higher Education
Agency Code:	406	Contractor Name:	Board of Regents of the Nevada System of Higher Education
Appropriation Unit:	3648-08	Address:	Department of Psychology Clinical Psychology, MS 298
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89557-0298
If "No" please explain:	Not Applicable	Contact/Phone:	Anthony Papa 775-682-8666
		Vendor No.:	D35000816
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 16143

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 09/2017

Retroactive? **Yes**

If "Yes", please explain

The last contract ended 6/30/17. Due to delays in finalizing the term of this agreement, the submittal is late. The need for this service in rural and frontier counties of Nevada is great. This contract allows Rural Clinics to serve higher need individuals via tele-health more readily as the clinician does not need to travel onsite. If this contract is not approved, the State will not benefit from continued training and services from talented interns.

3. Termination Date: **06/30/2018**

Contract term: **364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **TelePsychology Servi**

5. Purpose of contract:

This is a new interlocal agreement to provide tele-psychology client services from doctorate psychology students.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,500.00**

Other basis for payment: UNR Doctorate Psychology Student at 16 hours per week x \$45 per hour x 50 weeks = \$36,000;
UNR Psychologist Faculty at 1.8 hours per week x \$150 per hour x 50 weeks = \$13,500

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract provides the State the ability to train future doctors and treat clients at the same time in rural communities where healthcare is limited.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The work is being performed by state employees.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **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. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

State agencies routinely contract with each other for services - satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	chadwic1	09/12/2017 11:06:23 AM
Division Approval	chadwic1	09/12/2017 11:06:26 AM
Department Approval	jkolenut	09/13/2017 08:36:43 AM
Contract Manager Approval	rmorse	09/13/2017 10:14:35 AM
Budget Analyst Approval	nhovden	09/14/2017 13:27:16 PM

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

STATE OF NEVADA



AMY ROUKIE, MBA
Administrator

JOHN DIMURO, D.O., MBA
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

4150 Technology Way, Suite 300
Carson City, NV 89706

Telephone: (775) 684-4200 · Fax: (775) 684-4211

September 12, 2017

MEMORANDUM

TO: Bessie Wooldridge
Budget Analyst
Budget Division

THROUGH: Mark Winebarger
Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: Tina Gerber-Winn
Agency Director
Rural Clinics

SUBJECT: **REQUEST FOR RETROACTIVE START DATE OF CONTRACT-BOR-UNR-Dept. of Psychology – July 1, 2017 (CETS #19236)**

Rural Clinics is requesting retroactive approval to July 1, 2017 for this contract that provides Rural Clinic Telepsychology client services from UNR Doctorate Psychology students. The last contract ended 6/30/17. Due to delays in finalizing the term of this agreement, the submittal is late. The need for this service in rural and frontier counties of Nevada is great. This contract allows Rural Clinics to serve higher need individuals via telehealth more readily as the clinician does not need to travel onsite.

Rural Clinics will implement the following to prevent future retroactive request:

- Ensure all budget decisions, terms and scope of work revisions for the contractor are completed 60 days prior to fiscal year end and expiration of the contract.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2017.

If you have any questions please contact Stephanie Sanguinetti at (775) 684-5019.

Thank you for your consideration in this matter.

CC: Contract Unit
Division of Public and Behavioral Health

Revised 5/17

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19097**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: NEPPER, RICHARD L.
Agency Code: 406	Contractor Name: NEPPER, RICHARD L.
Appropriation Unit: 3648-04	Address: DBA Rick's Cleaing PO BOX 62
Is budget authority available?: Yes	City/State/Zip: HAWTHORNE, NV 89415-0062
If "No" please explain: Not Applicable	Contact/Phone: Richard Nepper 775-316-2587
	Vendor No.: T32005089
	NV Business ID: NV20171370894

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C 16175**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2017**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **1 year and 302 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new contract that continues ongoing janitorial services for the Hawthorne Mental Health Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,400.00**

Payment for services will be made at the rate of \$500.00 per Month

Other basis for payment: \$750.00 per year for carpet cleaning

II. JUSTIFICATION

7. What conditions require that this work be done?

SAM 1008, 1014 and Exhibit C of the building lease. The Mental Health Center needs to be cleaned regularly to provide a healthful work environment for employees and clients.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No state employees are available in this rural area to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected by a committee based on the best quote for the services required.

d. Last bid date: 05/16/2017 Anticipated re-bid date: 04/17/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	08/30/2017 08:47:44 AM
Division Approval	rmorse	08/30/2017 08:47:46 AM
Department Approval	jkolenut	09/01/2017 09:40:23 AM
Contract Manager Approval	rmorse	09/05/2017 10:24:41 AM
Budget Analyst Approval	nhovden	09/12/2017 08:34:23 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: **19019**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	INFINITE CAMPUS, INC.
Agency Code:	409	Contractor Name:	INFINITE CAMPUS, INC.
Appropriation Unit:	3259-04	Address:	NW 6022 4321 109th Avenue NE
Is budget authority available?:	Yes	City/State/Zip:	Blaine, MN 55449-6794
If "No" please explain:	Not Applicable		
		Contact/Phone:	Peter Fox 763-795-4410
		Vendor No.:	T29032839A
		NV Business ID:	NV20121635586

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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 **08/25/2017**
Anticipated BOE meeting date 09/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**
Contract term: **3 years and 310 days**

4. Type of contract: **Contract**
Contract description: **Data Share NDE**

5. Purpose of contract:
This is a new contract to provide implementation and ongoing data sharing of youth school records with the Nevada Department of Education.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,988.00**
Other basis for payment: \$7,500 for 1 year implementation, \$1,872 annual renewal for 4 years

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Youth Training Center is a Juvenile Justice facility that houses up to 60 male youth between the ages of eleven and eighteen who are committed by the state's district courts for correctional care. The facility needs to be able to transmit student data to and from other locations within the Nevada Department of Education. Setting up this system is the only way to be allowed access to share the data.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This project requires use of a proprietary web site that is in use by the Nevada Department of Education.

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):

Power School
Both Worlds Software
Infinite Campus

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the lowest responsible vendor to respond.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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. They are currently contracted with the Nevada Department of Education. Services are satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Vern Harlow, Admin Services Officer Ph: 775-748-6224

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	07/19/2017 09:06:35 AM
Division Approval	mmason	08/18/2017 12:07:36 PM
Department Approval	jkolenut	08/22/2017 11:07:29 AM
Contract Manager Approval	sknigge	08/23/2017 11:32:34 AM
Budget Analyst Approval	drey nol2	08/25/2017 15:39:11 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19022**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: Cleveland Construction & Design, LLC
Agency Code: 409	Contractor Name: Cleveland Construction & Design, LLC
Appropriation Unit: 3646-95	Address: P.O. Box 91928
Is budget authority available?: Yes	City/State/Zip: Henderson, NV 89009
If "No" please explain: Not Applicable	Contact/Phone: Merlin Jo Giesler 702-373-2443
	Vendor No.:
	NV Business ID: NV20051444424

To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/15/2017**
 Anticipated BOE meeting date **09/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2017**

Contract term: **107 days**

4. Type of contract: **Contract**

Contract description: **Demolition Services**

5. Purpose of contract:

This is a new contract to demolish the green house and patio cover located on the northwest corner of the Charleston campus.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,556.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The structure is being used by homeless people or vagrants for shelter. Removing the structure would remove the possibility of any liabilities from anything that may occur with the use of this vacant structure.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No staff has the expertise to safely demolish these structures.

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):

Norvic Demolition
 Cobblestone Construction
 Cleveland Construction & Design
 Sunrise Enterprises of Las Vegas

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the lowest responsible vendor to submit.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Rick Rassier, Admin Services Officer 3 Ph: 702-486-4335

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	07/19/2017 16:56:07 PM
Division Approval	pcolegro	09/07/2017 13:05:46 PM
Department Approval	jkolenut	09/08/2017 11:02:11 AM
Contract Manager Approval	sknigge	09/08/2017 13:07:08 PM
Budget Analyst Approval	dreynd2	09/15/2017 16:22:30 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19145**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD Agency Code: 431 Appropriation Unit: 3650-10 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: Enviser Contractor Name: Enviser Address: 4749 West Post Road City/State/Zip: Las Vegas, NV 89118 Contact/Phone: Gavin Lastrapes 702-816-9176 Vendor No.: T27038306 NV Business ID: NV20151201704
--	---

To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/25/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2018**

Contract term: **159 days**

4. Type of contract: **Contract**

Contract description: **Server project**

5. Purpose of contract:

This is a new contract to furnish and install Delta controls equipment for the Field Maintenance Shop in Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,935.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract to furnish and install Delta controls equipment for the Field Maintenance Shop in Las Vegas.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess requisite skills and certifications, nor the manpower to install the new components for this specific project.

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):

Siemens Industry Incorporated
Enviser
Honeywell Building Solutions

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 07/10/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	08/23/2017 11:23:43 AM
Division Approval	ctyle1	08/23/2017 11:23:46 AM
Department Approval	ctyle1	08/23/2017 11:23:48 AM
Contract Manager Approval	twollan1	08/23/2017 12:25:26 PM
EITS Approval	rkeith	08/24/2017 08:41:20 AM
Budget Analyst Approval	jrodrig9	08/25/2017 00:14:18 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19096**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: Ridge House, Inc.
Agency Code: 440	Contractor Name: Ridge House, Inc.
Appropriation Unit: 3711-15	Address: 900 W 1st Street, Suite 200
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89503-5587
If "No" please explain: Not Applicable	Contact/Phone: Steven Burt, Executive Director 775/322-8941
	Vendor No.: T80938781
	NV Business ID: NV19821007967

To what State Fiscal Year(s) will the contract be charged? **2018**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 08/2017

Retroactive? **Yes**

If "Yes", please explain

The FY17 Ridge House contract for comprehensive services went through a complete procedure and policy re-write, and three (3) months to implement. The department did not anticipate the delay which caused the program staff to inadvertently miss the window to amend the contract before it expired on June 30, 2017. This contract to June 30, 2018 will give the department the additional time to realize the full benefit of services for inmates.

3. Termination Date: **06/30/2018**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Re-Entry Services**

5. Purpose of contract:

This is a new contract that continues ongoing offender assessments for a minimum of 45 NDOC inmates housed at Northern Nevada Transitional Housing. Provided services are part of Nevada's strategic recidivism reduction plan to assist offenders with the completion of a re-entry plan as they prepare for release from incarceration. An individual care plan will be developed for offenders pre-release and as needed, will provide comprehensive case management for outpatient care.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,897.18**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pre-release and post release offenders are in much need of assistance to help with a more successful transition when released. This contract will provide an assessment and help with: obtaining identification; applying for insurance; registering with selective service; preparing a housing plan; high school equivalency preparation; completion of skills and interest survey; pre-employment counseling; career exploration; assistance with resume development; work ethics training and interviewing skills training.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Historically, the department has outsources these services in an effort to provide offenders with much needed tools from qualified professionals in an effort to reduce recidivism. No other state agency offers these services.

9. Were quotes or proposals solicited? Yes
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Catholic Charity
 Ridge House, Inc.
 West Care

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

There are providers that offer different components, but we are limited on programs specifically for veterans and inmates, including housing sex-offenders. It was determined that this vendor best meets the needs of the department for cost and services required.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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:

FY17 with Department of Corrections. Services have been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vostin	08/16/2017 11:16:56 AM
Division Approval	amonro1	08/16/2017 13:33:59 PM
Department Approval	sewart	08/16/2017 18:46:32 PM
Contract Manager Approval	vfajota	09/01/2017 12:15:23 PM
Budget Analyst Approval	bmacke1	09/20/2017 13:02:10 PM

Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 887-3285

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9938




Brian Sandoval
Governor

James Dzurenda
Director

State of Nevada
Department of Corrections

MEMORANDUM

TO: Bridgette Garrison, Budget Analyst IV

THROUGH: Scott Ewart, Chief of Fiscal Services 

FROM: Sheila Lambert, Management Analyst IV

DATE: August 14, 2017

SUBJECT: Retroactive Contract-Ridge House, Inc. – CETS #19096

The FY17 Ridge House expired contract #18233 for comprehensive services went through a complete procedure and policy re-write and three (3) months of implementation. The Department did not anticipate this delay in implementing services and program staff inadvertently missed the window to amend the contract before it expired on June 30, 2017. An amendment to extend for time and money until June 30, 2018 would have given the Department enough time to realize the full benefit of services for our inmate.

Department program staff has authorized Ridge House to continue providing services to the inmates that were already transitioning into the community to ensure continuity of care and to reduce victimization in the community.

The expired contract #18233 was implemented for the third and fourth quarter of FY 2017. The new contract #19096 will allow the Department to continue these services through FY 2018 to fully realize all the efforts made by both Ridge House and the Department to get this program up and running.

Please accept this information as justification contract #19096 effective date July 1, 2017.

Thank you.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18394**

Agency Name: **DPS-HIGHWAY PATROL**
 Agency Code: **651**
 Appropriation Unit: **4721-04**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: A Company Portable Restrooms, INC.
 Contractor Name: **A Company Portable Restrooms, INC.**
 Address: **PO BOX 5702**
 City/State/Zip: **Boise, ID 83705**
 Contact/Phone: Kyle Mc Dermott 702-647-4000
 Vendor No.: T27020781
 NV Business ID: NV19971139961

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2021**

Contract term: **3 years and 195 days**

4. Type of contract: **Contract**

Contract description: **Portable Restroom**

5. Purpose of contract:

This is a new contract to provide ongoing portable restroom equipment and service for the Nevada Highway Patrol Division at the Apex Inspection Station and Sloan Inspection Station.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$452.00 per month

Other basis for payment: Additional \$50.00 per site per quarter for any additional services needed during peak times. \$200.00 delivery fee for ADA units.

II. JUSTIFICATION

7. What conditions require that this work be done?

There are no restroom facilities at out lying area check sites.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no Department of Public Safety Highway Patrol Division employees qualified to perform these duties.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

A Company, Inc.
 Las Vegas Toilet Rentals
 Sin City Portables

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor was lowest bidder.

d. Last bid date: 02/01/2017 Anticipated re-bid date: 01/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmarti8	06/23/2017 08:09:31 AM
Division Approval	shoh1	09/08/2017 09:55:45 AM
Department Approval	mcar2	09/08/2017 10:12:00 AM
Contract Manager Approval	mcar2	09/08/2017 10:12:02 AM
Budget Analyst Approval	jrodrig9	09/18/2017 23:27:15 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19191**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: EASTERN NEVADA LANDSCAPE COALITION
Agency Code: 702	Contractor Name: EASTERN NEVADA LANDSCAPE COALITION
Appropriation Unit: 4467-14	Address: PO BOX 150266
Is budget authority available?: Yes	City/State/Zip: ELY, NV 89315
If "No" please explain: Not Applicable	Contact/Phone: Betsy Macfarlan 775/289-7974
	Vendor No.: T27001336A
	NV Business ID: NV20021244679

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

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 % Habitat Conservation
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 18-14

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**

Contract term: **2 years and 286 days**

4. Type of contract: **Contract**

Contract description: **Pahranagat Valley**

5. Purpose of contract:

This is a new contract to provide landowners and managers in Pahranagat Valley education, foliar treatments, and site treatments on the Russian Olive infestation in the watershed.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,500.00**

Other basis for payment: As invoiced by the Contractor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

Invasive plant species out-compete native species and decrease the complexity of the native ecological communities, thus contributing to localized loss of wildlife species and overall reductions in wildlife diversity.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the time or resources to treat and monitor weed infestations across the state.

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):

Eastern Nevada Landscape Coalition
Tri-County Weed Control
Humboldt Watershed CWMA

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is the only vendor that responded.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

18%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Connie Lee, Habitat Division Staff Specialist Ph: 775-777-2392

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	08/30/2017 14:39:27 PM
Division Approval	tdoucett	09/07/2017 13:28:08 PM
Department Approval	eobrien	09/08/2017 11:11:32 AM
Contract Manager Approval	dwendell	09/08/2017 11:28:36 AM
Budget Analyst Approval	cpalme2	09/18/2017 09:22:38 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19116**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: NORTH EAST NEVADA CONSERVATION DISTRICT, COTTONWOOD RANCH
Agency Code: 702	Contractor Name: NORTH EAST NEVADA CONSERVATION DISTRICT, COTTONWOOD RANCH
Appropriation Unit: 4467-14	Address: HC 62 BOX 1300
Is budget authority available?: Yes	City/State/Zip: WELLS, NV 89835-9824
If "No" please explain: Not Applicable	Contact/Phone: 775/752-3135
	Vendor No.: T81000968
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2018-2021

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
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 18-12

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/07/2017**
Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/01/2020**

Contract term: **2 years and 360 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Habitat projects**

5. Purpose of contract:

This is a new interlocal agreement to implement a variety of habitat projects including invasive weed abatement, installation of cattle guards, conifer removal, meadow and wetland enhancements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

These conservation projects will benefit native wildlife. The conservation concerns that will be addressed include habitat fragmentation, stream degradation, fire, invasive plants, and other negative impacts to habitat for sage grouse, mule deer, and other sagebrush obligates.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These activities are outside the responsibilities of State employees.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is another government agency.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Connie Lee, Habitat staff specialist Ph: 775/777-2392

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	08/14/2017 08:36:55 AM
Division Approval	tdoucett	08/17/2017 09:54:24 AM
Department Approval	eobrien	08/17/2017 17:02:22 PM
Contract Manager Approval	dwendell	08/18/2017 12:31:20 PM
Budget Analyst Approval	cpalme2	09/07/2017 16:50:25 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: **19192**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: Southern Nye County Conservation District
Agency Code: 702	Contractor Name: Southern Nye County Conservation District
Appropriation Unit: 4467-14	Address: 401 South Frontage Road #301
Is budget authority available?: Yes	City/State/Zip: Pahrump, NV 89048-2169
If "No" please explain: Not Applicable	Contact/Phone: Natalie Spicer 775/531-5819
	Vendor No.: T81001163
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

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 % Habitat Conservation
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 18-15

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**

Contract term: **2 years and 286 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Amargosa Toads**

5. Purpose of contract:

This is a new interlocal agreement to provide tamarisk control through cutting and spraying, replanting of native vegetation, Amargosa toad breeding pond maintenance, restoration of hydrologic flows, and fence maintenance and installation in Oasis Valley and Beatty, Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

Endemic species such as Amargosa toad and other co-occurring species are limited to approximately 12 miles near Beatty, Nevada. These species are critically imperiled unless habitat protections are put in place.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the time or expertise to implement this habitat restoration 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?

Government entity

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Connie Lee, Habitat Staff Specialist Ph: 775/777-2392

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	08/30/2017 15:04:52 PM
Division Approval	tdoucett	09/07/2017 13:33:55 PM
Department Approval	eobrien	09/08/2017 09:03:54 AM
Contract Manager Approval	dwendell	09/08/2017 10:45:36 AM
Budget Analyst Approval	cpalme2	09/18/2017 09:18:28 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19111**

Agency Name: **B&I - REAL ESTATE DIVISION**
 Agency Code: **748**
 Appropriation Unit: **3823-16**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **Appraisal West**
 Contractor Name: **Britt West**
 Address: **Appraisal West
536 Cherry St
Boulder City, NV 89005**
 City/State/Zip: **Boulder City, NV 89005**
 Contact/Phone: **Britt West 702-522-9737**
 Vendor No.: **T29016552**
 NV Business ID: **NV20091607466**
 To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	19.50 %	X Fees	80.50 %	Real Estate licensing and administrative fees
Federal Funds	0.00 %	Bonds	0.00 %	
Highway Funds	0.00 %	Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/07/2017**
 Anticipated BOE meeting date **09/2017**

Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**
 Contract term: **1 year and 296 days**

4. Type of contract: **Contract**
 Contract description: **Appraisal Review**

5. Purpose of contract:

This is a new contract to provide appraisal Standard 3 desk review services in compliance with the Uniform Standards of Professional Appraisal Practices to assist the division with completing investigations within the twelve month federal guidelines.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**
 Payment for services will be made at the rate of \$550.00 per Appraisal Review
 Other basis for payment: Expert Testimony, if required, \$500.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

To comply with the Title XI (The Financial Institutions Recovery Reform and Enforcement Act of 1989) which requires state appraiser regulatory agencies to process complaints of appraiser misconduct or wrongdoing within a twelve month period.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

In order to prepare an appraisal review in compliance with the Uniform Standards of Professional Appraisal Practice, Standard Rule 3, (Adopted pursuant to NAC 645C.400) a certified appraiser is required. Employees of the Nevada Real Estate Division may not hold an active license when employed by the Division as it would be a conflict of interest.

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):

Tio DiFederico
Kelly Decker
LaVonne Johnson
Kevin Lee
Tony Wren
John Wright
Kelly Wade

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This appraiser was chose for his experience and geographical competency.

d. Last bid date: 08/15/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Nevada Real Estate Division and has been verified as been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Britt West dba Appraisal West

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Stacey Spoerl, Appraisal Program Manager Ph: 775-684-1902

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	08/31/2017 10:14:55 AM
Division Approval	ghilgar	08/31/2017 10:14:59 AM
Department Approval	jhanse4	09/01/2017 10:47:14 AM
Contract Manager Approval	sspoerl	09/01/2017 10:58:19 AM
Budget Analyst Approval	lfree1	09/07/2017 14:45:26 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19113**

Agency Name: **B&I - REAL ESTATE DIVISION**
 Agency Code: **748**
 Appropriation Unit: **3823-16**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **DiFederico Group**
 Contractor Name: **DiFederico Group**
 Address: **3030 South Durango Drive**
 City/State/Zip: **Las Vegas, NV 89117**
 Contact/Phone: **Tio DeFederico 702-734-3030**
 Vendor No.: **T27041434**
 NV Business ID: **NV20021361729**
 To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	19.50 %	X Fees	80.50 %	Real Estate licensing and administrative fees.
Federal Funds	0.00 %	Bonds	0.00 %	
Highway Funds	0.00 %	Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/15/2017**
 Anticipated BOE meeting date **09/2017**

Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**
 Contract term: **1 year and 288 days**

4. Type of contract: **Contract**
 Contract description: **Appraisal Review**

5. Purpose of contract:

This is a new contract to provide appraisal Standard 3 desk review services, in compliance with the Uniform Standards of Professional Appraisal Practices to assist with completing investigations within the twelve month Federal guidelines.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,700.00**
 Payment for services will be made at the rate of \$500.00 per hour for expert testimony if required
 Other basis for payment: See section 4 for payment schedule per appraisal review type

II. JUSTIFICATION

7. What conditions require that this work be done?

To comply with the Title XI (The Financial Institutions Recovery Reform and Enforcement Act of 1989) which requires state appraiser regulatory agencies to process complaints of appraiser misconduct or wrongdoing within a twelve month period.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

In order to prepare an appraisal review in compliance with the Uniform Standards of Professional Appraisal Practice, Standard Rule 3, (Adopted pursuant to NAC 645C.400) a certified appraiser is required. Employees of the Nevada Real Estate Division may not hold an active license when employed by the Division as it would be a conflict of interest.

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):

John Strode
John Durkee
Tony Wren
John Wright
Kelly Wade
Bill Rudolph
Mike Parrish

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This appraiser was chose for his experience and geographical competency.

d. Last bid date: 08/15/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Stacee Spoerl, Appraisal Program Manager Ph: 775-684-1902

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	08/31/2017 10:13:29 AM
Division Approval	ghilgar	08/31/2017 10:13:33 AM
Department Approval	jhanse4	09/07/2017 15:30:11 PM
Contract Manager Approval	sspoerl	09/07/2017 15:30:38 PM
Budget Analyst Approval	tgreenam	09/15/2017 14:21:49 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19112**

Agency Name: **B&I - REAL ESTATE DIVISION**
 Agency Code: **748**
 Appropriation Unit: **3823-16**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **Wade Valuation Services, LLC**
 Contractor Name: **Kelly Wade**
 Address: **7164 Evening Hills Avenue**
 City/State/Zip: **Las Vegas, NV 89113**
 Contact/Phone: **Kelly Wade 702-564-3600**
 Vendor No.: **T29034966**
 NV Business ID: **NV20131345686**
 To what State Fiscal Year(s) will the contract be charged? **2018-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	19.50 %	X Fees	80.50 %	Real Estate licensing and administrative fees
Federal Funds	0.00 %	Bonds	0.00 %	
Highway Funds	0.00 %	Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/07/2017**
 Anticipated BOE meeting date **09/2017**

Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**
 Contract term: **1 year and 296 days**

4. Type of contract: **Contract**
 Contract description: **Appraisal Review**

5. Purpose of contract:

This is a new contract to provide appraisal Standard 3 desk review services in compliance with the Uniform Standards of Professional Appraisal Practices to assist the division with completing investigations within the twelve month federal guidelines.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**
 Payment for services will be made at the rate of \$600.00 per Appraisal Review
 Other basis for payment: Expert testimony, if required, at a rate of \$500.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

To comply with the Title XI (The Financial Institutions Recovery Reform and Enforcement Act of 1989) which requires state appraiser regulatory agencies to process complaints of appraiser misconduct or wrongdoing within a twelve month period.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

In order to prepare an appraisal review in compliance with the Uniform Standards of Professional Appraisal Practice, Standard Rule 3, (Adopted pursuant to NAC 645C.400) a certified appraiser is required. Employees of the Nevada Real Estate Division may not hold an active license when employed by the Division as it would be a conflict of interest.

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):

John Wright
Tony Wren
Tio DiFederico
Kelly Wade
Britt West

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This appraiser was chose for his experience and geographical competency.

d. Last bid date: 08/15/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Real Estate Division . The agency has verified that quality of service was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Kelly Wade is listed on the contract document, but Wade Evaluation Services is the LLC.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Stacee Spoerl, Appraisal Program Manager Ph: 775-684-1902

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	08/31/2017 10:14:22 AM
Division Approval	ghilgar	08/31/2017 10:14:25 AM
Department Approval	jhanse4	09/01/2017 10:42:50 AM
Contract Manager Approval	sspoerl	09/01/2017 10:58:47 AM
Budget Analyst Approval	lfree1	09/07/2017 14:54:58 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16784** Amendment Number: **1**

Agency Name: **DETR - REHABILITATION DIVISION** Legal Entity Name: **BULLS EYE TECHNICAL SERVICE**

Agency Code: **901** Contractor Name: **BULLS EYE TECHNICAL SERVICE**

Appropriation Unit: **3253-10** Address: **3863 S VALLEY VIEW BLVD STE 9**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89103**

If "No" please explain: Not Applicable Contact/Phone: **702/658-4454**

Vendor No.: **T29024622**

NV Business ID: **NV20031239700**

To what State Fiscal Year(s) will the contract be charged? **2015-2019**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprise Set-Aside Fund

Agency Reference #: 1985-19-BEN

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/23/2015**

Anticipated BOE meeting date 09/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2018**

Contract term: **3 years and 343 days**

4. Type of contract: **Contract**

Contract description: **BEN LV Appliance Rpr**

5. Purpose of contract:

This is the first amendment to the original contract that continues the ongoing repair and maintenance of commercial kitchen appliances for the southern Nevada BEN locations. This amendment extends the contract from December 31, 2018 to May 31, 2019 and increases the contract amount from \$24,500 to \$45,000 due to the continued need for services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$24,500.00	\$24,500.00	\$24,500.00	Yes - Info
2. Amount of current amendment (#1):	\$20,500.00	\$20,500.00	\$45,000.00	Yes - Info
3. New maximum contract amount:	\$45,000.00			
and/or the termination date of the original contract has changed to:	05/31/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

BEN facilities require ongoing commercial kitchen equipment repair and maintenance in order to prevent interruption of services and to adhere to the agreement made with the Public Agency site providers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not skilled, licensed or qualified to maintain the 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):

My Tech 24 Technical Services
Bulls Eye Technical Services
Hi Tech Technical Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only qualified vendor who responded within the solicitation time frame.

d. Last bid date: 04/21/2015 Anticipated re-bid date: 03/20/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been under contract with the BEN program since 2010 and has been providing satisfactory service during that entire time.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jmcentee	08/18/2017 11:25:29 AM
Division Approval	jmcentee	08/18/2017 11:25:32 AM
Department Approval	jmcentee	08/18/2017 11:25:36 AM

Contract Manager Approval
Budget Analyst Approval

dohl0
tgreenam

08/21/2017 15:50:55 PM
08/24/2017 11:47:36 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: **17077** Amendment Number: **2**
 Agency Name: **DETR - REHABILITATION DIVISION** Legal Entity Name: **RAKEMAN PLUMBING INC**
 Agency Code: **901** Contractor Name: **RAKEMAN PLUMBING INC**
 Appropriation Unit: **3253-10** Address: **4075 LOSEE RD**
 Is budget authority available?: **Yes** City/State/Zip: **NORTH LAS VEGAS, NV 89030-3301**
 If "No" please explain: Not Applicable Contact/Phone: **702/642-8553**
 Vendor No.: **T80980572**
 NV Business ID: **NV19901008089**

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprise Set Aside

Agency Reference #: 2023-18-BEN

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2015**
 Anticipated BOE meeting date 09/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **10/31/2017**
 Contract term: **4 years**

4. Type of contract: **Contract**
 Contract description: **Rakeman Plumbing**

5. Purpose of contract:
This is the second amendment to the original contract which provides ongoing regular and emergency plumbing services for the various Business Enterprise of Nevada food service locations in southern Nevada. This amendment extends the termination date from October 31, 2017 to October 31, 2019 and increases the contract amount from \$20,000 to \$35,000 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:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$20,000.00	No
2. Amount of current amendment (#2):	\$15,000.00	\$15,000.00	\$35,000.00	Yes - Info
3. New maximum contract amount:	\$35,000.00			
and/or the termination date of the original contract has changed to:	10/31/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

The BEN program has on going needs for plumbing services at various program sites. These services are essential to the health and safety of staff and the public and are mandated by the health codes and regulations of various cities, counties and the state.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained and licensed for this type of work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Anytime Plumbing
AA Cassero
Rakeman Plumbing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost of those qualified vendors that responded to the solicitation.

d. Last bid date: 08/14/2015 Anticipated re-bid date: 08/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has worked with DETR since January 2003 and has performed satisfactorily and to standards.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jmcentee	09/12/2017 11:29:59 AM
Division Approval	jmcentee	09/12/2017 11:30:08 AM
Department Approval	jmcentee	09/12/2017 11:30:12 AM

Contract Manager Approval
Budget Analyst Approval

dohl0
tgreenam

09/12/2017 12:29:24 PM
09/15/2017 15:29:34 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19102**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: BOARD OF REGENTS-UNR
Agency Code: 901	Contractor Name: BOARD OF REGENTS-UNR
Appropriation Unit: 3265-09	Address: UNR CONTROLLERS OFFICE
Is budget authority available?: Yes	UNR CONTROLLERS OFFICE
If "No" please explain: Not Applicable	City/State/Zip: Reno, NV 89557-0124
	Contact/Phone: Stallar Lufrano-Jardine 775-784-9144
	Vendor No.: D35000816
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2018

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	21.30 %	Fees	0.00 %
X Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3086-18-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/24/2017**

Anticipated BOE meeting date **09/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2018**

Contract term: **310 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **UNR Softskills**

5. Purpose of contract:

This is a new intralocal agreement to provide softskills training to eligible clients of the Bureau of Vocational Rehabilitation and the Bureau of Services to the Blind and Visually Impaired on their soft work skills to support their efforts in finding and maintaining a job.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Payment for services will be made at the rate of \$4,000.00 per weekly program

II. JUSTIFICATION

7. What conditions require that this work be done?

The contract will provide BVR/BSBVI clients with training by skilled instructors and prepares the clients for interviews by employers for training programs. The clients will receive a completion certificate that will show prospective employers that the clients are prepared for their employment programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the training to perform these functions.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Interlocal - Governmental Entity

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been under multiple contracts with VR/BSBVI since March 2003 and has been providing satisfactory service for the entire time.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dohl0	08/18/2017 15:53:21 PM
Division Approval	dohl0	08/18/2017 15:53:24 PM
Department Approval	dohl0	08/18/2017 15:53:33 PM
Contract Manager Approval	dohl0	08/18/2017 15:53:36 PM
Budget Analyst Approval	tgreenam	08/24/2017 12:50:07 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19070**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: TransCen
Agency Code: 901	Contractor Name: TransCen
Appropriation Unit: 3265-32	Address: 401 N. Washington Street Suite Suite 450
Is budget authority available?: Yes	City/State/Zip: Rockville, MD 20850
If "No" please explain: Not Applicable	Contact/Phone: Bonnie Miller 301-284-7930
	Vendor No.: T32005245
	NV Business ID: NV20171426823
To what State Fiscal Year(s) will the contract be charged? 2018-2019	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	21.30 %	Fees	0.00 %
X Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3091-20-REHAB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/24/2017**

Anticipated BOE meeting date 08/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **1 year and 310 days**

4. Type of contract: **Contract**

Contract description: **TransCen Inc.**

5. Purpose of contract:

This is a new contract to provide training assistance, planning and facilitation of day service programs that is community based and focused on employment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$44,950.00**

Other basis for payment: Invoice#1 (Planning & Service Transformation): \$14,800; Invoice#2 (On-site coaching, training): \$25,650; Invoice#3 (Nevada Integrated Employment Taskforce Meeting): \$4,500; invoices paid upon approval of authorized personnel and the total contract will not exceed \$44,950.

II. JUSTIFICATION

7. What conditions require that this work be done?

BVR is looking to create, as required by the Workforce Innovation & Opportunity Act (WIOA), meaningful day programs to focus on Employment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees have no experience or skills in creating Meaningful Day programs

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):

Goodwill Industry of Sacramento
TransCen
Mark Gold & Associates

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Mark Gold & Associates, Goodwill Industry of Sacramento and TransCen received solicitations. TransCen was the only vendor to respond.

d. Last bid date: 07/03/2017 Anticipated re-bid date: 03/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:
Mechelle Merrell, Bureau Chief Ph: 775-687-6862

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dohl0	08/18/2017 15:18:03 PM
Division Approval	dohl0	08/18/2017 15:21:59 PM
Department Approval	dohl0	08/18/2017 15:22:06 PM
Contract Manager Approval	dohl0	08/18/2017 15:22:17 PM
Budget Analyst Approval	tgreenam	08/24/2017 13:40:17 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19063**

Agency Name: DETR - EMPLOYMENT SECURITY	Legal Entity Name: CARRIER CORPORATION
Agency Code: 902	Contractor Name: CARRIER CORPORATION
Appropriation Unit: 4771-07	Address: 4444 West Russell Road #D
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: DANIEL PERHAM 702-368-4338
	Vendor No.: PUR0002775B
	NV Business ID: NV19791006562
To what State Fiscal Year(s) will the contract be charged?	2018-2020

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % ESD Special Fund

Agency Reference #: **3079-20-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/30/2017**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2019**

Contract term: **2 years and 31 days**

4. Type of contract: **Contract**

Contract description: **HVAC MAINTENANCE**

5. Purpose of contract:

This is new contract that provides ongoing HVAC maintenance services to the facilities located in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,500.00**

Other basis for payment: \$105.00 per Hour Regular Rate (Normal Business Hours 7:00 am - 4:00pm Monday - Friday). \$135.00 per Hour Overtime / Emergency. \$159.00 per Hour Weekend Time. \$230.00 per Hour Holiday. Material Mark up 20%.

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC mechanical systems need to be maintained for longevity and effective operation of equipment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform these tasks.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Carrier Corporation
Emcor Services of Nevada
Johnson Controls

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

One in a vendor pool.

d. Last bid date: 06/07/2017 Anticipated re-bid date: 06/07/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Brandon Taylor, Facility Manager Ph: 775-684-3901

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	08/14/2017 13:09:16 PM
Division Approval	dohl0	08/21/2017 16:19:21 PM
Department Approval	dohl0	08/21/2017 16:20:05 PM
Contract Manager Approval	dohl0	08/21/2017 16:20:35 PM
Budget Analyst Approval	tgreenam	08/30/2017 08:29:47 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19225**

Agency Name: DETR - EMPLOYMENT SECURITY	Legal Entity Name: CASHMAN EQUIPMENT COMPANY
Agency Code: 902	Contractor Name: CASHMAN EQUIPMENT COMPANY
Appropriation Unit: 4771-07	Address: 600 GLENDALE AVE
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: Jered Bentancourt 775/358-5111
	Vendor No.: PUR0000249A
	NV Business ID: NV19601000406
To what State Fiscal Year(s) will the contract be charged? 2018-2020	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % ESD Special Fund

Agency Reference #: **3057-19-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2017**

Anticipated BOE meeting date **10/2017**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2019**

Contract term: **1 year and 347 days**

4. Type of contract: **Contract**

Contract description: **Emergency Generator**

5. Purpose of contract:

This is a new contract that provides ongoing scheduled generator maintenance services for the Carson City DETR Administrative office emergency back-up generator.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,640.00**

Other basis for payment: \$276.67 per Month, will be visited every 30 days. Consumables Replaced as Needed: \$125.00 per Hour Standard Hourly Rate; \$187.50 per Hour Overtime Hourly Rate; \$250.00 per Hour Premium Hourly Rate (Sunday or Holidays). Standard working hours are Monday - Friday 7:00 am - 3:30 pm; overtime hours 3:30 pm - 7:00 am and Saturdays, premium hourly rate Sunday and Holidays. Total Contract or installments payable at: The State will initiate payment upon receipt and approval from the program of an approved itemized invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

Scheduled maintenance and servicing is required by manufacturer.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform these tasks.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

California Generator
Cashman Equipment Company
Cummings Rocky Mountain

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest bid.

d. Last bid date: 07/14/2017 Anticipated re-bid date: 07/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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 worked for Vocational Rehabilitation and services have been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Brandon Taylor, Facility Manager Ph: 775-684-3901

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	09/08/2017 08:55:47 AM
Division Approval	jmcentee	09/12/2017 12:11:56 PM
Department Approval	jmcentee	09/12/2017 12:11:59 PM
Contract Manager Approval	dohl0	09/12/2017 13:57:30 PM
Budget Analyst Approval	tgreenam	09/18/2017 08:25:08 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: 16968	Amendment Number: 1
Agency Name: DETR - EMPLOYMENT SECURITY DIVISION	Legal Entity Name: CASHMAN EQUIPMENT COMPANY
Agency Code: 902	Contractor Name: CASHMAN EQUIPMENT COMPANY
Appropriation Unit: 4771-07	Address: 600 GLENDALE AVE
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: Stan Sarman 775/358-5112
	Vendor No.: PUR0000249A
	NV Business ID: NV19601000406

To what State Fiscal Year(s) will the contract be charged? **2016-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	100.00 % ESD Special Fund

Agency Reference #: 2004-18-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2015**
 Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/31/2017**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **UPS Module Maint.**

5. Purpose of contract:

This is the first amendment to the original contract, which provides ongoing annual remedial preventative maintenance on the Uninterrupted Power Supply Module (UPS) system located at 500 E. Third Street, Carson City, NV. This amendment extends the termination date from August 31, 2017 to August 31, 2019 and increases the maximum amount from \$7,008.00 to \$27,500.00.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$7,008.00	\$7,008.00	\$7,008.00	No
2. Amount of current amendment (#1):	\$20,492.00	\$27,500.00	\$27,500.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$27,500.00 08/31/2019			

II. JUSTIFICATION

7. What conditions require that this work be done?

The UPS module must be kept in working condition because it is the continual power supply to the generator, which is the power backup in case of a power outage.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees do not have the equipment or expertise to do this type of work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor selection based on lowest cost.

d. Last bid date: 06/10/2015 Anticipated re-bid date: 05/01/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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:

Cashman Equipment Company has been providing satisfactory service to the Department since 2004.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	08/23/2017 08:50:38 AM
Division Approval	jmcentee	08/24/2017 10:16:37 AM
Department Approval	jmcentee	08/24/2017 10:16:48 AM
Contract Manager Approval	jmcentee	08/24/2017 10:20:52 AM
Budget Analyst Approval	tgreenam	08/24/2017 15:04:42 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: **19065**

Agency Name: DETR - EMPLOYMENT SECURITY	Legal Entity Name: EMCOR SERVICES DBA
Agency Code: 902	Contractor Name: EMCOR SERVICES DBA
Appropriation Unit: 4771-07	Address: MESA ENERGY SYSTEMS
Is budget authority available?: Yes	6255 MCLEOD DR STE 8
If "No" please explain: Not Applicable	City/State/Zip: LAS VEGAS, NV 89120-4404
	Contact/Phone: PHIL ROBINSON 702-296-9156
	702/597-0314
	Vendor No.: T27027115A
	NV Business ID: NV20071267110

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % ESD SPECIAL FUNDING

Agency Reference #: 3078-20-ESD

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/30/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2019**

Contract term: **2 years and 31 days**

4. Type of contract: **Contract**

Contract description: **HVAC MAINTENANCE**

5. Purpose of contract:

This is new contract that continues ongoing HVAC maintenance services to the facilities located in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,500.00**

Other basis for payment: Applied Mechanic Chillers \$145.00 per Hour Strait Time \$217.50 per Hour Overtime \$290.00 per Hour Double Time. Unitary Mechanic Rooftop Units & Split Systems \$ 103.00 per Hour Strait Time \$154.50 per Hour Overtime \$195.00 per Hour Double Time. \$65.00 per Truck Charge. Standard working hours are Monday - Friday 7:00 AM - 4:30 PM. Overtime applies all day Saturday. Double-time applies Sunday and Holidays. Material Mark Up 15%.

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC mechanical systems need to be maintained for longevity and effective operation of equipment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform these tasks.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

One in a vendor pool.

d. Last bid date: 06/07/2017 Anticipated re-bid date: 04/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. 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

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

TAYLOR, BRANDON, Facility Manager Ph: 775-684-3901

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	08/14/2017 13:06:04 PM
Division Approval	dohl0	08/18/2017 15:37:02 PM
Department Approval	dohl0	08/18/2017 15:37:05 PM
Contract Manager Approval	dohl0	08/18/2017 15:37:10 PM
Budget Analyst Approval	tgreenam	08/30/2017 08:22:12 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19066**

Agency Name: DETR - EMPLOYMENT SECURITY	Legal Entity Name: JOHNSON CONTROLS INC
Agency Code: 902	Contractor Name: JOHNSON CONTROLS INC
Appropriation Unit: 4771-07	Address: 3645 W. OQUENDO ROAD
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: DENNIS DOWNING 702-873-2200
	Vendor No.: T10346500A
	NV Business ID: NV19571000769
To what State Fiscal Year(s) will the contract be charged?	2018-2020

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % ESD SPECIAL FUNDING

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/30/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2019**

Contract term: **2 years and 31 days**

4. Type of contract: **Contract**

Contract description: **HVAC MAINTENANCE**

5. Purpose of contract:

This is new contract that provides ongoing HVAC maintenance services to the facilities located in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,500.00**

Other basis for payment: Applied Mechanic Chillers and Controls Commercial \$135.00 per Hour Standard Time \$202.50 per Hour Overtime \$270.00 per Hour Double Time. Commercial Rooftop Units & Split Systems \$126.00 per Hour Standard Time \$189.00 per Hour Overtime \$252.00 per Hour Double Time. Standard working hours are Monday to Friday 7:00 AM to 3:30 PM. Response time Two Hours. Material Mark up 1.65% - (.0165).

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC mechanical systems need to be maintained for longevity and effective operation of equipment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform these tasks.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

EMCOR SERVICES OF NEVADA
CARRIER CORPORATION

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

One in a vendor pool.

d. Last bid date: 06/07/2017 Anticipated re-bid date: 04/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

TAYLOR, BRANDON, Facility Manager Ph: 775-684-3901

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	08/14/2017 13:23:10 PM
Division Approval	dohl0	08/21/2017 15:38:06 PM
Department Approval	dohl0	08/21/2017 15:38:09 PM
Contract Manager Approval	dohl0	08/21/2017 15:38:12 PM
Budget Analyst Approval	tgreenam	08/30/2017 08:25:04 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19143**

Agency Name: PUBLIC EMPLOYEES' BENEFITS PROGRAM	Legal Entity Name: URAC
Agency Code: 950	Contractor Name: URAC
Appropriation Unit: 1338-04	Address: 1220 L ST NW STE 400
Is budget authority available?: Yes	City/State/Zip: WASHINGTON, DC 20005
If "No" please explain: Not Applicable	Contact/Phone: 2029628818
	Vendor No.:
	NV Business ID: NV20171525321

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 73% State Subsidy; 27% Premium Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/13/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **3 years and 291 days**

4. Type of contract: **Contract**

Contract description: **Accreditation**

5. Purpose of contract:

This is a new contract to provide administrative review; training resources; three year accreditation (if approved) and ongoing adherence to accreditation standards performed by URAC.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,900.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Public Employees' Benefits Program is seeking to become an accredited health plan and to be provided training resources to adhere to accreditation standards.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

A national accreditation company is required to become accredited.

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):

URAC
NCQA

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. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ceaton	08/23/2017 10:47:19 AM
Division Approval	ceaton	08/23/2017 10:47:22 AM
Department Approval	cglover	09/11/2017 10:19:20 AM
Contract Manager Approval	ceaton	09/11/2017 10:47:08 AM
Budget Analyst Approval	nhovden	09/13/2017 15:53:12 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: **19154**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Albertson Consulting Inc.
Agency Code: BDC	Contractor Name: Albertson Consulting Inc.
Appropriation Unit: B031 - All Categories	Address: 100 Main Street South
Is budget authority available?: Yes	City/State/Zip: Minot, ND 58701
If "No" please explain: Not Applicable	Contact/Phone: Daniel Albertson 701-839-7523
	Vendor No.:
	NV Business ID: NV20171387080

To what State Fiscal Year(s) will the contract be charged? **2018-2019**

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 % Licensing Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/07/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2018**

Contract term: **358 days**

4. Type of contract: **Contract**

Contract description: **Licensing Data System**

5. Purpose of contract:

This is a new contract to provide a customized off-the-shelf web-based licensing and regulatory software and database program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00**

Other basis for payment: Upon invoice as work is completed

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 640A.100 provides the Board authority to defray the necessary expenses of the Board through collection of fees. The implementation of a licensing and database system is determined a necessary expense to protect the safety and welfare of the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board requires a web-based program and has neither the staff expertise nor the resources to develop a secure customized stand alone program.

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):

Albertson Consulting dba Big Picture Software
Accela
Versa
CAVU eLicense

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only responsive proposer and has experience in providing like services to regulatory boards.

d. Last bid date: 07/17/2017 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. 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

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lp310000	08/24/2017 10:26:12 AM
Division Approval	lp310000	08/24/2017 10:26:18 AM
Department Approval	lp310000	08/24/2017 10:26:23 AM
Contract Manager Approval	lp310000	08/24/2017 10:26:27 AM
Budget Analyst Approval	lfree1	09/07/2017 13:05:37 PM

Brian Sandoval
Governor



James R. Wells, CPA
Director


Janet Murphy
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: September 12, 2017

To: James R. Wells, Clerk of the Board
Governor's Finance Office

From: Katrina Nielsen, Executive Branch Budget Officer
Governor's Finance Office, Budget Division 

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

GOVERNOR'S FINANCE OFFICE - BUDGET DIVISION

Agenda Item Write-up:

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the TORT Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of September 11, 2017.

Additional Information:

The TORT Claim Fund is the State Treasury Fund for Insurance Premiums. The Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency supplement funding for eligible agencies within statutory authority.

Below is the available balance for each account.


TORT Claim Fund	\$ 6,978,084.62
Statutory Contingency Account	\$ 2,947,046.94
Stale Claims Account	\$ 1,761,451.00
Emergency Account	\$ 279,841.00
Disaster Relief Account	\$ 7,748,418.00

IFC Unrestricted Contingency Fund General Fund	\$16,149,311.16
IFC Unrestricted Contingency Highway Fund	\$ 1,676,832.35
IFC Restricted Contingency Fund General Fund	\$39,195,348.00
IFC Restricted Contingency Highway Fund	\$ 2,521,462.00

Statutory Authority:

NRS 331.187, 353.097, 353.263, 353.264, 353.266, 353.268, 353.2735 and

AB417, AB499, AB504, AB518, SB187 and SB553 of the 2017 Legislative Session

REVIEWED: 
INFO ITEM: _____

**BA 1348 TORT Claim Fund
NRS 331.187
FY 2018 (as of September 11, 2017)**

Beginning Cash	5,890,728.00	
Insurance Premiums - A	492.85	
Insurance Premiums	1,877,554.44	
AG Loan Repayment	5,000.00	
Total Revenue		\$ 7,773,775.29

<u>Paid Claims:</u>		
Attorney General's Office	(795,690.67)	
	Payments	\$ (795,690.67)
	Account Balance	\$ 6,978,084.62

Claims Submitted for Payment:

	Submitted for Payment	\$ -
	Account Balance	\$ 6,978,084.62

Pending Claims:

Attorney General's Office (projection)	(202,760.00)	
	Total Pending Claims	\$ (202,760.00)
	Account Balance	\$ 6,775,324.62

**BA 4892 Statutory Contingency Account
NRS 353.264
FY 2018 (as of September 11, 2017)**

Beginning Cash 2,947,586.00

Total Revenue **\$ 2,947,586.00**

Paid Claims:

Payments \$ -
Account Balance **\$ 2,947,586.00**

Claims Submitted for Payment:

Linda A Davies (Dante H Pattison) (539.06)

Submitted for Payment \$ (539.06)
Account Balance **\$ 2,947,046.94**

Pending Claims:

Total Pending Claims \$ -
Account Balance **\$ 2,947,046.94**

**BA 4888 State Claims Account
NRS 353.097
FY 2018 (as of September 11, 2017)**

Beginning Cash

1,761,451.00

Total Revenue

\$ 1,761,451.00

Paid Claims:

Payments
Account Balance

\$ -
\$ 1,761,451.00

Claims Submitted for Payment:

Submitted for Payment
Account Balance

\$ -
\$ 1,761,451.00

Pending Claims :

Total Pending Claims
Estimated Account Balance - Including all Claims

\$ -
\$ 1,761,451.00

**BA 4889 Emergency Fund
NRS 353.263
FY 2018 (as of September 11, 2017)**

Beginning Cash	279,841.00	
Total Revenue		\$ 279,841.00
 <u>Paid Claims:</u>		

Payments		\$ -
Account Balance		\$ 279,841.00
 <u>Claims Submitted for Payment:</u>		

Total Submitted Payments		\$ -
Account Balance		\$ 279,841.00
 <u>Pending Claims</u>		

Total Pending Claims		\$ -
Estimated Account Balance - Including all Claims		\$ 279,841.00

**BA 1335 Disaster Relief Account
NRS 353.2735
FY 2018 (as of September 11, 2017)**

Beginning Cash

7,748,418.00

Total Revenue _____ **\$ 7,748,418.00**

Paid Claims:

Payments _____ \$ -
Account Balance _____ **\$ 7,748,418.00**

Claims Submitted for Payment:

Submitted for Payment _____ -
Account Balance _____ **\$ 7,748,418.00**

Pending Claims :

Total Pending Claims _____ -
Estimated Account Balance - Including all Claims _____ **\$ 7,748,418.00**

**IFC Contingency Fund Unrestricted
NRS 353.266
FY 2018 (as of August 24, 2017 Meeting agenda)**

Unrestricted General Fund

Beginning Cash 16,149,549.84

Total Revenue **\$ 16,149,549.84**

Paid Claims:

Meeting Costs (238.68)

Payments \$ (238.68)
Account Balance **\$ 16,149,311.16**

Pending Claims January 26, 2017 Meeting:

Total Pending \$ -
Account Balance **\$ 16,149,311.16**

Unrestricted Highway Fund

Beginning Cash 1,676,832.35

Total Revenue **\$ 1,676,832.35**

Paid Claims:

-
Payments \$ -
Account Balance **\$ 1,676,832.35**

IFC Contingency Fund Restricted
NRS 353.266
FY 2018 (as of August 24, 2017 Meeting agenda)

Restricted General Fund

Beginning Cash:

Office of Economic Development - Nevada Main Street Program	350,000.00
Governor's Office of Finance - Enterprise Resource Planning Project	11,664,000.00
Department of Health and Human Services - Aging and Disability Services - Autism	1,392,066.00
Desert Research Institute - Cloud Seeding Program	683,656.00
Department of Public Safety - Division of Parole & Probation - Pilot Re-entry Program	370,235.00
Establishment of a Fine Arts Museum in LV & Expansion of Reno NV Museum of Art	1,000,000.00
NSHE - UNLV Medical School Building	25,000,000.00

Total Revenue	\$ 40,459,957.00
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Paid Claims:

Office of Economic Development - Nevada Main Street Program	(350,000.00)
Governor's Office of Finance - Enterprise Resource Planning Project	(914,609.00)

Payments	\$ (1,264,609.00)
Account Balance	\$ 39,195,348.00

Pending Claims January 26, 2017 Meeting:

Total Pending	\$ -
Account Balance	\$ 39,195,348.00

Restricted Highway Fund

Beginning Cash:

Governor's Office of Finance - Enterprise Resource Planning Project	2,736,000.00
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Total Revenue	\$ 2,736,000.00
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Paid Claims:

Governor's Office of Finance - Enterprise Resource Planning Project	(214,538.00)
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Payments	\$ (214,538.00)
Account Balance	\$ 2,521,462.00

Pending Claims January 26, 2017 Meeting:

Total Pending	\$ -
Account Balance	\$ 2,521,462.00