

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:** November 14, 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 included on an agenda as an action item)
- 3. Approval of the October 10, 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.

<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT TO EXCEED:</b>
Department of Business and Industry – Division of Industrial Relations	3	\$72,144
Colorado River Commission	2	\$90,820
Department of Conservation and Natural Resources – Division of Environmental Protection	2	\$50,820
Department of Administration - Fleet Services	2	\$39,473
Department of Public Safety – State Fire Marshal Division	2	\$72,198
<b>Total</b>	11	\$325,455

**5. Request for a Recommendation of Approval to the Interim Finance Committee for an Allocation Amount from the Contingency Account** (For possible action)

**A. Department of Corrections – Correctional Programs**

Pursuant to NRS 353.268, the Department requests an allocation of \$234,372 in Fiscal Year 2018 and \$375,056 in Fiscal Year 2019 for a total of \$609,428 from the Interim Finance Committee Contingency Account to fund the addition of one Program Officer 2 position, four Program Officer 1 positions, two temporary contracted support positions and other associated costs. The requested positions are needed to ensure compliance with Senate Bill 268 which was enacted during the 2017 Legislative Session to verify an offender's full legal name and date of birth before issuing a photo identification card. This action would result in an increase of the agencies authorized positions from 99 full time equivalents to 104 full time equivalents.

**B. Department of Education – Distributive School Account**

Pursuant to NRS 353.268, the Department requests an allocation of \$1,679,139 from the Interim Finance Committee Contingency Account to fund an adjustment to the per pupil funding allocation due to a change in allocation methodology which had a detrimental impact to certain school districts.

**C. Department of Education – Special Education Contingency**

Pursuant to NRS 353.268, the Department requests an allocation of \$208,159 from the Interim Finance Committee Contingency Account to replenish the Special Education Contingency Account.

**D. Governor’s Office of Workforce Innovation – Nevada P20 Workforce Reporting**

Pursuant to NRS 353.268, the Office requests an allocation of \$250,000 from the Interim Finance Committee Contingency Account to support the data partner planning for the Nevada P-20 to Workforce Research Data System.

**E. Office of the State Controller**

Pursuant to NRS 353.268, the Office requests an allocation of \$178,580 from the Interim Finance Committee Contingency Account to fund a Master Service Agreement (MSA) contractor to complete a Business Intelligence project and online checkbook and a MSA contractor to conduct a data review to ensure the safety of sensitive data.

**F. Department of Public Safety – Division of Emergency Management**

Pursuant to NRS 353.268, the Division requests an allocation of \$122,250 from the Interim Finance Committee Contingency Account to cover costs associated with providing security support to Clark County during the upcoming New Year’s Eve activities.

**G. Department of Public Safety – Nevada Highway Patrol – Dignitary Protection**

Pursuant to NRS 353.268, the Division requests an allocation of \$53,578 from the Interim Finance Committee Contingency Account to cover the cost of providing protective services as requested by the U.S. Secret Service to dignitaries visiting Nevada for the remainder of the fiscal year.

**6. Approval of Master Lease Agreements** (For possible action)

**Department of Administration – Division of Enterprise Information  
Technology Services**

The Division seeks approval for the fourth amendment to the existing master lease agreement with International Business Machines. This amendment extends the termination date from June 30, 2021 to November 30, 2021 and increases the maximum amount from \$10,259,963.18 to \$10,425,914.54 due to the upgrade of load balancer equipment for the mainframe server.

**7. Request for Approval to Pay a Stale Claim From the Stale Claims  
Account**

(For possible action)

**A. Department of Transportation**

The Department requests approval to pay \$52,373.90 from the Highway Fund, Stale Claims Account, for a 2017 Safe Routes to School Program reimbursement from Carson City Health and Human Services.

**B. Department of Education – Other State Education Programs**

Pursuant to NRS 353.097, subsection 4, the Department requests approval to pay \$98,876.60 from the Stale Claims Account for the Turnaround Schools grant program to Clark County School District.

**8. Request for Approval to Change Agency’s Travel Policy**

(For possible action)

**Department of Public Safety – Parole Board – Travel Policy**

In accordance with SAM 0204, the Division requests approval to revise the agency’s travel policy to allow for an exemption from the standard 50 miles of the assigned duty station for per diem, lodging and other travel expenses when the State of Nevada is hosting the Association of Paroling Authorities International training conference.

**9. Request for Recommendation of Approval to the Interim Finance Committee for a Grant Amount from the Disaster Relief Account**  
(For possible action)

**Douglas County - \$231,663.79**

Pursuant to NRS 353.2755, The Division of Emergency Management and the Department of Taxation recommend approval of grant funds in the amount of \$231,663.79 from the Disaster Relief Account to reimburse Douglas County for costs associated with flash flood events that occurred in July 2015.

**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 Plans**

**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 September 19, 2017 through October 22, 2017.

## 15. Information Item - Department Reports

### Department of Motor Vehicles - Complete Streets Program

Pursuant to NRS 482.480, subsection 11, the Department of Motor Vehicles reports on voluntary contributions collected for the Complete Streets Program. This report covers the time period of July 1, 2017 through September 30, 2017.

## 16. 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)

## 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](mailto: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](mailto: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:** 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

#### MEMBERS PRESENT:

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

#### OTHERS PRESENT:

Caroline Bateman, Chief Deputy Attorney General, Attorney General's Office  
Rudy Malfabon, Director, Department of Transportation  
Dennis Gallagher, Counsel to Department of Transportation  
Caleb Cage, Division Administrator, Homeland Security, Division of Emergency Management  
Justin Luna, Administrative Services Officer 3, Division of Emergency Management  
Brian Mitchell, Director, Office of Science, Innovation and Technology  
Nick Trutanich, Chief of Staff, Attorney General's Office  
Christian Schonlau, Chief Financial Officer, Attorney General's Office  
Chris Chimits, Deputy Administrator, Department of Administration, Public Works Division  
Terri Albertson, Director, Department of Motor Vehicles  
James Dzurenda, Director, Department of Corrections  
Connie Lucido, Chief, Office of Grant Procurement

# AGENDA

## 1. Call to Order / Roll Call

**Governor:** Good morning everybody, I will call the Board of Examiners Meeting to order. The Attorney General is participating telephonically. The Secretary of State is present in Las Vegas. Madam Secretary, can you hear us loud and clear?

**Secretary of State:** Yes, I can Governor.

**Governor:** Okay, thank you. Before I take public comment, I know that there was a concern about the posting with regard to the Notice and Agenda for this meeting. Inadvertently, the agenda was not posted in this building; however, I have asked the Deputy Attorney General to ensure that we are in compliance with the Open Meeting Law. So, Madam Attorney General, if you would provide your comments please.

**Caroline Bateman:** Caroline Bateman for the record. That is correct, Mr. Governor. The Open Meeting Law encapsulated in NRS 241 requires posting at three prominent places in addition to either the prominent place of business of the Board or the building at which the meeting will take place. All those requirements have been met and so the meeting can go forward without violating the Open Meeting Law.

**Governor:** Thank you, Ms. Bateman.

## 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)

**Governor:** We will proceed with public comment. Is there any member of the public 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?

**Secretary of State:** I see no one Governor.

**Governor:** All right, thank you Madam Secretary. Before I proceed with the meeting, I made some comments yesterday at the Board of Transportation meeting which I have the privilege of Chairing with regard to the tragedy in Las Vegas. I know many of you or your employees in your respectful departments were helpful and provided assistance to the victims, their families and friends and their survivors and I personally want to thank you all for what you have done.

Obviously, everybody is still working through this and there is a lot of healing to be done and people are going to need your assistance. Without a doubt, I know that you will be empathetic and compassionate. You will go the extra mile to help these people that have experienced this. I think you can all agree with me that what they are experiencing is unimaginable and even for those of us that were not there, but have seen things like this. It is really important as public servants that we all step up and do whatever it takes to help.



So, I personally want to thank you all for that and to keep everybody that has been affected by this in your thoughts and prayers.

**3. Approval of the September 12, 2017 Minutes** (For possible action)

**Governor:** We will move to agenda item number 3, approval of the September 12, 2017 minutes. Have the Members had an opportunity to review the minutes and are there any changes?

**Secretary of State:** No changes Governor, I move for approval of the minutes from September 12, 2017.

**Attorney General:** I second.

**Governor:** The Secretary has moved for approval of the minutes of September 12, 2017. The Attorney General has seconded the motion. 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.

<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT TO EXCEED:</b>
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
<b>Total</b>	106	\$3,643,372

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

**Clerk:** Good morning Governor and Members of the Board. Item 4 includes five requests totaling 106 vehicles.

The first request is from the Department of Administration, Enterprise IT Services Division, to replace a pickup that has met the age and/or mileage requirements in the State Administrative Manual. This vehicle was included in the agency’s legislatively approved budget.

The second request is from Fleet Services to procure 14 vehicles to provide to agencies under the lease purchase program. The request includes four sedans and 10 SUVs which were included in the agency's legislatively approved budgets but were not included in Fleet Services Budget so, this item is subject to the approval of a work program at the Interim Finance Committee (IFC) meeting that will occur next week.

The third request is also from Fleet Services to replace 83 agency vehicles under the lease purchase program that have met or will meet the age and/or mileage requirements. They are inclusive of 47 sedans, 4 pickups, 29 SUVs and three vans. These vehicles were included in both the agency's and Fleet Services' respective budgets.

The fourth request from Fleet Services to replace five agency vehicles which were totaled in accidents. The request is for three sedans and two SUVs and is subject to approval of two work programs at the IFC Meeting next week.

The last request is from the Department of Conservation and Natural Resources, Forestry Division, to purchase three wildland fire trucks for Douglas, Elko and Nye Counties. This comes from the Wildland Fire Protection Program Account. This request is also subject to an IFC work program that will be approved next week.

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

**Governor:** Thank you Mr. Wells, you have been very thorough. I have no questions. Board Members, any questions from the Secretary or the Attorney General on this agenda item?

**Secretary of State:** Governor, for vehicles that were turned in, does that just go to our General Fund or does that go into the fund for the vehicles replacement?

**Clerk:** Agency owned or Fleet vehicles that are rented out to the agencies then are sold or traded in are put on auction or transferred to another agency for additional duration of use. When they are finally disposed of, that money is used to provide funding to pay for future new vehicles, through Fleet Services.

**Secretary of State:** So, it stays or goes to the General Fund?

**Clerk:** It stays within Fleet Services to purchase vehicles. It does not go back to the General Fund.

**Secretary of State:** Okay, great. Thank you. Just wanted to clarify that. Thank you Governor. If you are ready for a motion, I will make a motion to approve 4.

**Governor:** Thank you Madam Secretary. The Secretary of State has moved to approve the request to purchase state vehicles as presented in agenda item number 4, is there a second?

**Attorney General:** I second.

**Governor:** The Attorney General has seconded the motion. Are there any questions or discussion on the motion? I hear and see none. That motion passes 3-0.

**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.

**Governor:** We will move on to agenda item number 5 which are two requests to pay cash settlements, through the Nevada Department of Transportation (NDOT). Good morning Director Malfabon and Mr. Gallagher.

**Director Malfabon:** Good morning Governor and Board Members. NDOT is here to request a settlement for acquisition of property. It looks like it is pronounced Reich, but it is actually pronounced Rich. This was related to Project NEON. We are getting to the final completion of acquisition of properties related to this major project in Las Vegas. It consisted of 0.44 acres. It had a 24-unit studio apartment building on it. We worked very hard to reach a settlement on this. One of the issues that was difficult to deal with was the owner said that there was a lost opportunity to place a cell phone tower on their property. We did not agree with that, but nonetheless, we negotiated what we felt was a reasonable settlement. The initial date of value was July of 2015. We had estimated the property value at \$1.16 million. As we got closer to making the determination whether to go to court, we checked with our former Chief Right-of-Way Agent. He felt that the exposure was going to be higher had we gone to court. Even without that issue of the cell tower being addressed.

We continued negotiations and reached a conclusion of a negotiation with this request for additional amount of money, \$749,300 for a total amount of \$1.7 million for this property. We had previously deposited \$950,700 with the Court. We will seek full reimbursement from the Federal Highway Administration for this expense.

**Governor:** Director Malfabon, do you believe that this settlement is in the best interest of the State?

**Director Malfabon:** Yes Governor.

**Governor:** Mr. Gallagher, it is in the best interest of the State but it will also save us attorney fees and save us from exposure to attorney fees if we were not successful in litigation. What would you estimate those attorney fees to be?

**Dennis Gallagher:** For the record, Dennis Gallagher, Counsel for the Department. I would estimate Governor, attorney's fee costs on both sides because as you know, we are responsible for certain costs and fees for the other side and it would be in the neighborhood of at least \$200,000. I'd like to emphasize, this is an all-inclusive settlement, so it is for the property. It is for the alleged lost opportunity with the cell tower. I would just like to point out that the State had moved for summary judgment on that issue. The Trial Court denied it. So, it would be a question of fact for the jury. These cell towers, the lost opportunity, the tower can have more than one cell on it. So, depending on what they might be able to convince the jury of, be it one or eight cells, the value of that would range from just under \$200,000 to about \$1.8 million. With that unknown out there, I believe the Department decided that this would be an opportune case to settle and move on.

**Governor:** Mr. Gallagher, thank you. Those are some really important facts that further justify the settlement. Thank you. Board Members, are there any questions with regard to agenda item 5A and this Reich Series, LLC?

**Secretary of State:** None Governor.

**Attorney General:** No Governor.

**Governor:** Please proceed with the second one, Director Malfabon.

**Director Malfabon:** Thank you Governor. For the record Rudy Malfabon, Director of NDOT. This is related to an acquisition of property owned by Ranch Properties, LLC. Again, associated with Project NEON in Las Vegas. It was an acquisition of six parcels. They were single-story four-plex apartment buildings on 1.02 acres in total. We had an appraisal back in February of 2015 for \$1.5 million which we updated for the statutory data value in December of 2015 to \$1.78 million. The landowners said that their property is worth \$3 million so we continued negotiations.

As in the case of rental property, we have our methodology for assessing the value of the property based on the income and capitalization rate. The owner disagreed but we eventually agreed to an amount for a settlement of \$2.2 million. That is \$700,000 of

additional new money, in addition to the \$1.5 million previously deposited with the Court. Again, we will seek reimbursement from the Federal Highway Administration for this property acquisition related to a federalized project.

**Governor:** Do you think it is a good result Director Malfabon?

**Director Malfabon:** It definitely is in the best interest of the State. I think that we always run the risk when we go to a jury trial of those additional legal expenses and a jury verdict that might not be as in our favor and Mr. Gallagher can answer any legal questions.

**Governor:** Well, not to mention, I know, certainty. You have got a budget that you have to work with, with regard to property acquisition and when you have outstanding cases and know that there could be larger exposure than what you could settle for; you just need to be able to move forward. I know the project is going well. It is more than half done and on schedule and on budget. So, that is a good thing. Mr. Gallagher, anything you wish to add?

**Dennis Gallagher:** Governor, just for the record, as the Director has indicated, our exposure in this case would have been well over \$3 million, so we believe that this settlement is in the best interest of both, the property owner and the taxpayers of the State of Nevada.

**Governor:** Thank you Mr. Gallagher. I am always thinking to myself when you guys come up, you are calling the game and you are doing the color commentary, but it works out really well. You are a good team. Board Members, are there any questions for Mr. Gallagher or Mr. Malfabon with regard to agenda item 5B.

**Secretary of State:** No Governor thank you.

**Attorney General:** No Governor I move to approve.

**Governor:** The Attorney General has moved to approve the request to pay a cash settlement as presented in agenda item 5A and B. Is there a second?

**Secretary of State:** I will second that 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 gentlemen.

## **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.

**Governor:** We will move to agenda item number 6, Authorizations to Contract with a Current and/or Former State Employee, Mr. Wells.

**Clerk:** Thank you Governor. There are six requests to contract with current and/or former employees pursuant to NRS 333.705, subsection 1.

The first request is from the Department of Transportation to allow a contracted vendor to use a former employee on a project that was awarded to the vendor for the Northern Nevada Traffic Study. The former employee retired in July of this year and did not have any influence or authority over the awarding of the contract or management of the contract with the vendor.

The second request is from the Department of Health and Human Services, Division of Aging and Disability Services, to contract with a former UNLV Professor to provide pediatric physical therapy to infants and toddlers with disabilities for the Early Intervention Services Program. The contract would be for approximately 30 hours per week from October 10, 2017 through June 30, 2018 at a rate of \$65 per hour.

The third request is from State Purchasing who contracts with Allied Universal Security Services through a Master Services Agreement to provide uniformed security guards to various State agencies. This request is for Allied Universal to use a former employee who left state service in January 2017 to perform these services. Allied Universal also uses these employees on other contracted jobs with non-State of Nevada employers.

The fourth and fifth requests are from the Department of Health and Human Services, Division of Healthcare Financing and Policy to contract with two current University of Nevada, Reno graduate student workers to conduct interpretation and statistical analysis on Medicaid claims data. The contracts would be for approximately 20 hours per week each from October 16, 2017 through April 16, 2018 at rates of \$19.57 and \$21.30 per hour respectively. They are bringing them in at two different classifications.

The final request is from the Department of Corrections to contract with a former employee to provide training for a new employee. The former employee retired in July and would train her replacement for a period not to exceed 30 days at a rate of \$30.17 per hour.

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

**Governor:** Thank you Mr. Wells. These are pretty straightforward, these are routine like what we have seen before, correct?

**Clerk:** These are all fairly routine requests.

**Governor:** Thank you Mr. Wells. I do not have questions. Board Members, any questions with regard to agenda item number 6?

**Secretary of State:** None Governor.

**Governor:** Okay. If there are no question, the Chair will accept a motion for approval.

**Secretary of State:** So moved.

**Governor:** Thank you Madam Secretary. The Secretary of State has moved to approve the authorizations to contract with a current and/or former state employee as presented in agenda item number 6, is there a second?

**Attorney General:** I second.

**Governor:** Seconded by the Attorney General. Any questions or discussion on the motion? I hear and see none. That motion passes unanimously.

## **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.

**Governor:** We will move to agenda item number 7, Request for Approval of an Allocation from the Interim Finance Committee (IFC) Contingency Account. Mr. Wells.

**Clerk:** Thank you Governor. Item 7 is a request pursuant to NRS 353.268, for an allocation from the IFC General Fund Contingency Account for the Department of Public Safety, Division of Emergency Management in the amount of \$845,510. This is to cover the projected costs of providing Nevada Guard support for hurricanes Harvey in Texas and Maria in Puerto Rico as well as to assist with wildfires in the State of Oregon.

This is subject to approval by the IFC at their meeting next week. The first request for Hurricane Harvey was reduced from the original request based on the number of hours that the aircraft was used. The second request for the Oregon Wildfires, I believe has ended now and there may be a change or revision to that amount at the IFC meeting next week. Then the third request for assistance in Puerto Rico, is I believe, still ongoing.

**Governor:** Thank you Mr. Wells. Caleb, is that you in Las Vegas?



**Caleb Cage:** Yes Governor.

**Governor:** Will you walk us through with a little more specifics as to the nature of these. I am in full support of them. I do not want anyone to get the wrong impression. Also if you could inform us if we are eligible for any type of reimbursement?

**Caleb Cage:** Yes Governor. Justin Luna, from my office is also available at the desk for discussions regarding any of the financial matters. For the record Caleb Cage, Chief of the Division of Emergency Management. The State of Nevada is a participant in the Emergency Management Assistance Compact (EMAC) which is an interstate compact which I believe all 50 states and the additional territories are a part of it. It allows states to request through the EMAC process resources from the State of Nevada in response to emergencies and disasters in their jurisdictions.

I will note that right now, I believe the State of Nevada has facilitated five EMAC requests on behalf of Clark County in response to the tragic shooting that happened earlier this week. In addition to this, we work through memorandum of understanding agreements with neighboring states to support their needs as well.

With the incredible number of emergencies and disasters that have happened around the country this year, the State of Nevada, through the Division of Emergency Management has facilitated these three EMAC requests. This is a high number for a year to go through the EMAC process but it is nonetheless meeting needs for states that were and are currently recovering from or responding to significant disasters as you will see listed here, Harvey, Wildfires in Oregon and of course, the Hurricane in Puerto Rico as well.

These will—are reimbursable through Federal Emergency Management Agency (FEMA). Justin, make sure I'm correct on that. These are reimbursable through FEMA that is however, this can take several years. This will allow state agencies to close out their budget within our budget cycle and then receive reimbursement in the future. Justin, any corrections to any of that?

**Justin Luna:** No corrections.

**Governor:** Do either of you know what the timeframe is in terms of that reimbursement?

**Justin Luna:** For the record Justin Luna with the Division of Emergency Management. Typically, the EMAC Process allows 45-days for a reimbursement process. However, there is a provision within the EMAC that any extreme circumstances may cause delays. Typically, the process is 45 days to get reimbursement, depending on availability of federal funding and things of that nature.

**Governor:** Caleb and everyone at Department of Emergency Management, I mean, this has been a year like no other, with regard to the floods, the fires, what has happened in Las Vegas and what has happened with the hurricanes and you all have stepped up every time and done an extraordinary job. I know the amount of hours that people have put in that they will never get paid for, likely, but I truly appreciate your hard work and your

professionalism and everybody on your team that really has done this seamlessly. I mean, we have been timely with all our reimbursement requests. We have been prompt with our resource requests. We have been on the ground and on the ball with regard to all of these. At least in my seven years, I cannot recall this many things happening in this short amount of time.

I just wanted to publicly thank you for your hard work and your commitment, your dedication and everything that you have done.

**Caleb Cage:** Thank you Governor.

**Governor:** All right, Board Members, are there any questions with regard to agenda item number 7?

**Secretary of State:** No questions, but Governor, if I could just make a comment. I want to thank you for your leadership and I want to thank Caleb and his group for the services that they have provided, not only in our state for what we have needed but to go to all of these other states to help them. I think it is really important to understand that other states do send National Guard to help and I do not think everybody knows that. I do not think you always get the credit that you deserve. We have some wonderful people in this state that are willing to go out and do that. So, thank you very much for what you do and thank you Governor.

**Governor:** Thank you Madam Secretary. Nevada has been the beneficiary of a lot of assistance from other states. When the request comes our way, we do not hesitate. We will find a way to make it work and I am biased, but I think we have an amazing National Guard that trains for these things. I know that there were some logistical functions that our Guard performs that were extremely helpful in Texas and Puerto Rico. And so, time is of the essence when people are undergoing the experiences that they are having as a result of these natural disasters. Unfortunately we have gotten very good at what we do because we have had to do it so often. Again, it is just extraordinary.

All right, any other questions or comments with regard to agenda item number 7? I hear and see none. Is there a motion to approve the request for approval of an allocation from the IFC Contingency Account as presented in agenda item number 7?

**Secretary of State:** Move for approval.

**Attorney General:** Move to approve.

**Governor:** The Attorney General has moved for approval. Madam Secretary, may I take you as a second?

**Secretary of State:** Yes, you may sir.

**Governor:** Okay thank you. So, we have a motion and a second for approval of the request. Any questions or comments on the motion?

**Caroline Bateman:** Governor, if I may just clarify for the record that the motion includes a recommendation to the IFC to approve the full amount of \$845,510.

**Governor:** Of course. So, it says the Division requests an allocation of \$845,510 from the IFC Contingency Account to cover immediate costs associated with Emergency Management Assistance Compact activations of the Nevada National Guard, in support of recent requests for assistance from Texas, Oregon and Puerto Rico. Thank you. All right, we have a motion and a second. Are there any other questions? I hear and see none. That motion passes 3-0, thank you very much.

## **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.

**Governor:** We will move to agenda item number 8 which is Approval of Master Lease Agreements, Mr. Wells.

**Clerk:** Thank you Governor. Item 8 includes two requests from the Department of Administration, Enterprise IT Services Division to amend lease agreements.

The first is a Master Lease Agreement with Dell Financial Services for mid-range equipment for state applications. This amendment extends the lease through January 1, 2022 at a cost of \$2.9 million due to the replacement and expansion of storage capacity for state data.

The second request would amend the Master Lease Agreement with IBM for mainframe storage equipment, software and services. The amendment would increase the cost by \$9.2 million due to the upgrade and replacement of existing storage which includes additional encryption and security for state data.

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

**Governor:** I have no questions, thank you Mr. Wells. Board Members, are there any questions on agenda item number 8?

**Secretary of State:** No Governor.

**Governor:** If there are no questions, the Chair will accept a motion.

**Secretary of State:** So moved for approval of Master Lease Agreements, number 8.

**Governor:** The Secretary of State has moved to approve the Master Lease Agreements presented in agenda item number 8. Is there a second?

**Attorney General:** I second.

**Governor:** Attorney General has seconded the motion, any questions or comments on the motion? I hear and see none. That motion passes 3-0.

## **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.

**Governor:** We will move on to agenda item number 9, Review and Consideration of a Victims of Crime Appeal. Mr. Wells.

**Clerk:** Thank you Governor. NRS 217 regulates the compensation for certain victims of criminal acts. Victims apply to the program and a determination is made as to whether or not the victim is entitled to compensation from the Victims of Crime Program. A victim whose claims are denied can appeal to a Hearings Officer to have their claims reconsidered. The Victim or the Clerk of the Board of Examiners can appeal the Hearings Officer's decision to an Appeals Officer. Finally, both the Hearings Officer and Appeals Officer process are under the jurisdiction of the Department of Administration.

Upon the Appeals Officer's decision, NRS 217.117, subsection 3 allows the applicant or the Clerk of the Board of Examiners to appeal a decision made by the Appeals Officer to the Board of Examiners. The Board of Examiners can render a decision in the case or hold a future hearing on the matter.

The item for consideration today is a review of the record of an Appeals Officer decision for applicant Charmayne D'anna. Ms. D'anna was notified of the meeting today. Within 15

days of today's hearing, the Board needs to render its decision on the case. The Board can either affirm, modify or reverse the decision of the Appeals Officer or it can decide to hold a hearing on the matter within 30 days in which case it would reconsider the evidence provided by both the applicant and the Program.

I believe there are representatives from the Victims of Crime Program if there are any additional questions.

**Governor:** Thank you very much. Is there anything else that the Victims of Crime entity would like to present or would like us to know?

**Rebecca Salazar:** No, Governor. I think that we've provided the complete record. So, unless you would like us to summarize, we do not have anything to add.

**Governor:** Thank you. Has Ms. D'anna communicated at all or indicated that she wanted to participate in this hearing to you?

**Rebecca Salazar:** No, she has not.

**Governor:** Okay. So, you have received no telephone calls or no letters?

**Rebecca Salazar:** No sir.

**Dale Ann Luzzi:** Dale Ann Luzzi for the record. I spoke to Ms. D'anna by phone and informed her of our meeting today. She asked if she needed to be present. I said she did not but we would send her a letter with the Board's decision.

**Governor:** So, did she indicate that she was not going to participate?

**Dale Ann Luzzi:** Correct.

**Governor:** Okay, thank you. We have all the papers in front of us but I think the seminal point in here is that the request that was made by Ms. D'anna was filed more than two years subsequent to the September 22, 2014 accident. You have to make the claim within that two-year period. Also, at least the way the decision of the Appeals Officer indicates that Ms. D'anna was riding her bike when she hit a car. The driver of the car stopped his vehicle to render aide to Ms. D'anna. Ms. D'anna was found to be at-fault. Therefore, the September 22, 2014 accident is outside the scope of the Victims of Crime Program coverage.

Essentially the conclusion or the order was based on the foregoing findings of fact and conclusions of law, the determination of the Victims of Crime Program dated December 14, 2016 in the subsequent March 24, 2017 decision and order of the Hearing Officer are affirmed.

Board Members, I do not know if you have any questions or comments that you would like to make but my position is I will support an affirmation of the decision of the Appeals Officer. Madam Secretary or Mr. Attorney General, any questions or comments?

**Secretary of State:** I have no comments Governor.

**Attorney General:** No Governor, I am in the same place, I move to affirm the Board's decision.

**Governor:** The Attorney General has moved to affirm the decision of the Appeals Officer which was filed on August 2, 2017. It is part of our record. Madam Secretary, do you have a second?

**Secretary of State:** Yes, I do. I second that Governor.

**Governor:** The Secretary of State has seconded the motion. Any questions or discussion on the motion? I hear and see none. That motion passes 3-0.

#### **10. Approval of Proposed Leases (For possible action)**

**Governor:** We will move on to agenda item number 10 which is Approval of Proposed Leases, Mr. Wells.

**Clerk:** Thank you Governor. There are six leases in agenda item 10 for approval by the Board this morning. Lease number 2 is retroactive to July 1, 2015. Other than that, no additional information has been requested by any of the members.

**Governor:** Thank you Mr. Wells. I have no questions on agenda item number 10. Board Members, do you have any questions?

**Secretary of State:** I have no questions Governor. I move for approval.

**Governor:** The Secretary of State has moved to approve the leases presented in agenda item number 10, 1-6, is there a second?

**Attorney General:** I second.

**Governor:** The Attorney General has seconded the motion. Are there any questions or discussion on the motion? I hear and see none. That motion passes 3-0.

#### **11. Approval of Proposed Contracts (For possible action)**

**Governor:** We will move on to agenda item number 11, Contracts. Mr. Wells.

**Secretary of State:** Governor, before you go, can I make a disclosure here?

**Governor:** Yes.

**Secretary of State:** Thank you. On agenda item 11, contract number 35, I believe that I am independent judgement of a reasonable person in a situation that would be affected, my relationship with Opportunity Village, which is that I am a Board Member of Opportunity Village. Based on the nature of my relationship with Opportunity Village, I am not going to recuse from voting on contract number 35 of the agenda item number 11. I now ask our Deputy Attorney General if that disclosure is satisfactory under NRS Chapter 281(a).

**Christine Bateman:** Madam Secretary, as to form, your disclosure is appropriate.

**Secretary of State:** Thank you. Thank you Governor.

**Governor:** Madam Secretary, you broke up a little bit. Did you say you are or are not going to vote?

**Secretary of State:** I am going to vote.

**Governor:** You are going to vote, okay.

**Secretary of State:** Yes. I just wanted to make sure that everybody knew that I was a Board Member.

**Governor:** I understand.

**Secretary of State:** Okay.

**Governor:** All right, Mr. Wells.

**Clerk:** Thank you Governor. There are 56 contracts in agenda item number 11 for approval by the Board this morning. Contract number 5 between the Department of Administration, Public Works Division and TSK Architects is subject to the approval of a restricted IFC Contingency Fund request that will be heard at the IFC meeting next week. Members have requested additional information on the following:

Contract 1 between the Governor's Office of Science, Innovation and Technology and E-Rate Central

Contract 2 between the Office of the Attorney General and the Washoe County Forensic Lab

Contract 5 between the Department of Administration, State Public Works Division and TSK Architects

Contracts 15, 16 and 17 between the Department of Administration, Public Works Division and Hershenow & Klippenstein Architects, Inc.

Contracts 18 and 19 between the Department of Administration, State Public Works Division and Core Construction Services of Nevada and Hershenow & Klippenstein Architects, Inc.

Contract 37 between the Department of Corrections and Corecivic, Inc.

**Governor:** All right, we will begin with contract number 1. Mr. Mitchell, good morning.

**Brian Mitchell:** Good morning Governor. Brian Mitchell, Director of the Office of Science, Innovation and Technology for the record. This contract is a contract between my office and E-Rate Central covering broadband planning, mapping and procurement. My office is responsible for overseeing the State process there. In your 2016 State Strategic Framework, there are three goals related to increasing broadband access in the State.

Particularly, one goal is to increase the percent of schools and libraries that have access to broadband speeds that meet national benchmarks and also, by 2025, connecting all rural hospitals, health clinics and state correctional facilities to a broadband connection sufficient to provide for tele-health services.

In the past, my office has been very active in mapping and determining the needs we have. This contract will help us to go out and solicit the federal funds necessary in order to meet these needs. This contract, in the scope of work that we have negotiated with E-Rate Central, the firm will do community engagement and outreach, a state broadband solutions assessment, a statewide K-12 consulting and management, network architecture and solutions assistance. Finally, a focus on whole community connectivity.

I could not be happier with this contract. We put a solicitation out and got 13 bids back. This was by far the best contract. The Principle and the Project Manager at the firm were previous Senior Managers at Universal Service Administrative Company which manages all federal broadband funding for schools. As such, they have an intimate knowledge of how to procure additional federal funding which will be very important to our State in connecting all of our schools.

**Governor:** Thank you Mr. Mitchell. You have been very thorough. What amount of money will we be seeking in those grants to get this paid for?

**Brian Mitchell:** Brian Mitchell, for the record. The amount of grants depends on the needs of the individual school district. Through our office, in our budget, we have \$2 million in matching funds and with those matching funds we will be able to solicit on a one-to-one basis. At minimum, those matching funds will bring in \$2 million additional federal funding for broadband but the number could be higher depending on the project.

**Governor:** Just out of curiosity, what is the most challenging school district to bring broadband to?

**Brian Mitchell:** So, I think we have significant challenges in many of our rural school districts. Some aspects of each school district are well connected depending on the



proximity to a major highway such as I-80. However, there are schools, for example, in Gerlach, which is in Washoe County. Most of Washoe County is pretty well connected because it is in the Reno/Sparks area. Gerlach on the other hand is not. That is one of our big projects. There are other schools, for example, in the Elko County School District and in Ruby Valley. That is an area in Southern Elko County that is not very well connected either. Those kinds of projects will be a focus because without the federal funding, it would be very expensive for these school districts to connect their students.

**Governor:** Thank you. Are there any other questions from Board Members on contract number 1?

**Secretary of State:** No Governor.

**Governor:** Thank you Mr. Mitchell. We will move to contract number 2 which is the Attorney General's Office and the Washoe County Forensic Lab.

**Nick Trutanich:** Good morning Governor Sandoval, Attorney General Laxalt, Secretary of State Cegavske, Nick Trutanich on behalf of the Attorney General's Office. Present with me today is our CFO, Christian Schonlau and Washoe County Lab Unit Supervisor, Dr. Lisa Smyth-Roam. Christian Schonlau is going to be describing the contract for you.

**Christian Schonlau:** Good morning Board Members, thank you. Christian Schonlau, for the record. The contract before you furthers the Attorney General's commitment to testing sexual assault kits in the State of Nevada. Since taking office, the Attorney General has prioritized this issue with additional funding and resources for State and local law enforcement agencies to ensure victims of sexual assault obtain justice. Funding from favorable settlements and federal sources has helped the Attorney General to facilitate the testing of decades of backlog sexual assault kits.

As a result, 3,744 of the approximately 8,200 kits have been tested or have been sent to labs and 1,523 of them have been tested to completion. The result has been approximately 200 Combined DNA Index System (CODIS) hits, with 12 prosecutions.

This contract helps to prevent the backlog from growing again. Funding of this contract will allow for the Washoe County Sheriff's Crime Lab to expand their lab, hire more staff and outsource additional kits not funded through the sources mentioned previously. This contract is partially funded by the appropriation in AB 97. It is further funded through favorable settlements obtained through the Attorney General's tenure.

We are happy to take any questions.

**Governor:** Thank you. Well done. This is incredibly important and I know we all want to get to zero and get caught up. My kudos to the Attorney General's Office and to the Attorney General for making this happen. Keep up the good work. I look forward to hearing what the progress is hereafter. Are there any other questions or comments from Board Members? I hear and see none. Thank you very much.

**Nick Trutanich:** Thank you Governor.

**Christian Schonlau:** Thank you.

**Governor:** We will move to contract number 5, Department of Administration and Tate Snyder Kimsey Architects. Essentially, I asked for this to be heard because it involves the UNLV Medical School. I think it shows that there is a lot of positive progress that is going on at the medical school. Not only is their first class attending course work right now, but now we are starting the planning for the building. If you could give us some highlights of what that includes please.

**Chris Chimits:** Good morning Governor and Members of the Board. My name is Chris Chimits, Deputy Administrator for the State Public Works Division. This first contract that we are bringing before you right now is a design contract with Tate Snyder Kimsey of Henderson, Nevada. It is for the architectural services to design, provide contract documents and construction administration for the new medical school.

The project itself was actually funded in SB 553. We have established the scope of the project, the schedule, the site location in preparation for the IFC meeting on October 19. That is a 220,000 square foot building. It would be nine-stories high and it is located on a 9.2 acre site at 625 Shadow Lane in Las Vegas.

We anticipate a project cost of \$236 million. The construction cost would be somewhere around \$183 million. It would be approximately \$19 million to \$20 million worth of furniture, fixtures and equipment that would go into that project. As I mentioned, the total project cost of \$236 million. I believe that University of Nevada, Las Vegas (UNLV) will be presenting the financial aspect of this and the fundraising efforts at the IFC meeting and they have included some additional money for financing costs that would total \$250 million.

The firm, Tate Snyder Kimsey, was actually selected by UNLV to do the programming on some conceptual design and then the Construction Manager at Risk (CMAR), Whiting Turner, was also selected by UNLV to provide cost input for the project. The State Public Works Division has elected to retain both of those firms for continuity. They have developed a rapport with the medical school at UNLV. We are staying with those firms and negotiated these contracts to our standards.

**Governor:** Thank you. Moving right along. Congratulations on that. How long does the design process take and assuming the money is raised for construction, when would the earliest time be when they can commence with construction?

**Chris Chimits:** Towards the end Governor, we are planning on Notice to Proceed at the end of 2019, for a start of construction. December 2019. If everything goes the way we think it will go, then we would finish around May of 2022. The design would start as soon as IFC gives us authorization to proceed. We put the design contract before the Board of Examiners now, ahead of the IFC, but we would not act on this until IFC authorized us to proceed. The reason we did that is the inflation in Southern Nevada right now is about \$1

million a month. We are very mindful of that. As soon as IFC approves it, if they approve it, we are going to start that day with the design process and hustle right through it.

**Governor:** Thank you. You have been very thorough, I appreciate it.

**Chris Chimits:** You are welcome.

**Governor:** Board Members, any questions for contract number 5?

**Secretary of State:** No questions Governor.

**Governor:** Thank you very much. All right, we will move on to 15, 16 and 17, kind of a similar presentation, but this has to do with the National Guard Readiness Center in Las Vegas, as well as the improvements to the Stewart Indian School.

**Chris Chimits:** Chris Chimits with the State Public Works Division. On the first contract, this would be the one for the North Las Vegas Readiness Center. This is a new contract to provide architectural engineering services for design development through the Construction Administration. The schematic design was completed in an earlier project, 15 P2. That was a 15 Capital Improvements Project (CIP) that did the schematic design for this project, so this is a carry-on of that.

We are anticipating about a \$30 million construction cost for this project. It would construct a 78,000 square foot building, just west of I-15, right across from the Speedway Center, in North Las Vegas. This firm was selected because of their previous involvement creating the schematic design, so there is continuity going forward. It is a 40 acre site. We are anxious to get going on that. Again, the inflation—subject to the same kind of inflation.

**Governor:** These are all CIPs from the 2017 Legislative Session, are you still confident we are going to stay within the amount of money that was allotted? I will take that as a no correct?

**Chris Chimits:** We included 5% inflation in the CIP book and that is based on the best information that we had at that time which was July of 2016. Since then, Las Vegas is currently enjoying about 11.5% inflation, annually. In Northern Nevada, about the same. That is nothing that I am excited about, in terms of managing the project.

What we are doing is we are aiming for 90% on scope and then trying to build additive alternates so that we have a chance and also hustling through the design process. We are looking at CMAR contracts where we get a guaranteed maximum price at 100% contract documents and then we may be asking for a consideration by this Board at a special board meeting so we get approval and move right into construction without waiting the normal timeframe. Not to be presumptuous, that is just dealing with this inflation that we have in front of us.

**Governor:** Thank you. I personally appreciate your sensitivity to that. Just know, I think I can speak for the other Board Members, if time is of the essence that this Board will cooperate and work with you to get things done.

**Chris Chimits:** Thank you very, very much.

**Governor:** All right, one of my favorite places in the State, the Stewart Facility. Let's talk about those two projects.

**Chris Chimits:** Okay, this third contract is with Hershenow & Klippenstein Architects of Reno, Nevada. Again, what we are doing here is providing architectural and engineering services to rehabilitate the existing roof of the gym. Before we put a new roof on it, there has got to be some consideration for the structural condition of that building. If you have been out there, you will know there is a significant amount of daylight that you can see through the building. We selected this architect because in 2005, it was a CIP project, O5M46, which rehabilitated eight of the buildings out there at Stewart. The gym is one of the last three that needs help.

In this project, we retained this firm because of their expertise and familiarity with the campus and with that building. What we will do here is, go out there and complete the design and construction and rehabilitate the gym to a place where we can actually use it.

**Governor:** I have been there and you can see daylight. This will also make the determination that we are not putting a brand-new roof on a building that is not capable of being used thereafter, correct? The building is still sound enough to do the improvements on it?

**Chris Chimits:** Yes, part of what the design contemplates is strengthening the masonry walls and putting starch in them if you will, so they are stiff and then putting a new structural diaphragm on top that would transfer lateral or sheer loads when loads into the masonry walls effectively so that the building has a functional ability to it. Then, once that is done, then we would put the new roof on, so that it would be architecturally complete.

**Governor:** All right, Board Members any questions with regards to contracts 15, 16 and 17?

**Secretary of State:** None here Governor.

**Attorney General:** No Governor.

**Governor:** Thank you. That brings us to 18 and 19, did you want to come up, Ms. Albertson? This has to do with the new Northern Nevada Department of Motor Vehicles Building. Please proceed.

**Terri Albertson:** Go ahead and start.

**Chris Chimits:** Okay, Chris Chimits with the State Public Works Board. We are very anxious to get started on this project for some of the same reasons I have already explained. It is a 57,000 square foot DMV in South Reno, off of Double Diamond Boulevard. This project was initially started in 2011. We did conceptual and programming work in 2011, CIP with Hershenow & Klippenstein.

The contract that is before you is a CMAR contract with Core Construction who was selected through the formal process, which is delineated in NRS 341. What we do here is pick-up where we left off in 2011 and design this building so that we can take the load off of Galletti Way.

**Terri Albertson:** Thank you Governor, I am very excited for this opportunity to provide this new facility to the citizens of Reno. We look forward to getting started on this. As a matter of fact, we are going to Las Vegas on Friday to start the discussions on this and look forward to having this completed on time and on budget.

**Governor:** Thank you, I know there is a lot of anticipation for this project. And, just real quickly, we have always had a great experience with Hershenow & Klippenstein the Architects, but they have got a lot of projects going on, do they have the bandwidth to get all this done?

**Chris Chimits:** Governor, it looks bad because there are five contracts here before you today with this same architectural firm, but it is not as bad as it looks. We have got 95 projects, this firm got six of those 95 projects and we managed to get five of them on the agenda before you today. They are a good size firm in Reno, one of the largest and they do have significant horsepower to be able to pull each of these projects to completion.

**Governor:** I was not trying to imply anything pejorative because we see them all the time and they have done a great job. I do not know if it is exclusive but they do all the National Guard work and they have done several public buildings and we have always had a good result. You are right; it just gives the impression because they appeared so many times on this agenda, so I thought I would ask the question. Thank you. Are there any questions from the other Board Members on these, on 18 or 19?

**Secretary of State:** No Governor.

**Attorney General:** No Governor, thank you.

**Governor:** Thank you. That brings us to number 37, correct Mr. Wells?

**Governor:** Good morning Director Dzurenda, good to see you again. This is a topic that came up during the Legislature and it has come up in our Board of Prison Commission meetings, but this is the contract to provide out of state correctional beds for the Nevada Department of Corrections. Please proceed.

**Director Dzurenda:** Thank you Governor, thank you Attorney General and thank you Madam Secretary. First I want to go over a little bit of the background, just so we have an

understanding of this. This was originally reviewed and approved through the Governor on the Governor's Recommended Budget for two reasons.

One is to the concern the Governor had for the staff's safety and moral and also the inmate's safety in the facilities with our increase in population, with housing inmates in non-traditional bed spaces. The second was that the Governor's concern also with increase in the programming space that was being taken away from the excess population and what impact that is going to make on the victims in the community with doing best practice programming to change the behaviors of these offenders. If we lose those spaces where we do the programs, it could have a direct impact on the victims in the community. I thought it was important to say that.

Currently, today's population is at 13,683 which was at the end of the business yesterday. Our bed space, if you look at available, traditional beds, that we could use, which I call usable beds is 13,361. What that means is we have 322 inmates today that are not being housed in traditional bed areas. Those inmates go into day room areas, program areas that we make appropriate housing for but it takes away program space that we know is going to help get these inmates back into society much better than they came in.

Today I had two executives from Core Civic attend the hearing just in case any of the Board Members had any questions specific for them. The contract that we opened up, nationally, for an RFP was awarded to Core Civic, so I just want to make sure that we knew that we had executives here today.

An important thing I need to mention too is, in 2018, we are going to have 200 beds taken offline because we have Building 8 in the Southern Desert Correctional Center that is due for remodeling and repairs, which will go back online, we are hoping July of 2019. So we are going to lose 200 bed spaces there. Also, we have 80 beds that are going to be reduced in February at the Northern Nevada Correctional Center due to an ADA retrofit of all the housing units there. Those beds are going to be offline for two and half to three years. That is also going to reduce our traditional bed space that we need to keep the inmates off the program areas.

Currently, what I ended up doing too, which I think is important, my Deputy Director of Programs, Kim Thomas and myself, both visited the facility down in Arizona where the inmates will be sent, just to make sure we are good with the programming space, with the housing space, how the grievances work down there, how they would be able to utilize video visiting and making sure that there is communication. It was important for us to see that so I can feel comfortable that they will be receiving the services that we asked for, but also that we are not going to reduce any of the services for these offenders for reentry back into the community when that point comes.

The other important factor with the out-of-state beds is the targeted population that I am looking at. We have already identified them, which we are going to be reviewing for the transfers for the exact date. I am looking at those inmates that are the most disruptive and most dangerous that is based upon their gang activity. Those that are recruiting our population members, those that are extorting, those that are causing disruption and those

that are creating a fear factor in the other population. Because when you look at programs, you cannot have successful programs if you do not have safe and secure environments. These offenders creating these types of environments here make it unsafe and make other inmates fear being extorted or approached by gang leaders or members if they attend programs.

I think it is important if I make a pact with our staff that we are not going to tolerate this. We are not going to tolerate any of this behavior by these inmates. If they want to partake in gang activity, if they want to disrupt the operation of our facilities, they will find themselves going to Arizona where I can create a better environment here in Nevada for those that really do need the help to get back in the community. I think that is important.

The other factor that we are utilizing for those offenders going out of state is those that are non-residents of the state. What we are doing currently with our programs and our initiatives for reentry is we are trying to connect our communities with those offenders that we know are going to benefit from not only the continuation of our programs but for our mental health and medical treatments going into our community. If they are Nevada residents, I need the spaces here in our state to be able to transfer those offenders successfully and continuity of care, going into our community where those non-residents of our state will not benefit from that.

That is really all I have. This is so important to the State and is important in reducing victimization in our community and this is something that is unfortunate that the State has to even look at today. I do believe what we are doing in corrections with reducing segregation, with our treatment of mental health and the way we are releasing offenders into the community will actually benefit down the road by reducing our population eventually. I know that these programs around the country have proven to reduce victimization in the community, which will reduce crime, meaning we will get fewer inmates down the road coming back into our system.

**Governor:** Thank you Director Dzurenda. I agree with you. How many beds, for lack of a better term, does this get us? How many individuals will this allow Nevada to transfer to Arizona?

**Director Dzurenda:** James Dzurenda for the record. It is not as simple as a bed for a bed because it is going to actually give us more beds than 200. Since we are targeting those offenders that are the most violent, 90% of those offenders are in some type of a segregation status, which means they are celled by themselves in a two-person bed. So, when I move one of those beds out, we get bed space for two people.

So, if I can close a restrictive housing unit, which is a single-celled unit and double it up, I will actually be getting more appropriate space to be able to put general population inmates. If I move 50 inmates out of a 100 bed unit to Arizona, I can double up that space and get 100 inmates in there, where originally there were only 50. So, it will help us with the population numbers.

**Governor:** And, you said that we are going to be sending Core Civic our most dangerous inmates and they have to take whatever we send them, correct?

**Director Dzurenda:** James Dzurenda for the record. That is correct. They have already a looked at all of our offenders and they are prepared to take whatever we give them. Personally, I am not going to send any offenders that I know have significant mental health issues because I think it is our responsibility to make sure that we get them connected back into our community safely while they are here. It will keep inmates closer for me to be able to work with Health and Human Services while they are in our state. Same with those inmates with the most severe medical issues, when they go back into our community I have to have that perfect continuity of care and it would be negligent if I moved them out of state.

**Governor:** Also, you are 100% with regard to those that do get moved, that they will be treated the same as if they were in Nevada?

**Director Dzurenda:** James Dzurenda for the record. That is correct. The agency and the facility they are going to is American Correctional Association (ACA) accredited which means they are followed by a higher standard monitored by the National ACA to make sure that they are in compliance with their standards. Their treatment, the programs, the grievances, the out of cell time has to be approved and reviewed and audited by the ACA to make sure they are in line to be accredited.

**Governor:** My last question is, if you have an inmate in Arizona and they become parole eligible, will they be moved back to Nevada for a Parole Hearing, what are the mechanics of that?

**Director Dzurenda:** James Dzurenda for the record. The parole hearings will be held in Arizona through video and if they are approved for parole, we move them back to the state to have an appropriate parole plan set up, but they will actually be doing their hearings down there if it comes to that.

I am not looking at sending any inmates away that are near the end of their sentences. If they are low security inmates they are more appropriate to leave in our institutions but they will be doing the hearings from Arizona.

**Governor:** Thank you. That is all I have. Board Members, do any of you have any questions with regard to contract number 37?

**Secretary of State:** No Governor, I do not.

**Attorney General:** No, thank you Governor.

**Governor:** Okay, thank you gentlemen, well done. If there are no other questions with regard to agenda item number 11, the Chair will accept a motion to approve contracts 1-56.



**Secretary of State:** So moved, Governor.

**Attorney General:** So moved. I second.

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

**Secretary of State:** I will second.

**Governor:** The Secretary of State has seconded the motion. Are there any questions or discussion on the motion? I hear and see none. And just for purposes of the record, we will incorporate for reference, your comments with regard to contract number 35 Madam Secretary.

**Secretary of State:** Thank you.

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

**Governor:** We will move to agenda item number 12, Master Service Agreements, Mr. Wells.

**Clerk:** Thank you Governor. There are 10 Master Service Agreement (MSA)s in agenda item 12 for approval by the Board this morning. Agreements 1 through 5, 8 and 9 are for \$0. These MSA documents establish the terms and conditions between the state and the vendor. Agencies will access those agreements by submitting a work order with a scope of work and price. Each work order will be subject to the BOE thresholds for approval, which is what you will see under agenda item number 13. For the MSAs on this item, Members have requested additional information on contract number 7 between the State and Switch, LTD and contract number 10 with eCivis, Inc.

**Governor:** All right, we will start with contract number 7 with Switch. This is a 10-year contract for \$20 million. If you would give us some background on what it is for.

**Dave Haas:** Good morning Governor, Members of the Board. For the record Dave Haas Deputy Administrator for the Enterprise IT Services Division of the Department of Administration. Yes, this is a 10-year contract for \$20 million. That amount represents both current and projected usage that we would have at Switch. This contract is a MSA for the good of the State which allows not only ourselves, but other state agencies to be able to use the services within Switch. This is exciting because it provides a strategic approach to our technology within the State of Nevada. It allows us to have much more resiliency and redundancy that we have not had in the past. Plus, we will be able to use the communication superhighway that is currently connected between these two facilities. We are working to adjust our network to take advantage of that. We are very excited about that.

The way the contract is set up, it will allow other Nevada municipalities to be able to access the contract from the terms and conditions of the contract. Switch is a tier 4 facility, which means they are certified, a World-Class facility. It gives us greater protection for our data and the processing we are able to do. I would be happy to answer any questions you have.

**Governor:** Thank you. Very thorough. They are a Nevada company and I like to see us do business with Nevada companies whenever we have the opportunity. Not only are they a Nevada company they have a World-Class facility. It is a win-win for everybody.

**Dave Haas:** Absolutely.

**Governor:** All right, thank you. Are there any questions from the other Board Members on Master Service Agreement number 7.

**Secretary of State:** No Governor.

**Governor:** Was there anything else you wanted to present?

**Dave Haas:** No, that is it.

**Governor:** Thank you very much. We will move to MSA number 10. This has to do with our grants management program.

**Connie Lucido:** Good morning Governor, Board Members. For the record Connie Lucido, with the Office of Grant Procurement, Coordination and Management. Our office first released this MSA in 2013. It has those vendors expiring this month. In anticipation of that we pushed out a spring and late spring, RFP to continue it, for any interested vendors. This resulted in two potential contracts. One is strategic progress, which is your Item number 6 on the MSA and then this item number 10, for eCivis.

**Governor:** Essentially, they go out and find grant opportunities for the state?

**Connie Lucido:** They can. That is one potential function that they could serve. A lot of contracts that have been executed under this MSA involve research and data analysis for special reports, needs assessments. They have done grant consulting for agency strategies and those sorts of things. It provides some operational efficiencies for state agencies in ease of getting access to grant consultants and administrators.

**Governor:** And this does not have anything to do with the contracts, but how is it going? Are we finding a lot of grant opportunities?

**Connie Lucido:** We are doing well. We are looking more closely at implementation and agency capacity to implement these opportunities, so that has slowed us down a little bit but we are doing great. We are looking at some outreach opportunities and some other activities.

**Governor:** There is a comment here that says, statewide contract that may be used by all state agencies and political subdivisions. Is there an awareness amongst the state agencies and the political subdivisions that this resource is available to them?

**Connie Lucido:** I would hope so but that is something that we continue to talk about when we talk with our agencies.

**Governor:** I asked that because they do not know what they do not know and if they knew there might be some opportunities out there, I would encourage some type of outreach to do that.

**Connie Lucido:** Thank you for that suggestion. We actually have an advisory council on federal assistance coming November 2<sup>nd</sup>, I believe it is and that is something I will remind the Council as well as we have been doing quite a bit of outreach to our locals and trying to create some participation with them. I will definitely remind them of this opportunity.

**Governor:** Thank you. Keep up the good work.

**Connie Lucido:** Thank you.

**Governor:** Madam Secretary, Attorney General, do you have any questions?

**Secretary of State:** I do not, thank you Governor.

**Governor:** Thank you very much. If there are no further questions, the Chair will accept a motion to approve the Master Service Agreements 1-10 as presented in agenda item number 12.

**Secretary of State:** So moved.

**Governor:** The Secretary of State has moved for approval, is there a second?

**Attorney General:** I second.

**Governor:** Seconded by the Attorney General. That motion passes 3-0.

### **13. [Approval of Proposed Work Plan](#) (For possible action)**

**Governor:** We will move on to agenda item number 13, Approval of Proposed Work Plan, Mr. Wells.

**Clerk:** Thank you Governor. Item 13 represents a new category for approval by the Board this morning. Items that fall under this category are the work orders off of the \$0 Master Service Agreements that we discussed in the last item. This particular work order for consideration by the Board this morning is with Gardner, Inc. for the Enterprise Resource Planning project for replacing the State's HR and Financial Systems. The work order will

provide assistance to that office in getting the contract documents ready. So, the particular work order is for \$982,000 and if there are any other questions, either I can answer them or the Project Director is available. No additional information has been requested by any of the members.

**Governor:** I have no questions. Board Members, any questions?

**Secretary of State:** No Governor.

**Governor:** Is there a motion to approve?

**Attorney General:** I move to approve.

**Governor:** The Attorney General has moved to approve the proposed work plan presented in agenda item number 13, is there a second?

**Secretary of State:** I will second that Governor.

**Governor:** Seconded by the Secretary of State. That motion passes 3-0.

#### **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.

**Governor:** We will move on to agenda item number 14, information item, Mr. Wells.

**Clerk:** Thank you Governor. There were 61 contracts under the \$50,000 threshold approved by the Clerk between August 22 and September 18, 2017. This item is informational only and we did not receive any requests for additional information from any of the members.

**Governor:** Board Members, are there any questions with regard to agenda item number 14?

**Secretary of State:** No Governor.

**Attorney General:** No Governor, thanks.

**Governor:** I have none as well. Thank you.

#### **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

**Governor:** We will move to agenda item 15, Department Reports, Mr. Wells.

**Clerk:** Thank you Governor. Agenda item 15 is an informational report on the available balances in the various contingency accounts that are managed either by the Board of Examiners or the Interim Finance Committee as of September 11, 2017. These accounts are intended to cover contingencies for the 2017 – 2019 biennium. I did want to provide a little comment. You usually ask about the comfort level with the balances. I did a little bit of history because we’ve had a significant number of requests for the IFC Contingency Account. The last three biennia, the 2011 – 2013 interim, in the first year we used about \$2.4 million out of a just under \$12 million account balance. In 2013 – 2015, we used \$6.8 million in the first year of the biennium on an account balance of \$15.2. In the 2015 – 2017 biennium, we used a little over \$100,000 out of a \$12.9 million request.

So, the 2017 – 2019 biennium started with \$16.1 million. We have requests in our office at this particular juncture for a little over \$6.6 million for the first quarter and that excludes what we know for the Division of Forestry will come forward with requests for the fire-fighting season. That’s what—we’ve only got a partial request in there at this point. It’s one that we certainly have our eyes on in this interim.

**Governor:** Thank you Mr. Wells. Board Members, any questions with regard to agenda item number 15?

**Secretary of State:** None Governor.

**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)

**Governor:** We will move on to agenda item 16, 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 member of the public present in Las Vegas that would like to provide public comment to the Board?

**Secretary of State:** There is nobody here Governor.

**Governor:** Thank you Madam Secretary.

## **17. Adjournment** (For possible action)

**Governor:** We will move to agenda item 17. Is there a motion to adjourn?

**Secretary of State:** Move to adjourn.

**Attorney General:** I second.

**Governor:** The Secretary has moved to adjourn. The Attorney General has seconded the motion. 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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: October 11, 2017

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

From: Andre Urruty, 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 BUSINESS & INDUSTRY, DIVISION OF INDUSTRIAL  
RELATIONS**

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Business and Industry, Division of Industrial Relations, requests approval to purchase of three vehicles not to exceed a total cost of \$72,144.

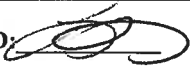
Additional Information:

The division seeks approval to replace three vehicles over 10 years old in order to continue providing safety and health consulting and employee training throughout the state. The request is to purchase two sedans and one utility vehicle. This request is funded through an award of a one-time federal OSHA 21(d) grant, as approved in Work Program C41248.

Statutory Authority:

NRS 334.010

**REVIEWED:**

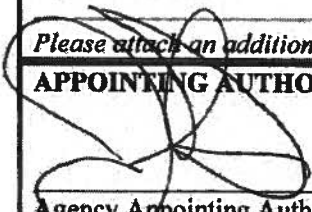


**ACTION ITEM:** \_\_\_\_\_



10/10/17

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

<b>Agency Name:</b> Division of Industrial Relations		<b>Budget Account #:</b> 4685	
<b>Contact Name:</b> Dale Hansen		<b>Telephone Number:</b> 775-884-7073	
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>3</u>		Amount of the request: <u>\$72,144</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>1 SUV and 2 Sedans</u>			
Mission of the requested vehicle(s):			
<u>Carry out safety and health consultation services and employee training throughout the State of Nevada.</u>			
Were funds legislatively approved for the request?		If yes, please provide the decision unit number:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If no, please explain how the vehicles will be funded? These vehicles will be funded through recently awarded federal OSHA funds. Reference WP C41248.	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):			
<input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>3</u> Replacement(s)			
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.			
<u>Yes.</u>			
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)		Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.	
<b>Current Vehicle Information:</b>		Yes, all three (3) vehicles are over 10 years old.	
Vehicle #1 Model Year: <u>1997</u>		If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
Odometer Reading: <u>45605</u>		<u>N/A</u>	
Type of Vehicle: <u>Ford F-150</u>			
Vehicle #2 Model Year: <u>1999</u>			
Odometer Reading: <u>54379</u>			
Type of Vehicle: <u>Plymouth Breeze</u>			
<i>Please attach an additional sheet if necessary</i>			
<b>APPOINTING AUTHORITY APPROVAL:</b>			
		<u>ADMINISTRATOR</u>	
Agency Appointing Authority		Title	<u>09/01/17</u>
			Date
<b>BOARD OF EXAMINERS' APPROVAL:</b>			
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase			
Board of Examiners		Date	

### **Current Vehicle Information (Continued)**

Vehicle #3 Model Year:	2000
Odometer Reading:	37,531
Type of Vehicle:	Chevrolet Malibu

## Andre Urruty

---

**From:** James D. Hansen  
**Sent:** Friday, September 01, 2017 10:34 AM  
**To:** Andre Urruty; Laura E. Freed  
**Cc:** Lisa Figueroa; JD Decker; Lisa G. Jones  
**Subject:** DIR BA 4685 BOE Vehicle Request Form  
**Attachments:** 9-1-17 DIR BA 4685 Additional BOE Current Vehicle Information.docx; 9-1-18 DIR BA 4685 BOE Request to Purchase State Vehicle Form.pdf

**Importance:** High

Andre,

Attached is the **BOE Vehicle Request form** for the replacement of three (3) vehicles associated with DIR's SCATS program which were recently award one-time federal OSHA 21(d) funds to purchase. We are submitting this form for approval at the **October 10<sup>th</sup> BOE**. These are the three (3) replacement vehicles listed in **WP C41248** as part of the requested approval for the one-time OSHA funding for the October IFC. Let me know if you have any questions

Thanks,

*Dale Hansen*

*Administrative Services Officer III  
Department of Business and Industry  
1830 College Parkway Ste. #100*

*P: 775.684.7073*

*F: 775.684.2998*



**Nevada Department of  
Business and Industry**

*"Growing business in Nevada"*

**STANDARD PAGE ~ BID# 8475 FLEET VEHICLES**

fleet@fordcountrylv.com

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

<b>Specify State's Vehicle Item Number: 1.1 Sedan: Full Size; 4 door; 5 passenger (page 1)</b>		
<b>Please provide MSRP pricing: \$28,220</b>		
<b>Specify MANUFACTURER, MODEL NAME, YEAR &amp; BODY MODEL CODE:</b>	<b>Base Price for RENO/CARSON CITY</b>	<b>Base Price for LAS VEGAS</b>
Ford, Taurus, 2017, (P2D/P2E/P2H)	\$22,972.00	\$22,572.00
<b>State vehicle miles per gallon (MPG) 19/29</b>		
<b>State manufactures warranty: 3 year/36k bumper to bumper - 5 year/60k powertrain</b>		
<b>Specify engine size and emission rating: 3.5L Ti-VCT V6 E85 FLEX FUEL</b>		
<b>Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:</b>		
<b>Exterior Color: List available colors:</b>		
White Gold, Magnetic, Blue Jeans, Shadow Black, Ingot Silver, Oxford White		
<b>Seats, Cloth: List available colors:</b>		
Dune		
<b>GVW:</b>	<b>WHEELBASE:113"</b>	
(When Applicable)	(When Applicable)	



**OPTION PACKAGE PAGE ~BID# 8475 FLEET VEHICLES**

fleet@fordcountrylv.com

**DEALER NAME: Ford Country**

**Tom Craddock**

**702-558-8064**

**Specify State's Vehicle Item Number: 1.1 Sedan: Full Size; 4 door; 5 passenger (page 2)**

**Option Package Name/Code:**

**List Equipment Features Below:**

**SEL Series**

**\$2,898**

**LED Supplemental Park Lamps, Heated Body Colored Mirrors,**

**Auto Dimming Rear View Mirror, Dual Zone Electronic Climate Control, Leather**

**Wrapped Shift Knob, Outside Temp Display, Leather Wrapped Steering Wheel,**

**Perimeter Alarm, Satellite Radio, Remote Vehicle Start, Reverse Sensing System**



**ITEMIZED OPTION PAGE ~ BID# 8475 FLEET VEHICLES**

**Specify State's Vehicle Item Number: 1.1 Sedan: Full Size; 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	\$-
Daytime running lamps	\$49	\$-
Engine Block Heater	\$86	\$-
All Wheel Drive (SEL)	\$4,356	\$-
SYNC Bluetooth	standard	\$-
Rear View Camera	standard	\$-
SIRIUS Radio	\$181	\$-
Keyless Entry w/Fob	standard	\$-
Auto Headlamps	standard	\$-
Cargo Organizer	\$190	\$-
Heated Mirrors	SEL Package	\$-
Power Locks	standard	\$-
Power Seat	standard	\$-
Power Windows	standard	\$-
Smokers Package	\$86	\$-
Radio; AM/FM Stereo, CD	standard	\$-
All Weather Floor Mats	\$86	\$-
Seats, Cloth		
Colors: Dune		
Additional Key With Fob	\$185	\$-
Tilt Steering	standard	\$-
Tire, Spare, Full Size	N/A	\$-
Trailer Tow Mirrors	N/A	\$-
Trailer Tow Package	N/A	\$-
Other: 2.0L I4 Ecoboost Engine	\$945	\$-

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

**STANDARD PAGE - FLEET VEHICLES 8475**

(Use separate page for each package)

DEALER NAME: Carson Dodge Chrysler Jeep

<b>Specify State's Vehicle Item Number: 5.2B JEEP GRAND CHEROKEE 4X4</b>		
<small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>		
<b>Specify MANUFACTURER, MODEL NAME, YEAR &amp; BODY MODEL CODE:</b>	<b>Base Price for RENO/CARSON CITY</b>	<b>Base Price for LAS VEGAS</b>
JEEP GR CHEROKEE, 2017, WKJH74	\$26,700.00	\$27,000.00
<b>State vehicle miles per gallon (MPG): 17/24</b>		
<b>State manufactures warranty: 3/36,000 MILE COMP AND 5/100,000 POWERTRAIN</b>		
<b>Specify engine size and emission rating: 3.6 LITER V-6; 8 spd Auto</b>		
<b>Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> X Yes <input type="checkbox"/> No If no, state exceptions:</b>		
<b>Exterior Color: List available colors:</b> Black, Silver, White, Velvet Red, Rhino		
<b>If ordering the 23E Package the following is also available:</b> Granite Crystal, Recon Green, True Blue		
<b>Seats, Cloth: List available colors:</b> Black or Black/Lt Frost Beige		
<b>GVW: 6500 #</b>	<b>WHEELBASE: 114.8</b>	
<small>(When Applicable)</small>	<small>(When Applicable)</small>	



**OPTION PACKAGE PAGE ~ FLEET**

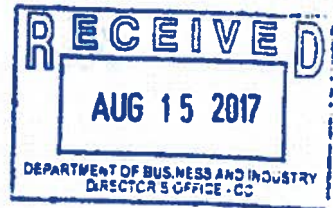
(Use separate page for each package)

DEALER NAME: Carson Dodge Chrysler Jeep

<b>Specify State's Vehicle Item Number: 5.2B Jeep Grand Cherokee 4X4</b>		
<small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>		
<b>Option Package Name/Code:</b>		
<b>List Equipment Features Below:</b>		
<b>23E Package \$1,205.00</b>		
Bright Side Roof Rails, Power Drivers Lumbar, Power Driver's Seat		
<b>All Weather Trail Rated Package (AVT) \$ 1,509.00 Must Have Laredo 23E Package</b>		
Quadra Trac II, Tow Hooks, Select Terrain, Fuel Tank and TCase Skid Plate, Full Size Spare, Front Sus		
Skid Plate, Trail Rated, Underbody Skid Plate, Hill Descent Control, Remote Start, Heated Front Seats,		
Heated Steering Wheel, Mopar Slush Mats, Mopar Cargo Area Liner		
<b>Trailer Tow Package (AHX) \$ 708.00 Must Have Laredo 23E Package</b>		
180 AMP Alternator, Class IV Hitch with 7 way and 4 way Wiring, Rear Load Leveling Suspension,		
Full Size Tire, Heavy Duty Engine Cooling		







**ITEMIZED OPTION PAGE ~ FLEET**

(Use separate page for each package)

DEALER NAME: Carson Dodge Chrysler Jeep

		DEDUCT AMOUNT
ABS Brake System	STD	\$-
Air Conditioning	STD	\$-
Cruise Control	STD	\$-
Diesel Engine	N/A	\$-
Engine Block Heater (23E Package Only)	\$85.00	\$-
Four Wheel Drive (4x4)	INCLUDED	\$-
Heavy Duty Alternator	See Group	\$-
Hitch Receiver	SEE Group	\$-
Integrated Trailer Brake (3/4 ton only)	N/A	\$-
Keyless Entry w/Fob (must have power door locks)	STD	\$-
Limited Slip Differential	N/A	\$-
Paint, Metallic	SEE PAINTS	\$-
Power Mirrors	STD	\$-
Power Locks	STD	\$-
Power Seats	See Group	\$-
Power Windows	STD	\$-
Radio; AM/FM Stereo, Cassette Player	Audio Inputs	\$-
Radio; AM/FM Stereo, Cassette Player, CD	CD \$441.00(23E Pkg)	\$-
Rear Window Wiper	STD	\$-
Seats, Vinyl	N/A	
Vinyl Colors:		
Skid Plate	N/A	\$-
Tilt Steering	STD	\$-
Tire, Spare, Full Size	\$134.00	\$-
Trailer Tow Mirrors	N/A	\$-
Trailer Tow Package	SEE Group	\$-
Daytime Running Lamps	STD	
Uconnect Communications	STD	
ParkView Back Up Camera	STD	
Other:	\$	\$-

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

**U.S. Department of Labor**

Occupational Safety and Health Administration  
Washington, D.C. 20210



Reply to the attention of:

**AUG 22 2017**



**RECEIVED**

AUG 23 2017

**WCS**

Mr. Joseph Decker  
Administrator  
Nevada Department of Business  
and Industry  
Division of Industrial Relations  
1301 N. Green Valley Parkway  
Suite 200  
Henderson, Nevada 89074

Dear Mr. Decker:

Enclosed is a signed copy of an amendment to your Fiscal Year 2017 21(d) Consultation cooperative agreement with the Occupational Safety and Health Administration. This amendment increases your FY 2017 award and is a one-time only award for the purposes specified on the Form OSHA 113.

The increased Federal funds have been made available in the Payment Management System (PMS) for drawdown purposes. These funds must be fully obligated prior to September 30, 2017. Your Regional Administrator and OSHA regional staff will continue to work closely with you to ensure the continued success of your occupational safety and health program.

Sincerely,

Kimberly A. Locey  
Director  
Administrative Programs

Enclosure



U.S. DEPARTMENT OF LABOR  
Occupational Safety and Health Administration

# COOPERATIVE AGREEMENT AMENDMENT

21(d) Consultation Program  
CFDA 17.504 Consultation Agreement

(1)

Region: 9

State: Nevada

Grantee: NV DIVISION OF INDUSTRIAL RELATIONS

Grant Number: CS-28931-CS7

Amendment Number: One

Effective Date: Upon Execution

(2) This agreement is amended to award one-time only funds for the specific purposes(s) identified below:

FEDERAL SHARE OF INCREASE: \$132,356

100% FEDERAL FUNDS FOR TRAVEL AND TRAINING \$0

FEDERAL SHARE LESS 100% FEDERAL FUNDS \$132,356

STATE SHARE OF INCREASE: \$14,706

(Please indicate if this amount reduces the State 100% funds)

Yes  No

### Purpose of One-Time Only Funds:

Automobiles (3), IH Equipment, Projection systems, SHARP flags, and some promotional materials.

#### Uniform Administrative Requirements, Cost Principles, and Audit Requirements:

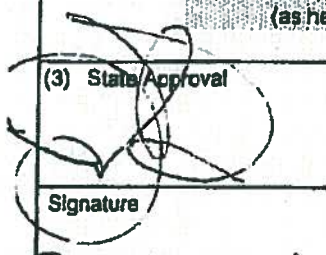
2 CFR Part 200: Uniform Administrative Requirements, Cost Principles, and Audit Requirements, Final Rule

2 CFR Part 2900: DOL Exceptions to 2 CFR Part 200

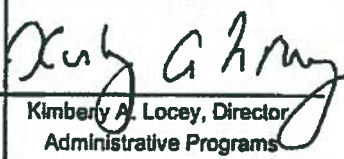
Note: Except as amended here, all terms and conditions of this agreement (as heretofore amended) remain unchanged and in full force and effect.

(3) State Approval

(4) Federal Approval



08/10/17  
Date



AUG 22 2017  
Date

Signature

Kimberly A. Locey, Director  
Administrative Programs

JOSEPH BECKUS ADMINISTRATOR  
Type Name & Title

(5) For OSHA Use Only

Appropriation Data

**GRANT BUDGET**  
**State of Nevada 21 (d) One-Time Award**

<b>Federal Funds Awarded</b>	<b>State Match* (10%)</b>	<b>Total Amount</b>	<b>Item Description</b>	<b>Cat-16 GL</b>
\$24,300	\$2,700	\$27,000	Automobile, SUV, Jeep Cherokee (1)	6211
\$40,630	\$4,514	\$45,144	Automobile, Sedan, Ford Taurus (2)	6211
\$33,691	\$3,743	\$37,434	Projection system, interactive, with white board, amplifier, and installation (3)	8270
\$16,542	\$1,838	\$18,380	Projection system, non-interactive, with screen, amplifier, and installation (2)	8270
\$2,754	\$306	\$3,060	SHARP Flags	7020
\$2,722	\$302	\$3,025	Other Promotional Items (VPP Flags/Banners, Power Bank Flashlight, Hard Hat Stress Reliever, Charging Cable)	7020
\$10,521	\$1,169	\$11,690	Pump, Air Sampling, GilAir Plus Data Logging 5- pack (2)	8270
\$1,197	\$133	\$1,330	Meter, Air Velocity, VELOCICALC with straight telescoping probe. (2)	7460
<b>\$132,356</b>	<b>\$14,706</b>	<b>\$147,062</b>	<b>TOTAL</b>	

\*NOTE: State match will come from existing Category 16 authority.

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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: September 25, 2017

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

From: Colleen Murphy, 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.

**COLORADO RIVER COMMISSION**

Agenda Item Write-up:

Pursuant to NRS 334.010, the Colorado River Commission requests approval to purchase two new replacement vehicles in fiscal year 2018 in an amount not to exceed \$90,820.

Additional Information:

The agency seeks approval to purchase two new replacement vehicles in accordance with the 2018 legislatively approved budget (BA 4490, E714 and BA 4501, E714). One of the vehicles was insufficiently budgeted for and as a result there is a significant cost increase included in this request; a memo of explanation has been provided by the agency. The vehicles will be used to accomplish the activities and mission of the agency, and both sufficient funding and budget authority exist.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

STATE OF NEVADA

BRIAN SANDOVAL, *Governor*  
PUOY K. PREMSRIRUT, *Chairwoman*  
KARA J. KELLEY, *Vice Chairwoman*  
JAYNE HARKINS, P.E., *Executive Director*



MARILYN KIRKPATRICK, *Commissioner*  
JOHN F. MARZ, *Commissioner*  
STEVE SISOLAK, *Commissioner*  
DAN H. STEWART, *Commissioner*  
CODY T. WINTERTON, *Commissioner*

COLORADO RIVER COMMISSION  
OF NEVADA

MEMORANDUM

RECEIVED

SEP 22 2017

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

**TO:** Colleen Murphy, Executive Branch Officer II  
**FROM:** Douglas N. Beatty, Division Chief, Finance and Administration  
**DATE:** September 19, 2017  
**SUBJECT:** For Informational Purpose: Vehicle Cost Difference

---

The Colorado River Commission of Nevada (CRCNV) owns, operates, and maintains a high-voltage transmission and distribution system to provide electrical services for its water pumping and industrial power customers. These customers include, among others, the Southern Nevada Water Authority (SNWA), the Clark County Water Reclamation District (CCWRD) and the Basic Substation Project. The CRCNV also is responsible for the operation and maintenance of six additional substations owned by the SNWA and three owned by the CCWRD. The operation and maintenance of the transmission system is done by the staff of the CRCNV's Power Delivery Group (PDG). The PDG staff are technically assigned one of the electric substations for their duty station, but they actually spend most of their working days in their assigned utility vehicles. These vehicles are generally modified heavy duty trucks or large sport utility vehicles. The PDG is requesting the replacement of one vehicle in this current fiscal year which was included in the approved budget.

However, the replacement vehicle budgeted under E714 was estimated to cost \$39,577 based on the valuation provided in the NEBS drop-down system. The actual quote for the replacement vehicle is \$68,104. The difference of \$28,527 is due primarily to the V8

diesel engine and other options (\$12,069), in addition to special equipment (\$16,458) added to accommodate the electric power utility function of the vehicle. These costs were not anticipated during budget preparations.

The additional costs, both for the options and modifications to the budgeted vehicle are currently available in the reserves of the CRCNV. Reserve levels will be reviewed and adjusted to the necessary operating levels through monthly power billings as the year progresses. As of today, reserve levels appear adequate for System operations and no additional billings should be necessary as a result of this increase.



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

<b>Agency Name:</b> Colorado River Commission of Nevada	<b>Budget Account #:</b> 4501	
<b>Contact Name:</b>	<b>Telephone Number:</b>	
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:		
<b>Number of vehicles requested:</b> <u>1</u> <b>Amount of the request:</b> <u>68,103.25</u>		
<b>Is the requested vehicle(s) new or used:</b> <u>New</u>		
<b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> <u>Diesel Pick up Truck</u>		
<b>Mission of the requested vehicle(s):</b> The PDG operates and maintains the CRCNV high voltage and distribution system power to local utilities pumping water in the Las Vegas area. Operational requirements include tools, extremely heavy, expensive, and often awkward equipment to assess transmission and delivery systems and electrical power lines. <u>Specialized locked compartments are necessary to protect and add safety for driver should loose move.</u>		
<b>Were funds legislatively approved for the request?</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b> E714 - 4501 \$39,577 FY2018 , <u>Cont. 10</u> ✓ <b>If no, please explain how the vehicles will be funded?</b>	
<b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b>  <input type="checkbox"/> <u>  </u> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)		
<b>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</b>  <u>No, not a compact or intermediate vehicle classification, vehicle is used for utility operations.</u>		
<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <b>Current Vehicle Information:</b> Vehicle #1 Model Year: 2004 Odometer Reading:        140,700 Type of Vehicle:            Ford Truck Pickup  ----- Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:  <i>Please attach an additional sheet if necessary</i>	<b>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</b>  Yes <u>1316</u> <u>om</u> <u>YRS. ✓</u> <u>+ miles ✓</u>  ----- <b>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</b>  N/A	
<b>APPOINTING AUTHORITY APPROVAL:</b>		
<u>Douglas M. Beckett</u> Agency Appointing Authority	<u>Administrative Services Officer</u> Title	<u>SEP 19 2017</u> Date
<b>BOARD OF EXAMINERS' APPROVAL:</b>		
<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 Colorado River Commission of Nevada RX No. \_\_\_\_\_

Contact Gail L. Benton Phone No. 702-486-2670

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

Diesel Truck, not a compact or intermediate vehicle classification

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.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2.20.C, TRUCK, 1TON, FULLSIZE, EXT CAB, LONGBED, SRW 2017 FORD F-350 (X3A/X3B)		
<b>Dealer Name:</b>	JONES-WEST FORD, RENO, NEVADA		
<b>Delivery Location:</b>	555 E Washington Avenue, Suite 3100 Las Vegas, NV 89101		
<b>Vehicle Colors:</b>	Exterior:	Interior:	<input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
	OXFORD WHITE CC YZ	Grey	
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 1	\$36,575.00
SPECIFY OPTIONS: (description)			\$
Option Package Name/Code: XLT		\$3,045.00	
Diesel Engine (6.7L 4V V8)		\$7,809.00	
Four Wheel Drive (4x4)		\$3,465.00	
All Terrain Tires		\$389.00	
Cab Steps, Black		\$295.00	
Daytime Running Lights		\$41.00	
Special Equipment/Modifications/Attachments		\$16,458.00	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	
Total purchase price with options			\$68,074.00
DMV Title and DRS Fee's		\$29.25	\$29.25
<b>GRAND TOTAL:</b>			<b>\$68,103.25</b>

<b>Registered Owner:</b>	Agency Name & Address: State of Nevada Colorado River Commission of Nevada 555 E. Washington Avenue, Suite 3100 Las Vegas, NV 89101-1065
<b>Legal Owner:</b>	Agency Name & Address: State of Nevada Colorado River Commission of Nevada 555 E. Washington Avenue, Suite 3100 Las Vegas, NV 89101-1065
<b>County Vehicle Based In:</b>	Clark County
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Gail Benton or Doug Beatty 702-486-2670



Scelzi Enterprises, Inc.  
Custom Truck Body Manufacturing

2286 E. Dale Street, Fresno, CA 93706, Phone: 800-858-2883  
Fax: 559-237-5554 Toll Free: (800) 858-2883

**WORK ORDER / ESTIMATE**

132622

Page 1 of 2

Customer: JONES-WEST FORD  
Address: STATE OF NEVADA  
3600 KIETZE LANE  
RENO, NV 89502  
United States

Date: 08/10/17  
Phone: (775) 829-3207 FAX: (775) 829-3364  
Contact: BILL FLETCHER  
Terms: Net 10

Make	Year	Model	Vehicle Info	Type	VIN #
	2017	SPECIAL TRK	FORD - F350 - SUPER CAB - SRW - DIESEL - 4x4 - 56" CA	Customer	TBA

Quantity	Part No / Description	Price
----------	-----------------------	-------

**PAINT BODY WHITE  
MID-SHIP TANK**

**[\$250.00 BED CREDIT APPLIED, SCELZI TO KEEP BED]**

1 EA	SB-CUSTOM SERVICE BODY CUSTOM SB-98-79-49-38-VO-V  1EA - 2 PIECE ROLLER TOP  4EA - #172ZN CARGO D-RING RECESSED IN FLOOR  1EA - NITROGEN BOTTLE RACK MOUNTED CUSRBSIDE REAR CARGO AREA  6EA - SCELZI ROLLER WITH DIVIDERS AND CROSS DIVIDERS MOUNTED PASSENGER SIDE REAR COMPARTMENT  1EA - TOMMYGATE 1300LB CAPACITY LIFTGATE MODEL # G2-54-1342 TP38 WITH 49 x 38 PLATFORM + 4 TAPER	\$15,430.00/EA
1 EA	BUMPER - BUMPERETTES SET OF BUMPERETTES - PAINTED WHITE  1EA - SVSR-123 REMOVEABLE VISE STAND MOUNTED PASSENGER SIDE REAR WITH WILTON # 745 MECHANIC'S VISE WITH 5" JAW  1EA - CLASS 5 RECEIVER HITCH  1EA - TRAILER PLUG 7/4 OEM SOCKET NAPA #755-2085	\$0.00/EA
1 EA	WEIGHT CERTIFICATE WEIGHT CERTIFICATE OF COMPLETED UNIT	\$28.00/EA
1 EA	TRANSPORTATION ONE WAY TO RENO, NV	\$1,000.00/EA

CONTACT:



Scelzi Enterprises, Inc.  
Custom Truck Body Manufacturing

2286 E. Date Street, Fresno, CA 93706, Phone: 800-858-2883  
Fax: 559-237-5554 Toll Free: (800) 858-2883

**WORK ORDER / ESTIMATE**

132622

Page 2 of 2

Customer: JONES-WEST FORD  
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Make	Year	Model	Vehicle Info	Type	VIN #
	2017	SPECIAL TRK	FORD - F350 - SUPER CAB - SRW - DIESEL - 4x4 - 56" CA	Customer	TBA

Quantity	Part No / Description	Price
----------	-----------------------	-------

BILL FLETCHER  
(775) 745-3096

**Disclaimer:**

**SCELZI ENTERPRISES INC. DOES NOT GUARANTEE A PERFECT COLOR MATCH  
DUE TO INCONSISTENCIES IN FACTORY PAINTS AND PROCEDURES**

**REVISIONS AFTER APPROVAL DATE ARE  
SUBJECT TO ADDITIONAL CHARGES**

**PRICES SUBJECT TO CHANGE WITHOUT NOTICE**

THIS WORK AUTHORIZED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**Total: \$16,458.00**

*Payment in full on completion of job if credit arrangements have not been made in advance.*

The above quotation is submitted according to specifications submitted by customer. Any alterations or changes increasing production costs will be charged for accordingly.

ESTIMATE  
PREPARED BY: Uribe, Ruben  
SALESMAN: RUBEN URIBE

SB-98-79-49-38-VO-V  
 - PAINT BODY WHITE  
 - MID SHIP FUEL TANK

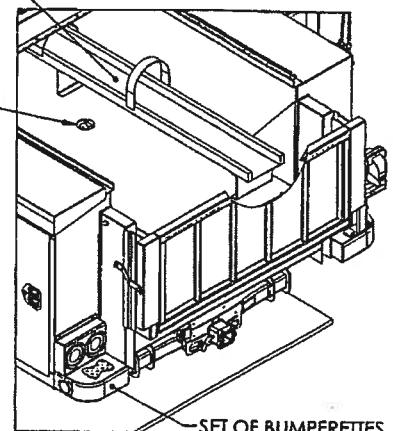
**120572 - SB-98-79-49-38-VO-V**  
**ADDITIONAL UNIT: 124925**

SLIDING NITROGEN BOTTLE  
 RACK MOUNTED PASSENGER REAR

2 PIECE ROLLER TOP

(4) RECESSED  
 "D" RINGS

TOMMYGATE LIFTGATE  
 G2-54-1342 TP38 WITH  
 49" X 38" PLATFORM  
 + 4" TAPER



SET OF BUMPERETTES  
 (PAINTED WHITE)

TRAILER PLUG #7/4  
 WAY OEM SOCKET

RELOCATED CLASS 5  
 FACTORY RECEIVER HITCH  
 (NO INSERT)

SVSR-123 REMOVABLE  
 VISE STAND WITH  
 WILTON #745 VISE

SCELZI 250-LB ROLLER  
 DRAWER MODULE. FROM  
 TOP OF COMPARTMENT:  
 - (6) 3" DEEP DRAWERS  
 ALL DRAWERS HAVE  
 DIVIDERS AND CROSS  
 DIVIDERS

CUSTOMER SIGNATURE X \_\_\_\_\_

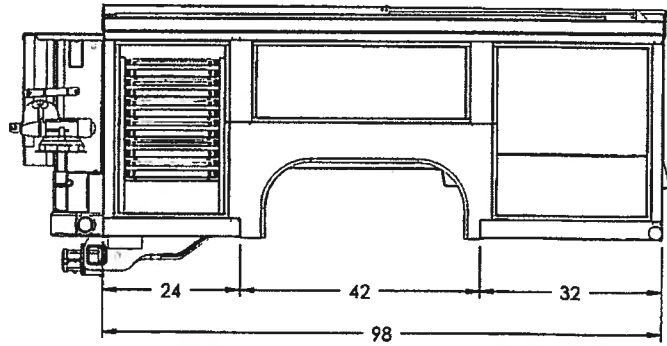
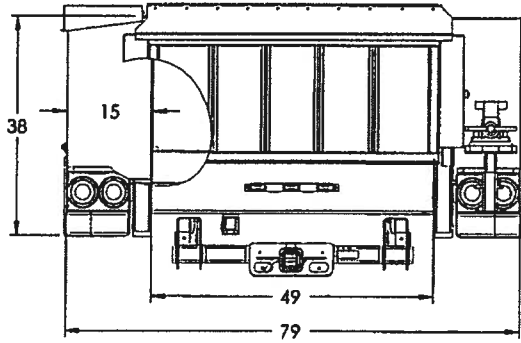
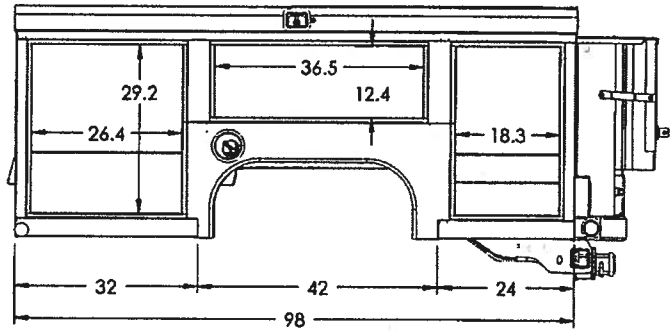
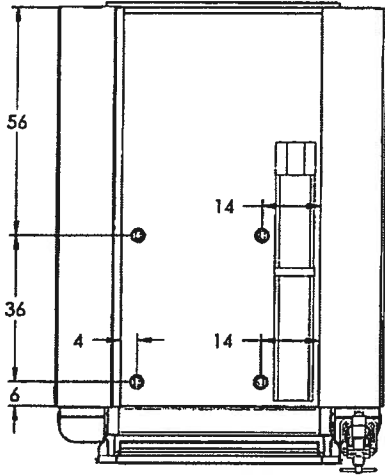
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<b>S/E SCELZI ENTERPRISES, INC.</b>		2772 S. CHERRY AVE., FRESNO, CA 93706	
1 02 08			
DRAWN BY: DAC	YEAR: 2017	CA: 56"	PART NO:
DATE: 1/31/2017	MAKE: FORD		
SCALE: 1:24	MODEL: F350, SUP CAB, 4X4		WORK ORDER:
LAYOUT: 1 OF 2	DWG NAME: BOM LAYOUT		120572
SHEET SIZE: A	120572		
DEALER: JONES WEST FORD	CUSTOMER: STATE OF NEVADA		
DESCRIPTION	SB-98-79-49-38-VO-V		

REV.	ECO.	DESCRIPTION OF REVISION	DATE	APP'D BY:
0	-	DRAWING CREATED	12/3/2009	KDO

120572 - SB-98-79-49-38-VO-V

TOP VIEW  
"D" RING  
LAYOUT  
(ROLLER TOP  
HIDDEN IN  
THIS VIEW)



CUSTOMER SIGNATURE X \_\_\_\_\_

REV.	ECO.	DESCRIPTION OF REVISION	DATE	APP'D BY:
0	-	DRAWING CREATED	12/3/2009	KDO

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**S/E SCELZI ENTERPRISES, INC.**  
2772 S. CHERRY AVE., FRESNO, CA 93706

DRAWN BY: DAC	YEAR: 2017	CA: 56"	PART NO
DATE: 1/31/2017	MAKE: FORD		
SCALE: 1:24	MODEL F350, SUP CAB, 4X4		WORK ORDER: 120572
LAYOUT: 2 OF 2	OWG NAME BOM LAYOUT		
SHEET SIZE: A	120572		
DEALER: JONES WEST FORD	C. STOMER	STATE OF NEVADA	
DESCRIPTION	SB-98-79-49-38-VO-V		



SB-98-79-49-38-VO-V  
 - PAINT BODY WHITE  
 - MID SHIP FUEL TANK

120572 - SB-98-79-49-38-VO-V  
 ADDITIONAL UNIT: 124925

SLIDING NITROGEN BOTTLE  
 RACK MOUNTED PASSENGER REAR

2 PIECE ROLLER TOP

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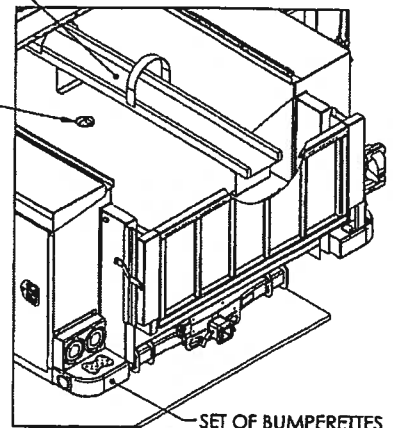
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SVSR-123 REMOVABLE  
 VISE STAND WITH  
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SCELZI 250-LB ROLLER  
 DRAWER MODULE. FROM  
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 - (6) 3" DEEP DRAWERS  
 ALL DRAWERS HAVE  
 DIVIDERS AND CROSS  
 DIVIDERS



SET OF BUMPERETTES  
 (PAINTED WHITE)

CUSTOMER SIGNATURE X \_\_\_\_\_

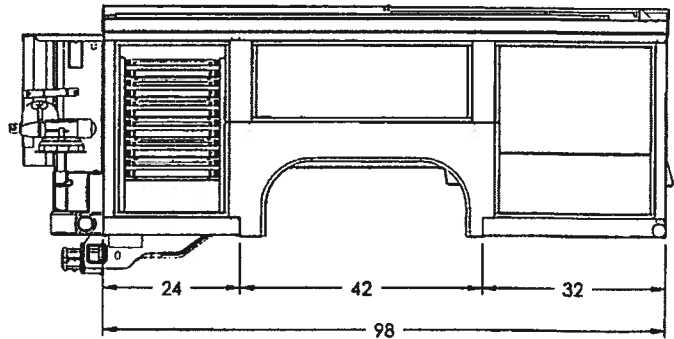
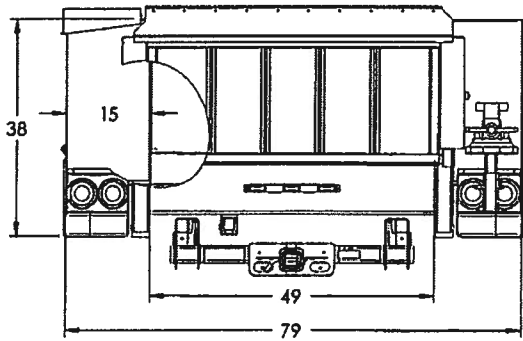
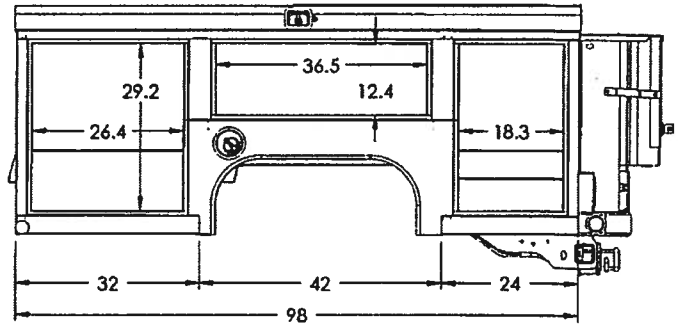
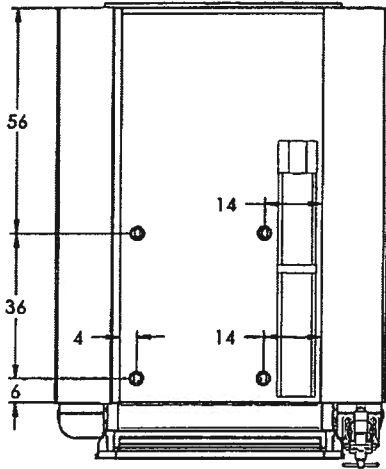
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SHEET SIZE: A	120572		
DEALER: JONES WEST FORD	CUSTOMER: STATE OF NEVADA		
DESCRIPTION:	SB-98-79-49-38-VO-V		

120572 - SB-98-79-49-38-VO-V

TOP VIEW  
"D" RING  
LAYOUT  
(ROLLER TOP  
HIDDEN IN  
THIS VIEW)



CUSTOMER SIGNATURE \_\_\_\_\_

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**SE SCELZI ENTERPRISES, INC.**  
2772 S. CHERRY AVE., FRESNO, CA 93706

DRAWN BY: DAC	YEAR: 2017	CA: 56"	PART NO:
DATE: 1/31/2017	MAKE: FORD		
SCALE: 1:24	MODEL: F350, SUP CAB, 4X4		WORK ORDER
LAYOUT: 2 OF 2	DWG NAME: BDM LAYOUT		120572
SHEET SIZE: A	120572		
DEALER: JONES WEST FORD	CUSTOMER: STATE OF NEVADA		
DESCRIPTION: SB-98-79-49-38-VO-V			

REV.	ECO.	DESCRIPTION OF REVISION	DATE	APPV'D BY:
0	-	DRAWING CREATED	12/3/2009	KDO

**STANDARD PAGE/COST MATRIX ~ BID #8475 FLEET VEHICLES ~ UPDATED 20160823**

(Use separate page for each package)

**DEALER NAME:** JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

<b>Specify State's Vehicle Item Number:</b> <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>		2.20.C, TRUCK, 1TON, FULLSIZE, EXT CAB, LONGBED, SRW	
<b>Specify MANUFACTURER, MODEL NAME, YEAR &amp; BODY MODEL CODE:</b>		<b>Base Price for RENO/CARSON CITY</b>	<b>Base Price for LAS VEGAS</b>
2017 FORD F-350 (X3A/X3B)		\$36,225	\$36,575
<b>State vehicle miles per gallon (MPG):</b> NA (EXEMPT)			
<b>State manufactures warranty:</b> 3 YRS/36000 MILES			
<b>Specify alternate fuel engine size and emission rating:</b> 6.2L V8 GAS SOHC EFI FLEX FUEL			
<b>Includes Minimum Standard Equipment Listed:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, state exceptions:</b>			
<b>Exterior Color: List available colors:</b> (CC=CLEARCOAT; CC/M=CLEARCOAT/METALLIC)			
INGOT SILVER CC/M	UX	MAGNETIC	UJ
OXFORD WHITE CC	YZ	CARIBOU	UX
RACE RED	PQ		
BLUE JEANS CC/M	N1		
SHADOW BLACK	G1		
<b>Seats, Cloth: List available colors:</b>			
GREY			
<b>GVW: 10100#</b> <small>(When Applicable)</small>		<b>WHEELBASE: 164"</b> <small>(When Applicable)</small>	

**OPTION PACKAGE PAGE ~ BID #8475 FLEET VEHICLES**

(Use separate page for each package)

**DEALER NAME:** JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

<b>Specify State's Vehicle Item Number:</b> <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>		2.20.C, TRUCK, 1TON, FULLSIZE, EXT CAB, LONGBED, SRW	
<b>Option Package Name/Code:</b> XLT		\$3,045	
<b>List Equipment Features Below:</b> INCL. 40/20/40 CLOTH BENCH, A/C, AM/FM/CD, CARPET, CRUISE, TILT & POWER WINDOWS/LOCKS, HEATED TOW MIRRORS, TRAILER BRAKE CONTROLLER (TBC)			

**ITEMIZED OPTIONS PAGE ~ BID #8475 FLEET VEHICLES**

(Use separate page for each package)

**DEALER NAME:** JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

<b>Specify State's Vehicle Item Number:</b> <small>(i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)</small>	<b>DEDUCT AMOUNT</b>	
2.20.C, TRUCK, 1TON, FULLSIZE, EXT CAB, LONGBED, SRW		
ABS Brake System	\$ INCL.	\$-
Air Conditioning	\$ INCL.	\$-
Cruise Control	\$ INCL.	\$-
Diesel Engine (6.7L 4V V8)	\$7,809 ✓	\$-
Engine Block Heater	\$64	\$-
Four Wheel Drive (4x4)	\$3,462 ✓	\$-
Heavy Duty Alternator (200A; DIESEL ONLY)	\$64	\$-
Hitch Receiver	\$ INCL.	\$-
Integrated Trailer Brake	\$ INCL. w/TBC	\$-
Keyless Entry w/Fob	\$ INCL.	\$-
Limited Slip Differential	\$333	\$-
Paint, Metallic	\$ OPTIONAL N/C	\$-
Power Mirrors	\$ INCL.	\$-

Power Locks	\$ INCL.	\$-
Power Seat, DRIVER ONLY	\$ 826 (XLT ONLY)	\$-
Power Windows	\$ INCL.	\$-
Radio; AM/FM Stereo, CD	\$ INCL.	\$-
Rear Window Wiper	\$ NA	\$-
Seats, Vinyl Vinyl Colors: TAN OR GREY	\$ NC	
Skid Plate (4WD ONLY)	\$85	\$-
Tilt Steering	\$ INCL.	\$-
Tire, Spare, Full Size	\$ INCL.	\$-
Trailer Tow Mirrors	\$ INCL.	\$-
Trailer Tow Package	\$ INCL.	\$-

**ITEMIZED OPTIONS PAGE ~ BID #8475 FLEET VEHICLES**

(Use separate page for each package)

**DEALER NAME:** JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

<b>Specify State's Vehicle Item Number:</b> (i.e. 1.1 Sedan: Full size; 4 door; 6 passenger)	2.20.C, TRUCK, 1TON, FULLSIZE, EXT CAB, LONGBED, SRW	
Other:		
6.2L V8 GAS SOHC EFI FLEX FUEL	\$ INCL.	\$-
40/20/40 SPLIT BENCH SEAT	\$ INCL.	\$-
ALL TERRAIN TIRES	\$389 ✓	\$-
DUAL ALTERNATORS (355A; DIESEL ONLY)	\$324	\$-
REAR STABILIZER BAR	\$137	\$-
ELECTRONIC SHIFT ON FLY (4WD ONLY)	\$171	\$-
SNOW PLOW PREP PKG	\$79	\$-
CAB STEPS, BLACK	\$295 ✓	\$-
UPFITTER SWITCHES	\$107	\$-
TRANSMISSION PTO	\$257	\$-
TAILGATE ASSIST & STEP	\$320	\$-
TRAILER BRAKE CONTROLLER (TBC)	\$249	\$-
SPRAY-IN BEDLINER	\$405	\$-
DAYTIME RUNNING LIGHTS	\$41 ✓	\$-
SYNC (HANDS FREE PHONE)	\$386	\$-
EXTRA Keyless Entry w/Fob	\$350	\$-
Other:	\$	\$-

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 300 per unit mile.

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

<b>Agency Name:</b> Colorado River Commission of Nevada	<b>Budget Account #:</b> 4490
<b>Contact Name:</b> Gail L. Benton	<b>Telephone Number:</b> 702-486-2670
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:	
<b>Number of vehicles requested:</b> <u>1</u> <b>Amount of the request:</b> <u>\$22,715.25</u> <b>Is the requested vehicle(s) new or used:</b> <u>New</u> <b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> <u>SUV</u>	
<b>Mission of the requested vehicle(s):</b> The 2001 Crown Victoria will be transferred to Division of Children & Family Services for vocational and automotive training. The new vehicle will be used in the same capacity as the CV for operational needs requiring travel throughout the Las Vegas Valley and out-of-state for delivery of materials to Commissioners, transport of Commissioners and Staff to conferences, offsite meetings, pickup and deliveries of plans, drawings, contracts, posting for meetings, signage, and other important documents.	
<b>Were funds legislatively approved for the request?</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b> E714 - 4490 \$25,001 FY2018 <i>Cost OS</i> <b>If no, please explain how the vehicles will be funded?</b>
<b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b>  <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)	
<b>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</b>  No, not a compact or intermediate vehicle classification.	
<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <b>Current Vehicle Information:</b> Vehicle #1 Model Year: 2001 Odometer Reading: 78880 Type of Vehicle: Ford - intermediate sedan  Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	<b>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</b>  Yes <i>1316 cm</i> <i>405.1</i>  <b>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</b>  N/A
<i>Please attach an additional sheet if necessary</i>	
<b>APPOINTING AUTHORITY APPROVAL:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><i>Dauder N. Bouth</i></div> <div style="width: 30%;"><i>Administrative Services Officer</i></div> <div style="width: 30%;"><b>SEP 19 2017</b></div> </div> <hr/> Agency Appointing Authority                      Title                      Date	
<b>BOARD OF EXAMINERS' APPROVAL:</b>  <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase  <hr/> Board of Examiners                      Date	

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

Agency Colorado River Commission of Nevada RX No. \_\_\_\_\_

Contact Gail L. Benton Phone No. 702-486-2670

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  
SUV, not a compact or intermediate vehicle classification

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.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	5.2, SUV, 4WD, 4DR, 4-6PASS 2018 FORD ESCAPE (U9G/U0F)		
<b>Dealer Name:</b>	JONES-WEST FORD, RENO, NEVADA		
<b>Delivery Location:</b>	555 E Washington Avenue, Suite 3100 Las Vegas, NV 89101		
<b>Vehicle Colors:</b>	Exterior:	Interior:	<input checked="" type="checkbox"/> Cloth
	INGOT SILVER CC/M UX	Black	<input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 1	\$22,686.00
SPECIFY OPTIONS: (description)			\$
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$22,686.00
DMV Title and DRS Fee's		\$29.25	\$29.25
<b>GRAND TOTAL:</b>			<b>\$22,715.25</b>

<b>Registered Owner:</b>	Agency Name & Address: State of Nevada Colorado River Commission of Nevada 555 E. Washington Avenue, Suite 3100 Las Vegas, NV 89101-1065
<b>Legal Owner:</b>	Agency Name & Address: State of Nevada Colorado River Commission of Nevada 555 E. Washington Avenue, Suite 3100 Las Vegas, NV 89101-1065
<b>County Vehicle Based In:</b>	Clark County
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Gail Benton or Doug Beatty 702-486-2670



**STANDARD PAGE ~ BID #8475 FLEET VEHICLES ~ UPDATED 20170807**

(Use separate page for each package)

**DEALER NAME:** JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

<b>Specify State's Vehicle Item Number:</b> <small>(i.e. 1.1 Sedan; Full size; 4 door; 6 passenger)</small>		5.2, SUV, 4WD, 4DR, 4-6PASS	
<b>Specify MANUFACTURER, MODEL NAME, YEAR &amp; BODY MODEL CODE:</b> 2018 FORD ESCAPE (U9G/U0F)		<b>Base Price for RENO/CARSON CITY</b> \$22,336	<b>Base Price for LAS VEGAS</b> \$22,686
State vehicle miles per gallon (MPG): 22 CITY - 28 HWY			
State manufactures warranty: 3 YRS/36000 MILES			
Specify alternate fuel engine size and emission rating: 1.6L ECOBOOST			
Includes Minimum Standard Equipment Listed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state exceptions:			
Exterior Color: List available colors: (CC=CLEARCOAT; CC/M=CLEARCOAT/METALLIC)			
MAGNETIC	J7	SUNSET	D7
DEEP IMPACT BLUE CC	J4	SHADOW BLACK	G1
INGOT SILVER CC/M	UX	ELECTRIC SPICE	H8
OXFORD WHITE CC	YZ		
Seats, Cloth: List available colors:			
GREY	BLACK		
<b>GVW: NA#</b> <small>(When Applicable)</small>	<b>WHEELBASE: 103"</b> <small>(When Applicable)</small>		

**OPTION PACKAGE PAGE ~ BID #8475 FLEET VEHICLES**

(Use separate page for each package)

**DEALER NAME:** JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

<b>Specify State's Vehicle Item Number:</b> <small>(i.e. 1.1 Sedan; Full size; 4 door; 6 passenger)</small>		5.2, SUV, 4WD, 4DR, 4-6PASS	
<b>Option Package Name/Code:</b>	INCL.	N/C	
List Equipment Features Below: INCL. PWR WINDOWS, PWR LOCKS, PWR MIRRORS, CRUISE, TILT, KEYLESS ENTRY, PRIVACY GLASS, HANDS FREE SYNC SYSTEM, AUTO HEADLAMPS, SAFETY CANOPY,			

**ITEMIZED OPTIONS PAGE ~ BID #8475 FLEET VEHICLES**

(Use separate page for each package)

**DEALER NAME:** JONES-WEST FORD, RENO, NEVADA (BILL FLETCHER/775-829-3207)

<b>Specify State's Vehicle Item Number:</b> <small>(i.e. 1.1 Sedan; Full size; 4 door; 6 passenger)</small>		5.2, SUV, 4WD, 4DR, 4-6PASS	
			<b>DEDUCT AMOUNT</b>
ABS Brake System	\$ INCL.		\$-
Alternate Fuel:	\$ NA		\$-
CNG Dedicated	\$ NA		\$-
Air Conditioning	\$ INCL.		\$-
Keyless Entry w/Fob	\$ INCL.		\$-
Limited Slip Differential	\$ NA		\$-
Paint, Metallic	\$ OPTIONAL N/C		\$-
Power Mirrors	\$ INCL.		\$-
Power Locks	\$ INCL.		\$-
Power Seats	\$ NA		\$-
Power Windows	\$ INCL.		\$-
Radio; AM/FM Stereo, Cassette Player	\$ NA		\$-
Radio; AM/FM Stereo, CD	\$ INCL.		\$-
Rear Window Wiper	\$ INCL.		\$-
Seats, Vinyl	\$ NA		\$-
Vinyl Colors: NA			
Skid Plate	\$ NA		\$-
Tilt Steering	\$ INCL.		\$-
Tire, Spare, Full Size	\$ NA		\$-
<b>Other:</b>			<b>DEDUCT AMOUNT</b>
FOUR WHEEL DRIVE (4WD)	\$ INCL.		\$-
2.0L I4 ECOBOOST	\$1,122		\$-

1

FLOOR MATS	\$55	\$-
FRONT WHEEL DRIVE (U0F/2.5L I4)	\$	-\$3,365
Other:	\$	\$-

Delivery charge for other than Reno or Las Vegas (i.e. Ely) \$ 300 per mile unit.



## COLORADO RIVER COMMISSION OF NEVADA

### MEMORANDUM

**Date:** September 18, 2017  
**To:** Doug Beatty, Division Chief, Finance and Administration  
**From:** Bob Reese, Assistant Director, Engineering and Operation *Bob Reese*  
**SUBJECT:** Vehicle Replacement Request

---

The Power Delivery Group (PDG) is requesting the replacement of 2004 Ford F-350. This vehicle replacement is included in the budget. The vehicle is thirteen years old and has an odometer reading of 140,700.

Our operational requirements include reliable transportation as any unscheduled outages must be addressed within 30 minutes of automated notifications with response to the fault location. It is our belief that the current vehicle no longer meets our reliability standards due to the level of maintenance necessary to keep it on the road.

PDG has also found that utility trucks with specialized locked compartments are better suited for the needs of the operation because of tools, extremely heavy, expensive and often awkward equipment that is transported and used daily. They protect the State's assets and provide better safety for our crew members. With that in mind, PDG is requesting a diesel F-350, 1 ton with 164" wheelbase with special equipment/modifications/attachments.

Please let me know if I can provide and further information.

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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: October 11, 2017

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

From: Curtis Palmer, Executive Budget Officer *CPM*  
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

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

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Conservation and Natural Resources, Division of Environmental Protection, Safe Drinking Water Program requests approval to purchase two new replacement vehicles in an amount not to exceed \$50,820.

Additional Information:

The division seeks approval to purchase two new replacement vehicles in accordance with the agency's 2018 legislatively approved budget (BA 3197, E713/\$52,266). Both vehicles currently meet the minimum replacement threshold. Both vehicles will be used in accomplishing the mission of the division.

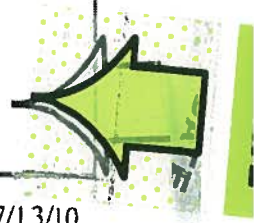
Statutory Authority:

BOE approval required pursuant to NRS 334.010.

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

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

<b>Agency Name:</b> Bureau of Safe Drinking Water		<b>Budget Account #:</b> 3197	
<b>Contact Name:</b> Kathryn Kochen		<b>Telephone Number:</b> 775-687-9518	
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>\$23,482.25</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>5-1 SUV, 4x4; 4DR, COMPACT; 5-6 PASSENGER</u>			
Mission of the requested vehicle(s):			
<u>Bureau vehicle to be used for travel including but not limited to: inspections, meetings and conferences in Central and Southern Nevada.</u>			
Were funds legislatively approved for the request?		If yes, please provide the decision unit number:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<u>E713</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>Yes</u>			
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)		Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.	
<u>yes</u>			
<b>Current Vehicle Information:</b>		If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
Vehicle #1 Model Year: <u>2001</u>			
Odometer Reading: <u>101,177</u>			
Type of Vehicle: <u>Dodge Durango</u>			
Vehicle #2 Model Year:			
Odometer Reading:			
Type of Vehicle:			
<i>Please attach an additional sheet if necessary</i>			
<b>APPOINTING AUTHORITY APPROVAL:</b>			
<u>[Signature]</u>		<u>Administrative</u>	
Agency Appointing Authority		Title	
		<u>10/5/12</u>	
		Date	
<b>BOARD OF EXAMINERS' APPROVAL:</b>			
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase			
Board of Examiners		Date	



**REPLACEMENT EQUIPMENT REQUEST  
FISCAL YEAR - Year 1 AND Year 2**

**This spreadsheet must accompany any E71X decision unit and must be attached electronically to the Agency Request biennial budget. Add or delete additional rows as needed - verify subtotal correctly calculates.**

Budget Account #: 3197  
 Budget Account Title: BUREAU OF SAFE DRINKING WATER

Dec. Unit	Cat.	Object Code (GL)	Budget Location	Equipment Type	Item Requested	Year		Item being Replaced	State ID #	Month/Year Purchased
						Cost	Cost			
E710	26	8371	Equipment Schedule	Computer Hardware	LENOVO THINKPAD		2,197	LENOVO THINKPAD	342164	April-14
<b>Subtotal</b>				<b>Computer Hardware</b>		<b>\$ 14,339</b>	<b>\$ 18,786</b>			
E713	16	8360	Equipment Schedule	Vehicle	5.3, SUV, 1/2 TON, 4DR, 4WD, 5-6 PASS	\$ 27,527	\$ -	2001 Chrysler Voyager EX41566	255600	October-01
E713	16	8310	Equipment Schedule	Vehicle	2.7 Truck 4WD 1/2 Ton, Crew Cab, Short Bed	\$ -	\$ 26,911	2005 Dodge Dakota P/U EX47735	279792	May-05
E713	16	8360	Equipment Schedule	Vehicle	5.1 SUV/4X4/4 Door/6 Passenger	\$ 24,739		2001 Dodge Durango EX27130	255601	October-01
<b>Subtotal</b>				<b>Vehicle</b>		<b>\$ 52,266</b>	<b>\$ 26,911</b>			
E712	04	7460	Equipment Schedule	Other	Equipment purchases	\$ 2,818	\$ 2,818	N/A	N/A	N/A
E712	11	7460	Equipment Schedule	Other	Equipment purchases	\$ 408	\$ 408	N/A	N/A	N/A
E712	16	7460	Equipment Schedule	Other	Equipment purchases	\$ 489	\$ 489	N/A	N/A	N/A
<b>Subtotal</b>				<b>Other</b>		<b>\$ 3,715</b>	<b>\$ 3,715</b>			
<b>Total Equipment Request</b>						<b>\$ 70,320</b>	<b>\$ 49,412</b>			

## 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.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	5.1 – Sport Utility Vehicle: 4x4; 4DR, COMPACT; 5-6 PASSENGER 2018 Chevrolet Equinox – 1XX26 All Wheel Drive		
<b>Dealer Name:</b>	Champion Chevrolet		
<b>Delivery Location:</b>	2030 E. Flamingo Rd, Suite 230, Las Vegas, NV 89119		
<b>Vehicle Colors:</b>	Exterior: Silver Ice Metallic	Interior: Medium Ash Gray	<input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 21,705.00	\$ 21,705.00
SPECIFY OPTIONS: (description)			\$
Interior Protection package	1	\$ 220.00	\$ 220.00
Tire, Spare, Full Size (Shipped Loose)	1	\$ 600.00	\$ 600.00
Deep Tint Glass	1	\$ 285.00	\$ 285.00
Extra Key	1	\$ 243.00	\$ 243.00
Power Seat	1	\$ 400.00	\$ 400.00
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$ 0.00
Total purchase price with options			\$ 23,453.00
DMV Title and DRS Fee's		\$ 29.25	\$ 29.25
<b>GRAND TOTAL:</b>			<b>\$ 23,482.25</b>

<b>Registered Owner:</b>	Agency Name & Address: Bureau of Safe Drinking Water 901 S. Stewart Street, Suite 4001, Carson City, NV 89701
<b>Legal Owner:</b>	Agency Name & Address: Bureau of Safe Drinking Water 901 S. Stewart Street, Suite 4001, Carson City, NV 89701
<b>County Vehicle Based In:</b>	Clark County
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Kathryn Kochen 775-687-9518



STANDARD PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - **Champion Chevrolet**

Vehicle Item Number: 5.1 - Sport Utility Vehicle: 4X4; 4 Door; Compact; 4-5 Passengers		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
2018 Chevrolet Equinox - 1XX26 All Wheel Drive	\$21,505.00	\$21,705.00
State vehicle miles per gallon (MPG): 24 CITY / 30 HIGHWAY		
Manufactures Suggested Retail Price(MSRP): \$28,205.00		
State manufactures warranty: 3 YR or 36k Miles Bumper to Bumper & 5 YR or 100k Miles Powertrain		
Specify standard engine size and emission rating: 1.5L Turbo DOHC 4CYL Federal Emission		
Includes Minimum Standard Equipment Listed: ___ Yes ___ X ___ No If no, state exceptions: AM/FM STEREO W/ USB PORTS, AUX JACK, & SD CARD SLOT CD PLAYER - N/A		
Exterior Color: List available colors: Silver Ice Metallic, Summit White, Mosaic Black Metallic, Storm Blue Metallic, Nightfall Gray Metallic, Sandy Ridge Metallic		
Seats, Cloth: List available colors: Medium Ash Gray		
GVW: N/A		WHEELBASE: 107.30

- ON STAR plus Wi-Fi comes standard with Free 3 mo. Trial  
After 3 month can pay \$200.00 per year if desired.
- Blue tooth comes standard.

Base 21,705.00  
 Extras 1,748.00  
 DMV + Drs Fees 29.25

Total Cost: Page 1  
23,482.25

ITEMIZED OPTION PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: 5.1 - Sport Utility Vehicle: 4X4; 4 Door; Compact; 4-5 Passengers

		DEDUCT AMOUNT
ABS Brake System	\$ STD	\$- N/A
Air Conditioning	\$ STD	\$- N/A
All Wheel Drive	\$ STD	\$- N/A
Backup Camera	\$ STD	\$- N/A
Bluetooth for Phone	\$ STD	\$- N/A
Cruise Control	\$ STD	\$- N/A
Deep Tint Glass	\$285.00 ✓	\$- N/A
Engine, Alt Size 2.0I V-4 (Incl. LT Package)	<del>\$3,993.00</del>	\$- N/A
Engine Block Heater	<del>\$88.00</del>	\$- N/A
Floor Mats, Carpeted	\$STD	\$- N/A
Keyless Entry w/Fob	\$STD	\$- N/A
Paint, Metallic	\$STD	\$- N/A
Power Mirrors	\$STD	\$- N/A
Power Locks	\$STD	\$- N/A
Power Seat(Drivers Side)	\$STD	\$- 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, Full Size (Shipped Loose)	\$600.00 ✓	\$- N/A
Trailer Tow Package	\$- N/A	\$- N/A

Power seat \$400.00

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

Interior Protection Package \$ 220.00

Extra Key \$ 243.00

Tires are Bridgestone Ecopia 225 65 R17  
 #102H M/S  
 2+1 + 2 side.

Section A1: Line Item Detail by GL  
 Budget Account: 3197 DCNR - DEP SAFE DRINKING WATER PROGRAM

Item No	Description	Actual Work Program		L01	
		2015-2016	2016-2017	Year 1 2017-2018	Year 2 2018-2019
<b>REVENUE</b>					
4776	EQUIPMENT REPLACEMENT	0	0	52,266	27,567
	TRANSFER FROM SRF BA3189	0	0	52,266	27,567
	TOTAL REVENUES FOR DECISION UNIT E713				
<b>EXPENDITURE</b>					
16	FEDERAL DWSRF GRANT				
8310	PICK-UPS, VANS - NEW	0	0	0	27,567
8360	AUTOMOBILES - NEW	0	0	52,266	0
	TOTAL FOR CATEGORY 16	0	0	52,266	27,567
	TOTAL EXPENDITURES FOR DECISION UNIT E713	0	0	52,266	27,567
<b>TOTAL REVENUES FOR BUDGET ACCOUNT 3197</b>					
		0	0	52,266	27,567
<b>TOTAL EXPENDITURES FOR BUDGET ACCOUNT 3197</b>					
		0	0	52,266	27,567

Equipment Schedule

Date: 10/11/17 2:36 PM

Budget Period: 2017-2019 Biennium (FY18-19)

Budget Account: 3197 DCNR - DEP SAFE DRINKING WATER PROGRAM

Version: L01 LEGISLATIVELY APPROVED


Schedule: EQUIPMENT

DU	Catg	GL	Equipment Type	Priority	Yr 1 Count	Yr 1 Rate	Yr 1 Total	Yr 2 Count	Yr 2 Rate	Yr 2 Total
E350	16	8371	HARDWARE-DESKTOP PC W/ MONITOR & OS, HIGH COST	0	2	1,355.00	2,710	0	1,355.00	0
E710	26	8371	HARDWARE-LAPTOP PC WITH OPERATING SYSTEM	0	2	1,585.00	3,170	0	1,585.00	0
E710	26	8371	HARDWARE-DESKTOP PC W/ MONITOR & OS, HIGH COST	0	5	1,355.00	6,775	9	1,355.00	12,195
E713	16	8310	VEHICLE-FLEET-RNO/CC-2.7TRUCK 4WD 1/2 T;CRW CAB;S BED	0	0	27,567.00	0	1	27,567.00	27,567
E901	12	8371	HARDWARE-DESKTOP PC W/ MONITOR & OS, HIGH COST	0	1	1,355.00	1,355	0	1,355.00	0
E350	16	7460	CHAIR	0	2	645	1,290	0	0	0
E710	26	8371	LENOVO THINKPAD	0	2	2,197.00	4,394	3	2,197.00	6,591
E712	04	7460	EQUIPMENT < \$1000	0	1	2,818.00	2,818	1	2,818.00	2,818
E712	11	7460	EQUIPMENT < \$1000	0	1	408	408	1	408	408
E712	16	7460	EQUIPMENT < \$1000	0	1	489	489	1	489	489
E713	16	8360	5.1 SUV/4X4/4 DOOR/6 PASSENGER	0	1	24,739.00	24,739	0	0	0
E713	16	8360	5.3 SUV, 1/2 TON, 4DR, 5-6 PASS	0	1	27,527.00	27,527	0	0	0
E720	16	7771	AX LICENSES	0	1	6,250.00	6,250	0	0	0

RECEIVED

OCT 09 2017 Board of Examiners Request for Approval to Purchase a State Vehicle Pursuant to NRS 334.010

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

<b>Agency Name:</b> Bureau of Safe Drinking Water		<b>Budget Account #:</b> 3197
<b>Contact Name:</b> Kathryn Kochen		<b>Telephone Number:</b> 775-887-9518
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>\$27,337.25</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>5.2 SUV, 4X4, 4 DOOR, 7-8 PASSENGER</u>		
Mission of the requested vehicle(s):		
<u>Bureau vehicle to be used for travel including but not limited to: inspections, meetings and conferences in Central and Northern Nevada.</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>E713</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>Yes</u>		
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <b>Current Vehicle Information:</b> Vehicle #1 Model Year: <u>2001</u> Odometer Reading: <u>95,108</u> Type of Vehicle: <u>Chrysler Voyager</u>		Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.  <u>yes</u>
Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:		If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.  <u>NO</u>
<i>Please attach an additional sheet if necessary</i>		
<b>APPOINTING AUTHORITY APPROVAL:</b>		
	<u>Administrator</u>	<u>10/5/17</u>
Agency Appointing Authority	Title	Date
<b>BOARD OF EXAMINERS' APPROVAL:</b>		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
_____	_____	
Board of Examiners	Date	



**REPLACEMENT EQUIPMENT REQUEST  
FISCAL YEAR - Year 1 AND Year 2**

**This spreadsheet must accompany any E71X decision unit and must be attached electronically to the Agency Request biennial budget. Add or delete additional rows as needed - verify subtotal correctly calculates.**

Budget Account #: 3197  
 Budget Account Title: BUREAU OF SAFE DRINKING WATER

Dec. Unit	Cat	Object Code (GL)	Budget Location	Equipment Type	Item Requested	Year 1	Year 2	Item being Replaced	State ID #	Month/Year Purchased
						Cost	Cost			
E710	26	8371	Equipment Schedule	Computer Hardware	LENOVO THINKPAD	\$	2,197	LENOVO THINKPAD	342164	April-14
<b>Subtotal</b>				<b>Computer Hardware</b>		<b>\$ 14,339</b>	<b>\$ 18,786</b>			
E713	16	8360	Equipment Schedule	Vehicle	5.3, SUV, 1/2 TON, 4DR, 4WD, 5-6 PASS	\$ 27,527	\$	2001 Chrysler Voyager EX41566	255600	October-01
E713	16	8310	Equipment Schedule	Vehicle	2.7 Truck 4WD 1/2 Ton; Crew Cab; Short Bed	\$	26,911	2005 Dodge Dakota P/U EX47735	279792	May-05
E713	16	8360	Equipment Schedule	Vehicle	5.1 SUV/4X4/4 Door/6 Passenger	\$ 24,739		2001 Dodge Durango EX27130	255601	October-01
<b>Subtotal</b>				<b>Vehicle</b>		<b>\$ 52,266</b>	<b>\$ 26,911</b>			
E712	04	7460	Equipment Schedule	Other	Equipment purchases	\$ 2,818	\$ 2,818	N/A	N/A	N/A
E712	11	7460	Equipment Schedule	Other	Equipment purchases	\$ 408	\$ 408	N/A	N/A	N/A
E712	16	7460	Equipment Schedule	Other	Equipment purchases	\$ 489	\$ 489	N/A	N/A	N/A
<b>Subtotal</b>				<b>Other</b>		<b>\$ 3,715</b>	<b>\$ 3,715</b>			
<b>Total Equipment Request</b>						<b>\$ 70,320</b>	<b>\$ 49,412</b>			

## 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.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	5.2 – Sport Utility Vehicle: 4x4; Midsize; 4 Door 7-8 Passengers 2018 Chevrolet Traverse – 1NV56 All Wheel Drive		
<b>Dealer Name:</b>	Champion Chevrolet		
<b>Delivery Location:</b>	901 S. Stewart Street, Suite 3001, Carson City, NV 89701		
<b>Vehicle Colors:</b>	Exterior: Satin Steel Metallic	Interior: Jet Black	<input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>BASE PRICE</b> (Reno, Carson City or Las Vegas delivery)	1	\$ 25,841.00	\$ 25,841.00
<b>SPECIFY OPTIONS: (description)</b>			\$
Interior Protection package	1	\$ 250.00	\$ 250.00
Tire, Spare, Full Size (Shipped Loose)	1	\$ 600.00	\$ 600.00
Power Seats (Driver Only)	1	\$ 617.00	\$ 617.00
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
<b>DELIVERY COST:</b> (If other than Reno\Carson or Las Vegas)		\$	\$ 0.00
<b>Total purchase price with options</b>			<b>\$ 27,308.00</b>
<b>DMV Title and DRS Fee's</b>		<b>\$ 29.25</b>	<b>\$ 29.25</b>
<b>GRAND TOTAL:</b>			<b>\$ 27,337.25</b>

<b>Registered Owner:</b>	Agency Name & Address: Bureau of Safe Drinking Water 901 S. Stewart Street, Suite 4001, Carson City, NV 89701
<b>Legal Owner:</b>	Agency Name & Address: Bureau of Safe Drinking Water 901 S. Stewart Street, Suite 4001, Carson City, NV 89701
<b>County Vehicle Based In:</b>	Carson City
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Kathryn Kochen 775-687-9518



Where there's a connection, there's a way

2018 Chev.  
Traverse  
for  
C/C



Traverse helps keep you and your family connected and entertained every time you drive. With the Chevrolet MyLink<sup>†</sup> display, Apple CarPlay<sup>™†</sup> and Android Auto<sup>™†</sup> compatibility, and an available OnStar 4G LTE Wi-Fi<sup>®</sup> connection, you're always in command.



Traverse offers support for Apple CarPlay<sup>™†</sup>, a smarter way to use your iPhone to listen to Apple Music<sup>®</sup>, get directions with Apple Maps, call friends and more.

androidauto

If Android is more your style, available Android Auto<sup>™†</sup> compatibility lets you connect your compatible smartphone to access your calendar, playlists and select apps such as Google Maps<sup>™</sup>.

Chat Now



Vendor Name Champion Chevrolet

Vendor Number Vendor Number PUR0000102

Contract Period 11-1-16 through 10-31-18

Vendor Contact(s)

Ziggy Terelak or Kyle Outland

800 Kietzke Lane

Reno, NV 89502

775-786-3111 x. 275/277 | Fax:775-334-6541

STANDARD PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: 5.2 - Sport Utility Vehicle: 4X4; Midsize; 4 Door 8 Passengers		
Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
2018 Chevrolet Traverse - 1NV56 All Wheel Drive	\$25,841.00	\$26,041.00
State vehicle miles per gallon (MPG): TBD		
Manufactures Suggested Retail Price(MSRP): \$35,665.00		
State manufactures warranty: 3 YR or 36k Miles Bumper to Bumper & 5 YR or 100k Miles Powertrain		
Specify standard engine size and emission rating: 3.6L V-6 Federal Emission		
Includes Minimum Standard Equipment Listed: ___ Yes ___ X ___ No If no, state exceptions: AM/FM STEREO W/ USB PORTS, AUX JACK, & SD CARD SLOT CD PLAYER - N/A		
<i>Bluetooth is standard.</i>		
<i>CD players are no longer an option.</i>		
Exterior Color: List available colors: Silver Ice Metallic, <u>Satin Steel Metallic</u> , Summit White, Mosaic Black		
Seats, Cloth: List available colors: Jet Black		
GVW: N/A		WHEELBASE: 120.9

- ON Star <sup>plus Wi-Fi</sup> Comes Standard with 3 month Free Trial + then \$200.00 per year if desired.
- Blue tooth is standard
- Tires are 6ply - P255 65 R18 All Season

ITEMIZED OPTION PAGE ~ BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: 5.2 - Sport Utility Vehicle: 4X4; Midsize; 4 Door 8 Passengers

		DEDUCT AMOUNT
ABS Brake System	\$ STD	\$- N/A
Air Conditioning	\$ STD	\$- N/A
Air Conditioning, Rear	\$ STD	\$- N/A
All Wheel Drive	\$ STD	\$- N/A
Backup Camera	\$ STD	\$- N/A
Bluetooth for Phone	\$ STD	\$- N/A
Cruise Control	\$ STD	\$- N/A
Deep Tint Glass	\$ STD	\$- N/A
Engine Block Heater	\$88.00 <i>NO</i>	\$- N/A
Keyless Entry w/Fob	\$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)	\$617.00	\$- 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)	\$600.00	\$- N/A

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

*Interior Protection Package \$ 250.00*

Brian Sandoval  
Governor

James R. Wells, CPA  
Director



Paul Nicks  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: October 19, 2017  
To: James R. Wells, Clerk of the Board  
Governor's Finance Office  
From: Melanie Young, 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 for a lease purchase of one new vehicle and one replacement vehicle for a total amount not to exceed \$39,472.18.

Additional Information:

The one replacement vehicle a Chevrolet Malibu is for a Fleet Service vehicle which was totaled in an accident on July 30, 2017. One new vehicle, a Chevrolet Malibu, for Division of Welfare Support Services, Child Support Enforcement and was approved via work program C39148 that went to the June 20, 2017 Interim Finance Committee.

Statutory Authority:

BOE approval required pursuant to NRS 334.010

REVIEWED: _____
ACTION ITEM: _____

**Brian Sandoval**  
*Governor*



**Patrick Gates**  
*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](http://www.fleetservices.nv.gov)

Date: October 26, 2017

To: Melanie Young, Executive Branch Budget Officer II  
Governor's Office of Finance

From: Lyn Letarti, Fleet Specialist II


Subject: November BOE Agenda Item Request

Please place the attached Board of Examiners (BOE) vehicle request on the November BOE agenda. This request is to purchase one additional vehicle requested by Welfare and to replace one vehicle that was totaled in an accident. These vehicles will be purchased under the State municipal lease/purchase MSA.

**Attachments:**

- BOE vehicle purchase form
- Accident report
- Quotes – GM Financing and vehicle
- MP-5 form
- Welfare work program information
- Vehicle spreadsheet

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

<b>Agency Name:</b> Fleet Services	<b>Budget Account #:</b> 1356
<b>Contact Name:</b> Robbie Burgess	<b>Telephone Number:</b> 684-1880
<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><b>Number of vehicles requested:</b> <u>2</u>                      <b>Amount of the request:</b> <u>36098.00</u></p> <p><b>Is the requested vehicle(s) new or used:</b> <u>new</u></p> <p><b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> <u>d sedans</u></p> <p><b>Mission of the requested vehicle(s):</b> <u>Welfare,</u></p>	
<p><b>Were funds legislatively approved for the request?</b></p> <p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>	<p><b>If yes, please provide the decision unit number:</b></p> <p><b>If no, please explain how the vehicles will be funded?</b> <u>rental revenue</u></p>
<p><b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b></p> <p><input checked="" type="checkbox"/> <u>1</u> Addition(s)    <input checked="" type="checkbox"/> <u>1</u> Replacement(s)</p>	
<p><b>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</b> <u>where applicable</u></p>	
<p><b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p><b>Current Vehicle Information:</b>          Vehicle #1 Model Year: 2006          Odometer Reading: 92308          Type of Vehicle: intermediate sedan</p> <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</p> <p><u>this vehicle was totaled in an accident</u></p> <hr/> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p>
<p><i>Please attach an additional sheet if necessary</i></p>	
<p><b>APPOINTING AUTHORITY APPROVAL:</b></p>	
	<b>Administrator</b>
<b>Agency Appointing Authority</b>	<b>Title</b>
	<b>Date</b> <u>10/26/17</u>
<p><b>BOARD OF EXAMINERS' APPROVAL:</b></p> <p><input type="checkbox"/> Approved for Purchase    <input type="checkbox"/> Not Approved for Purchase</p>	
<b>Board of Examiners</b>	<b>Date</b>



### Proposal for Municipal Lease Purchase

To: State of Nevada Fleet Services Division acting through the State of Nevada  
Lyn Letarti

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

Date: 10/27/2017

**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 acting through the State of Nevada

Assignee: Pinnacle Public Finance LLC

#### PRICING AND TERM

Amount Financed: \$ 36,098.00 Fees: N/A Proposed Funding Date: February 2018 Interest Rate: 4.879 %

Valid until: 11/26/2017

Asset Description: 2 Chevrolet Malibu's

Lease Term: 4 Years

Payment: \$ 2467.03

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

**STANDARD PAGE ~ BID 8475 FLEET VEHICLES**

**DEALER NAME - *Champion Chevrolet***

**Vehicle Item Number: *1.2 - Sedan: Intermediate; 4-Door; 5-6 Passengers***

Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
<i>2018 Chevrolet Malibu - 1ZC69</i>	<i>\$18,049.00</i>	<i>\$18,249.00</i>
<b>State vehicle miles per gallon (MPG): <i>27 CITY / 37 HIGHWAY</i></b>		
<b>Manufactures Suggested Retail Price(MSRP): <i>\$24,100.00</i></b>		
<b>State manufactures warranty: <i>3 YR or 36k Miles Bumper to Bumper &amp; 5 YR or 100k Miles Powertrain</i></b>		
<b>Specify standard engine size and emission rating: <i>1.5L Turbo DOHC 4 CYL Federal Emission</i></b>		
<b>Includes Minimum Standard Equipment Listed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state exceptions:</b>		
<i>AM/FM STEREO W/ USB PORTS, AUX JACK, &amp; SD CARD SLOT CD PLAYER - N/A</i>		
<b>Exterior Color: List available colors:</b>		
<i>Summit White, Silver Ice Metallic, Mosaic Black Metallic, Blue Velvet Metallic, Nightfall Gray Metallic</i>		
<b>Seats, Cloth: List available colors:</b>		
<i>Jet Black, Dark Atmosphere/Medium Ash Gray</i>		
<b>GVW: <i>N/A</i></b>		<b>WHEELBASE: <i>111.40</i></b>



OPTION PACKAGE PAGE ~BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: *1.2 - Sedan: Intermediate; 4-Door; 5-6 Passengers*

Option Package Name/Code: *1LT*      \$1,966.00

List Equipment Features Below.

*17" Aluminum Wheels, Outside Heated/Power Mirrors, 7" My Link Radio, XM Radio, Onstar  
8 Way Power Drivers Seat*

**ITEMIZED OPTION PAGE ~ BID 8475 FLEET VEHICLES**

**DEALER NAME - *Champion Chevrolet***

**Vehicle Item Number: 1.2 - Sedan: Intermediate; 4-Door; 5-6 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	\$ STD	\$- N/A
Deep Tint Glass	\$ N/A	\$- N/A
Engine Block Heater	\$88.00	\$- N/A
Floor Mats, Carpeted	\$ STD	\$- N/A
Keyless Entry w/Fob	\$ 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)	\$352.00	\$- 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 (Includes Tire Jack & Tools)	\$ STD	\$- N/A
Tire, Spare, Full Size (Shipped Loose)	\$600.00	\$- N/A

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

Budget Acct	Agency	Make	Model	Del Loc	Dealer	Options	O/Cost	I/Cost	Total Vehicle Cost	Title	Total	Additional Equipment	Est miles driven per year	Notes
1354	Fleet Services	Chevy	Malibu	Reno	Champion Chevrolet	none	0.00	18,049.00	18,049.00	29.25	18,078.25			replacement for totaled vehicle
3238	DWSS Child Support	Chevy	Malibu	Reno	Champion Chevrolet	none	0.00	18,049.00	18,049.00	29.25	18,078.25		7,000	Additional
									36,098.00	58.50	36,156.50			
											Grand Total			36,156.50

2304167 Eq 9  
139148 Eq 18

WPC39148  
@ June 17c

FLEET SERVICES DIVISION  
REQUEST FOR LONG TERM ASSIGNED VEHICLE

**\*THIS FORM IS TO REQUEST ADDITIONAL VEHICLES ONLY\***  
(Fleet Services has a replacement cycle in place for existing leased vehicles)

Direct questions to the Fleet Services Administrator  
775-684-1880 or [Carsonfleet@admin.nv.gov](mailto:Carsonfleet@admin.nv.gov)

Dept: DHHS/DWSS Agency: Child Support Enforcement Program (CSEP)

Budget Account: 3238 Funding Source:  General Fund  HWY Fund  Other

Type of vehicle requested (check one):

Sedan Compact QTY       Sedan Intermediate QTY 1  Sedan Full Size QTY       
 SUV 6 Passenger QTY       SUV 8 Passenger QTY       Minivan 7 Passenger QTY       
 VAN 12 Passenger QTY     

Specialty vehicles (contact Fleet Services before proceeding)  
 Pickup Truck (enter vehicle description code e.g., 201)      QTY     

\*Description codes are located on the Fleet Services website at <http://fleetservices.nv.gov>

Do you require specialized equipment for example a camper shell, lift gate, bed slide, service body etc.:  
 Yes  No

Please provide description:

Briefly describe usage:

This vehicle would be used by CSEP staff to attend court hearings in Lyon, Churchill, Douglas, Washoe, and Carson City. Average mileage would be 650 per month.

Estimated date vehicle is required: 07/21/17

City vehicle based in: Reno

\*Will this request comply with SAM 1322 Vehicle Utilization Requirements Yes  No

Contact Information (mandatory):

Name (print): Cathy Kaplan Phone: 775-684-0752

Email: ckaplan@dwss.nv.gov

Department Authorization:

Print Name: NOVA MURRAY Title: DEPUTY ADMINISTRATOR

Signature: Nova Murray Date: 6/23/17  
MP-5 (Rev 06/2016)

BRIAN SANDOVAL  
Governor



RICHARD WHITLEY, MS  
Director

STEVE H. FISHER  
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

1470 College Parkway  
Carson City, NV, 89706  
Telephone (775) 684-0500 • Fax (775) 684-0614  
<http://dwss.nv.gov>

October 3, 2017

Robbie Burgess, Administrator  
Fleet Services Division  
750 E. King Street  
Carson City, NV 89701

RE: Motor Pool Car for the Division of Welfare and Supportive Services's (DWSS) Child Support Enforcement Program (CSEP)

Dear Mr. Burgess,

On March 27, 2017, the CSEP was notified by Douglas County's Cessation of Child Support Enforcement Program Services that they would not elect to participate any further in providing Child Support Enforcement Program services. Unfortunately, the notification letter was not submitted in sufficient time to adjust DWSS's budget submission for the 2017 Legislative Session; therefore, an IFC work program (C39148) was submitted and approved at the June IFC.

As requested by Fleet Services staff, I am attaching the work program and the IFC agenda to confirm the work program was approved at the June 20, 2017 IFC; the work program is item 49 on page 9 of section E of the agenda. It is my understanding this documentation is required as back up for Fleet Services' December IFC work program.

Please do not hesitate to contact me if there are any questions, or if anything further is needed.

Thank you for your assistance,

A handwritten signature in cursive script that reads "Brenda Berry".

Brenda Berry  
Administrative Services Officer 4  
Nevada Department of Health and Human Services  
Division of Welfare and Supportive Services  
T: (775) 684-0647 | F: (775) 684-0614 | E: [bxberry@dwss.nv.gov](mailto:bxberry@dwss.nv.gov)

*"Working for the Welfare of ALL Nevadans"*



State of Nevada  
**JUL 21 2017**  
**VEHICLE ACCIDENT REPORT**  
**RECEIVED Agency Form**

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

17 JUL 27 AM 10:2

**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

*claim #*  
18-030  
18-017  
18-030

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 07/20/2017 Time 2:55 A.M. Location of Accident GALLETTI & KIECKE  
P.M.

**OUR INFORMATION:**

Driver's Name \_\_\_\_\_ Agency WRANHS  
 Office Address 480 GALLETTI WAY Bus. phone 775 688-3300  
 Driver's Lic. No. 4200 State NV Expiration Date \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Title RISK MANAGEMENT SUP Phone (775)

Is this a MOTOR POOL vehicle?  Yes  No Vehicle ID No. (VIN) EX 51093

Plate No. 51093 Year 2006 Make Dodge Model Stratus

Location of Vehicle KIECKE & GALLETTI WAY

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

OWNER'S NAME \_\_\_\_\_ Daytime Phone UNABLE TO OBTAIN

Address UNABLE TO OBTAIN City/State/Zip \_\_\_\_\_

Insurance Company STATE FARM Policy No. \_\_\_\_\_ City/State \_\_\_\_\_

Insurance Agent \_\_\_\_\_ Phone No. \_\_\_\_\_

Plate No. 51E058 State NV Year 2017 Make FORD Model FUSION

DRIVER'S NAME \_\_\_\_\_ Daytime Phone UNABLE TO OBTAIN

Address UNABLE TO OBTAIN City/State/Zip \_\_\_\_\_

Driver's Lic. No. UNABLE TO OBTAIN State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Describe damage to other vehicle and any injuries reported FRONT END DAMAGE TO PASSENGER SIDE.


RECEIVED INDEPENDENT VEH  
 DIVISION OF RISK  
 MANAGEMENT

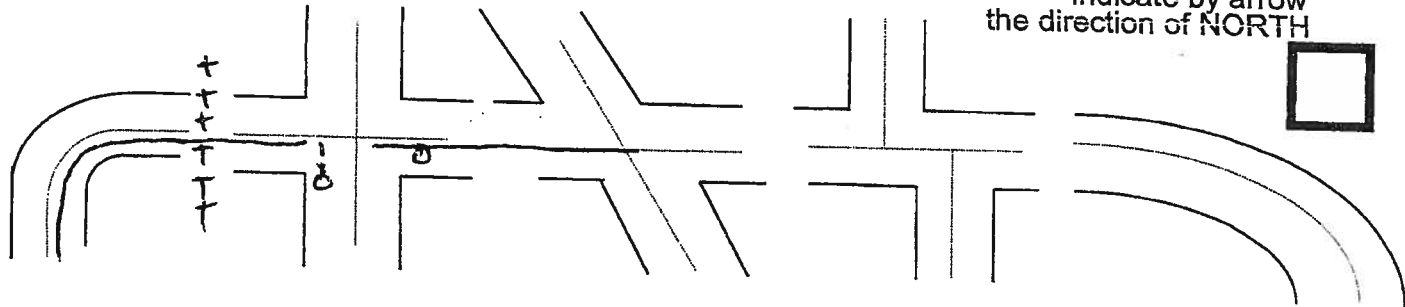
**EXPLAIN WHAT HAPPENED:** I WAS STOPPED AT INTERSECTION OF GALLETT WAY AND KIETZKE LANE HEADING SOUTH. THE LIGHT TURNED GREEN AND I ENTERED THE INTERSECTION AND WAS STRUCK ON THE DRIVERS SIDE BY A CAR HEADING WEST ON KIETZKE LANE THAT RAN THE RED LIGHT. I CALLED 911 AND POLICE CAME. NO ONE WAS TRANSPORTED TO HOSPITAL.

Accident Reported to (NHP, Metro, Reno P.D., etc.) RENO P.D. Report # 17-15024

Citations Issued?  No  Yes If "Yes," explain \_\_\_\_\_

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
See Attached RPD Traffic Officer Form		

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

Name	Address	Phone
[REDACTED]	480 Gallett Way, Sparks NV	[REDACTED]

Agency Information:  Damage estimates attached     Estimates will follow

State Driver's Signature [REDACTED] Date 07/21/2017  
 Reviewed by Safety Coordinator \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed by Department Head \_\_\_\_\_ Date \_\_\_\_\_

STATE OF NEVADA  
RISK MANAGEMENT DIVISION

17 JUL 27 AM 10:2

**Reno PD**  
**Accident Information Exchange**

Accident Case # 17-15021  
Date/Time 07/20/2017 1433

**LOCATION INFORMATION**

Location: GALLETTI WY  
KIETZKE LN

**HOW TO OBTAIN A COPY OF THE COMPLETED ACCIDENT REPORT**

The Traffic Collision you were involved in was investigated by the Reno PD.  
The collision report will be on file at the location listed below.

**RPD Traffic Office**  
455 E. 2nd Street  
Reno, NV 89502  
(775) 334-2141

**HOURS**  
Mon-Fri  
8am-6pm

Collision Reports are typically ready after 10 business days.  
You will be required to pay a fee for each copy of the accident report.

Visit our Web Site for additional information:

**UNIT 1 DRIVER**

Driver: [REDACTED] ER

Veh Yr: 2006      Veh Tag: EX61093      State NV  
Color: GREEN      Model: STRATUS      Type: SEDAN 4-DOOR  
Make: DODGE

Insurance Info  
Insurance Policy #: [REDACTED]  
Insurance Company: SELF INSURED  
Insurance Address/Phone: HTTP://AG.STATE.NV.US/COMPLAINTS/TC1.PDF

Tow Info  
Moved By: CARSON CITY TOW  
Moved To: TOW YARD

**UNIT 2 DRIVER**

Driver: [REDACTED]

Veh Yr: 2017      Veh Tag: 61E068      State NV  
Color: ALUMINUM/SILVER      Model: FUSION      Type: SEDAN 4-DOOR  
Make: FORD

Insurance Info  
Insurance Policy #: [REDACTED]  
Insurance Company: STATE FARM  
Insurance Address/Phone: 1-800-782-8332

Tow Info  
Moved By:  
Moved To:

Investigated By: S. Mayfield, Badge#7118



Event Number:	<b>STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 01/2016</b>	Crash Number: RPD17-15021	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: RENO, NV PD
Crash Date 7 / 20 / 2017	Time 1433	Day THU	Beat / Sector CENTRAL-EAST	<input type="checkbox"/> 1) County <input checked="" type="checkbox"/> 2) City RENO	

Mile Marker	# Vehicles 2	# Non Motorists 0	# Occupants 2	# Fatalities 0	# Injured 1	# Restrained 2
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Occurred On: (Highway # or Street Name)  
 1) Parking Lot  2) Active School Zone  
 GALLETI WY

1) At Intersection With: KIETZKE LN  
 2) Or  3) Feet  4) Miles  5) Approximate  
 Of (Cross Street)

<b>Surface</b> <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	<b>Intersection</b> <input checked="" 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	<b>Paddle Markers</b> <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	<b>Access Control</b> <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 2) Full <input type="checkbox"/> 3) Partial
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<b>Roadway Character</b> <input type="checkbox"/> 1) Curve & Grade <input type="checkbox"/> 2) Curve & Hillcrest <input checked="" type="checkbox"/> 3) Curve & Level <input 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	<b>Roadway Conditions</b> <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	<b>Total Thru Lanes</b> <input type="checkbox"/> 1) One <input type="checkbox"/> 2) Two <input type="checkbox"/> 3) Three <input type="checkbox"/> 4) Four <input type="checkbox"/> 5) Five <input type="checkbox"/> 6) > 5	<b>Average Roadway Widths</b> Travel Lane: _____ Ft Storage / Turn Lane: _____ Ft Median: _____ Ft Paved Shoulder: _____ Ft Inside: _____ Ft Outside: _____ Ft	<b>Roadway Grade</b> <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 (-)	<b>Relative To</b> Grade: _____ %
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<b>Pavement Markings</b> <input type="checkbox"/> 1) Centerline, Broken Yellow <input type="checkbox"/> 2) Centerline, Solid Yellow <input type="checkbox"/> 3) Centerline, Double Yellow <input 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 <input type="checkbox"/> 8) Center Turn Lane Line <input type="checkbox"/> 9) Edge Line, Left Yellow <input type="checkbox"/> 10) Edge Line, Right White <input type="checkbox"/> 11) Other <input checked="" type="checkbox"/> 12) None <input type="checkbox"/> 13) Unknown	<b>Roadway Description</b> <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	<b>Weather Conditions</b> <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
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<b>Light Conditions</b> <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	<b>Vehicle Collision Type</b> <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	<b>Location of First Event</b> <input type="checkbox"/> 1) Travel Lane <input type="checkbox"/> 6) Outside Shoulder <input type="checkbox"/> 11) Ramp <input type="checkbox"/> 2) Turn Lane <input checked="" type="checkbox"/> 7) Intersection <input type="checkbox"/> 12) Unknown <input type="checkbox"/> 3) Lane <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
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<b>Roadway / Environment Factors</b> <input checked="" type="checkbox"/> 1) None <input type="checkbox"/> 10) Wet, Icy, Snow, Slush <input type="checkbox"/> 2) Weather <input type="checkbox"/> 11) Ruts, Holes, Bumps <input type="checkbox"/> 3) Debris <input type="checkbox"/> 14) Animal in Roadway <input type="checkbox"/> 4) Glare <input type="checkbox"/> 15) Unknown <input type="checkbox"/> 5) Other Roadway <input type="checkbox"/> 6) Other Environmental <input type="checkbox"/> 7) Shoulders <input type="checkbox"/> 16) Visual Obstruction <input type="checkbox"/> 8) Road Obstruction <input type="checkbox"/> 17) Backup Prior Crash <input type="checkbox"/> 9) Worn Traffic Surface <input type="checkbox"/> 18) Backup Non Recurring Incident	<b>Type of Work Zone</b> <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	<b>Work Area Zone</b> <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
<b>Workers Present</b> <input type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	<b>Law Enforcement Present</b> <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: \_\_\_\_\_  1) Owner Notified

Owner's Address: (Street Address City, State Zip) \_\_\_\_\_

First Harmful Event	Code # 214	Description: MOTOR VEHICLE IN TRANSPORT					
<b>Investigation Complete</b> <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	<b>Photos Taken</b> <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	<b>Scene Diagram</b> <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No	<b>Statements</b> <input checked="" type="checkbox"/> 1) Yes <input type="checkbox"/> 2) No #1	Date Notified 7 / 20 / 2017	Time Notified 1435	Arrival Date 7 / 20 / 2017	Arrival Time 1451
Investigator(s)	ID Number 7118	Date 7 / 20 / 2017	Reviewed By arth	Date Reviewed 8 / 2 / 2017	Page 1 of 6		

PD-15/17

659096642

Event Number:	<b>STATE OF NEVADA TRAFFIC CRASH REPORT SCENE INFORMATION SHEET Revised 10/20/15</b>	Crash Number: RPD17-15021	Scene Information
Code Revision: 01/01/2015		Agency Name: RENO, NV PD	

Description of Crash / Narrative

V2 TRAVELING W/B ON GALETTI WAY IN THE T2 LANE OF KIETZKE LN. V1 TRAVELING S/B IN THE T1 LANE OF GALETTI WAY. V1 COLLIDED INTO THE RIGHT FRONT CORNER OF THE V2 WITH THE LEFT FRONT CORNER OF V1.

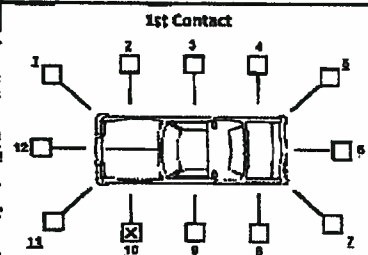
BOTH DRIVERS CLAIMED TO HAVE A GREEN TRAFFIC LIGHT AT THE TIME OF THE CRASH. THERE WERE NO INDEPENDENT WITNESSES.



Indicate North

A.I.C.: \_\_\_\_\_

Event Number:		<b>STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016</b>			Crash Number: RPD17-15021		Vehicle Information		
Vehicle # V1	# Occupants 1	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Number: RENO, NV PD					
Direction of Travel: <input checked="" type="checkbox"/> 2) South	<input type="checkbox"/> 1) North <input type="checkbox"/> 3) East <input type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown	Roadway / Street Name: GALLETTI WY			Travel Lane #: 1				
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) Strapped		<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) Lane Change		<input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Negotiating a Curve <input type="checkbox"/> 18) Unknown <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 20) Unknown	
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					
City: SPARKS				State / Country: NV		Zip Code: 89437		Person Type: 1	
Seating Position: 1		Occupant Restraints: 7		Injury Severity: 0		Injury Location:			
Gender: <input checked="" type="checkbox"/> 1) Male <input type="checkbox"/> 2) Female <input type="checkbox"/> 3) Unknown		DOB: [REDACTED]		Phone Number: [REDACTED]		Airbags: 2		Airbag Switch: [REDACTED]	
State: NV		Class: C		License Status: 0		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: DODGE		Vehicle Model: STRATUS		Vehicle Type: SEDAN 4-DOOR			
Plate / Permit No.: EX51093		State: NV		Expiration Date: EX / EM / PT		Vehicle Color: GRN			
Vehicle Identification Number: 1B3AL4GT56N2D9865									
Registered Owner Name: STATE OF NV MOTORPOOL									
Registered Owner Address: 750 E KING ST, CARSON CITY, NV 89701									
Insurance Company Name: SELF INSURED									
Policy number: / / To: / /									
Insurance Company Address or Phone Number: HTTP://AG.STATE.NV.US/COMPLAINTS/TC1.PDF									
<input type="checkbox"/> 1) Vehicle Towed Towed By: CARSON CITY TOW									
Removed To: TOW YARD									
Traffic Control			Distance Traveled After Impact: 5 FEET		Speed Estimate		Extent of Damage		
<input checked="" 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 <input type="checkbox"/> 6) No Passing Device <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 Req. <input type="checkbox"/> 15) Officer / Flagger <input type="checkbox"/> 16) Unknown		From: To: Limit: 30		<input type="checkbox"/> 1) Minor <input type="checkbox"/> 2) Moderate <input type="checkbox"/> 3) Major <input type="checkbox"/> 4) Total <input type="checkbox"/> 5) None <input type="checkbox"/> 6) Unknown		
Sequence of Events									
Code #		Description			Collision With Fixed Object		Most Hazardous 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"/>		
Violation		NOC		Violation		NOC		Citation Number	
Investigator(s)		ID Number		Date		Reviewed By		Date Reviewed	
[REDACTED]		7118		7 / 20 / 2017		[REDACTED]		8 / 2 / 2017	
								Page 3 of 6	



<b>Event Number:</b>	<b>STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016</b>	<b>Crash Number:</b> RPD17-15021	Vehicle Information
		<b>Agency Number:</b> RENO, NV PD	

<b>Name:</b> (Last Name, First Name, Middle Name, Suffix)				<b>Transported By:</b> <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 _____				
<b>Street Address:</b>				<b>Transported To:</b>				
<b>City:</b>		<b>State / Country</b> <input type="checkbox"/> 1) NV		<b>Zip Code:</b>		<b>Person Type:</b>	<b>Seating Position:</b>	<b>Occupant Restraints:</b>
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	<b>DOB:</b>	/ /	<b>Phone Number:</b>	<b>Injury Severity:</b>	<b>Injury Location:</b>			
<input type="checkbox"/> 2) Female								
		<b>Airbags:</b>	<b>Airbag Switch:</b>	<b>Ejected:</b>	<b>Trapped:</b>			

<b>Name:</b> (Last Name, First Name, Middle Name, Suffix)				<b>Transported By:</b> <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 _____				
<b>Street Address:</b>				<b>Transported To:</b>				
<b>City:</b>		<b>State / Country</b> <input type="checkbox"/> 1) NV		<b>Zip Code:</b>		<b>Person Type:</b>	<b>Seating Position:</b>	<b>Occupant Restraints:</b>
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	<b>DOB:</b>	/ /	<b>Phone Number:</b>	<b>Injury Severity:</b>	<b>Injury Location:</b>			
<input type="checkbox"/> 2) Female								
		<b>Airbags:</b>	<b>Airbag Switch:</b>	<b>Ejected:</b>	<b>Trapped:</b>			

<b>Name:</b> (Last Name, First Name, Middle Name, Suffix)				<b>Transported By:</b> <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 _____				
<b>Street Address:</b>				<b>Transported To:</b>				
<b>City:</b>		<b>State / Country</b> <input type="checkbox"/> 1) NV		<b>Zip Code:</b>		<b>Person Type:</b>	<b>Seating Position:</b>	<b>Occupant Restraints:</b>
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown	<b>DOB:</b>	/ /	<b>Phone Number:</b>	<b>Injury Severity:</b>	<b>Injury Location:</b>			
<input type="checkbox"/> 2) Female								
		<b>Airbags:</b>	<b>Airbag Switch:</b>	<b>Ejected:</b>	<b>Trapped:</b>			

<input type="checkbox"/> 1) Trailing Unit 1 VIN :		<b>Plate:</b>	<b>State:</b> <input type="checkbox"/> 1) NV	<b>Type:</b>
<input type="checkbox"/> 1) Trailing Unit 1 VIN :		<b>Plate:</b>	<input type="checkbox"/> 1) NV	<b>Type:</b>
<input type="checkbox"/> 1) Trailing Unit 1 VIN :		<b>Plate:</b>	<input type="checkbox"/> 1) NV	<b>Type:</b>

**Commercial Vehicle Configuration**  1) Commercial Vehicle  2) School Bus

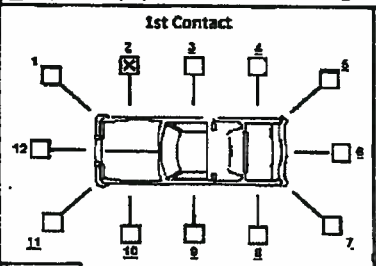
<input type="checkbox"/> 1) Bus, 9 - 15 Occupants <input type="checkbox"/> 2) Bus, > 15 Occupants <input type="checkbox"/> 3) Single 2 Axle and 6 Tire <input type="checkbox"/> 4) Single > 3 Axle <input type="checkbox"/> 5) Any 4 Tire Vehicle			<input type="checkbox"/> 6) Tractor Only <input type="checkbox"/> 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			<b>Source</b> <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		
---	--	--	--	--	--	---	--	--	--	--	--	--	--	--

<b>Carrier Name:</b>				<b>Power Unit GCWR</b>					
				<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	

<b>Carrier Street Address:</b>				<b>City:</b>		<b>State</b> <input type="checkbox"/> 1) NV		<b>Zip Code:</b>	
--------------------------------	--	--	--	--------------	--	---	--	------------------	--

<b>Cargo Body Type</b> <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) Gravel, Gravel Chips <input type="checkbox"/> 12) Bus, 9-15 Occupants <input type="checkbox"/> 13) Bus, > 15 Occupants <input type="checkbox"/> 14) Other			<b>Haz-Mat ID #:</b>		<b>Type of Carrier</b>		<b>NAS Safety Report #:</b>	
			<b>Hazard Classification #:</b>		<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		<b>Carrier Number:</b>	

Event Number:		<b>STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016</b>			Crash Number: RPD17-15021		Vehicle Information						
Vehicle # V2	# Occupants 1	<input type="checkbox"/> 1) At Fault <input type="checkbox"/> 2) Non Contact Vehicle		Agency Number: RENO. NV PD									
Direction of Travel: <input type="checkbox"/> 1) North <input type="checkbox"/> 2) South <input type="checkbox"/> 3) East <input type="checkbox"/> 4) West <input type="checkbox"/> 5) Unknown	Roadway / Street Name: KIETZKE LN			Travel Lane #: 2									
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) 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) Leaving Vehicle <input type="checkbox"/> 16) Driverless Vehicle <input type="checkbox"/> 17) Lane Change <input type="checkbox"/> 18) Negotiating a Curve <input type="checkbox"/> 19) Unknown <input type="checkbox"/> 20) Other				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: CARSON CITY		State / Country: <input checked="" type="checkbox"/> NV		Zip Code: 89705		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: 4					
OLN: [REDACTED]		State: NV <input checked="" type="checkbox"/> 1) NV		Class: C <input checked="" type="checkbox"/> 1) CDL <input checked="" type="checkbox"/> 2) DL		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: <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							
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:		Vehicle Factors: <input type="checkbox"/> 1) Failed To Yield Right of Way <input type="checkbox"/> 13) Over Correct / Steering <input type="checkbox"/> 2) Disregard Control Device <input type="checkbox"/> 14) Other Improper Driving <input type="checkbox"/> 3) Too Fast For Conditions <input type="checkbox"/> 15) Driverless Vehicle <input type="checkbox"/> 4) Exceeding Speed Limit <input type="checkbox"/> 16) Unsafe Backing <input type="checkbox"/> 5) Wrong Way / Direction <input type="checkbox"/> 17) Ran Off Road <input type="checkbox"/> 6) Mechanical Defects <input type="checkbox"/> 18) Hit and Run <input type="checkbox"/> 7) Drove Left of Center <input type="checkbox"/> 19) Road Defect <input type="checkbox"/> 8) Other <input type="checkbox"/> 20) Object Avoidance <input type="checkbox"/> 9) Failed to Maintain Lane <input type="checkbox"/> 21) Unknown <input type="checkbox"/> 10) Following Too Close <input type="checkbox"/> 22) Aggressive <input type="checkbox"/> 11) Unsafe Lane Change <input type="checkbox"/> 23) Reckless / Careless <input type="checkbox"/> 12) Made Improper Turn							
Vehicle Year: 2017		Vehicle Make: FORD		Vehicle Model: FUSION		Vehicle Type: SEDAN 4-DOOR							
Plate / Permit No.: 51E058		State: NV <input checked="" type="checkbox"/> 1) NV		Expiration Date: 9 / 21 / 2017		Vehicle Color: SIL							
Vehicle Identification Number: 3FA6P0H74HR201750													
Registered Owner Name: <input type="checkbox"/> 1) Same As Driver [REDACTED]													
Registered Owner Address: [REDACTED]													
Insurance Company Name: STATE FARM <input checked="" type="checkbox"/> 1) Insured													
Policy number: [REDACTED]		Effective: 7 / 13 / 2017		To: 1 / 13 / 2018									
Insurance Company Address or Phone Number: 1-800-782-8332													
<input type="checkbox"/> 1) Vehicle Towed		Towed By:											
Removed To:													
Traffic Control: <input checked="" type="checkbox"/> 2) Traffic Control Signal <input type="checkbox"/> 13) 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"/> 17) Chain / Snow Tire Req. Devices <input type="checkbox"/> 20) Officer / Flagger <input type="checkbox"/> 6) No Passing <input type="checkbox"/> 18) Unknown <input type="checkbox"/> 7) No Controls <input type="checkbox"/> 8) Warning Sign <input type="checkbox"/> 10) Other				Distance Traveled After Impact: MOVED		Speed Estimate: From To Limit 35		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"/>					
6th						<input type="checkbox"/>		<input type="checkbox"/>					
1) NRS <input type="checkbox"/> 2) CMC <input type="checkbox"/> 3) CC/MC <input type="checkbox"/> 4) Pending		Violation		NOC		Citation Number							
1) NRS <input type="checkbox"/> 2) CFR <input type="checkbox"/> 3) CC/MC		Violation		NOC		Citation Number							
Investigator(s): [REDACTED]		ID Number: 7118		Date: 7 / 20 / 2017		Reviewed By: [REDACTED]		Date Reviewed: 8 / 2 / 2017		Page 5 of 6			



<b>Event Number:</b>	<b>STATE OF NEVADA TRAFFIC CRASH REPORT VEHICLE INFORMATION SHEET Revised 1/2016</b>	<b>Crash Number:</b> RPD17-15021	Vehicle Information
		<b>Agency Number:</b> RENO, NV PD	

<b>Name:</b> (Last Name, First Name, Middle Name Suffix)				<b>Transported By:</b> <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 _____							
<b>Street Address:</b>				<b>Transported To:</b>							
<b>City:</b>		<b>State / Country</b> <input type="checkbox"/> 1) NV <b>Zip Code:</b>		<b>Person Type:</b>		<b>Seating Position:</b>		<b>Occupant Restraints:</b>			
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <b>DOB:</b> / /		<b>Phone Number:</b>		<b>Injury Severity:</b>		<b>Injury Location:</b>					
<input type="checkbox"/> 2) Female				<b>Airbags:</b>		<b>Airbag Switch:</b>		<b>Ejected:</b>		<b>Trapped:</b>	

<b>Name:</b> (Last Name, First Name, Middle Name Suffix)				<b>Transported By:</b> <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 _____							
<b>Street Address:</b>				<b>Transported To:</b>							
<b>City:</b>		<b>State / Country</b> <input type="checkbox"/> 1) NV <b>Zip Code:</b>		<b>Person Type:</b>		<b>Seating Position:</b>		<b>Occupant Restraints:</b>			
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <b>DOB:</b> / /		<b>Phone Number:</b>		<b>Injury Severity:</b>		<b>Injury Location:</b>					
<input type="checkbox"/> 2) Female				<b>Airbags:</b>		<b>Airbag Switch:</b>		<b>Ejected:</b>		<b>Trapped:</b>	

<b>Name:</b> (Last Name, First Name, Middle Name Suffix)				<b>Transported By:</b> <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 _____							
<b>Street Address:</b>				<b>Transported To:</b>							
<b>City:</b>		<b>State / Country</b> <input type="checkbox"/> 1) NV <b>Zip Code:</b>		<b>Person Type:</b>		<b>Seating Position:</b>		<b>Occupant Restraints:</b>			
<input type="checkbox"/> 1) Male <input type="checkbox"/> 3) Unknown <b>DOB:</b> / /		<b>Phone Number:</b>		<b>Injury Severity:</b>		<b>Injury Location:</b>					
<input type="checkbox"/> 2) Female				<b>Airbags:</b>		<b>Airbag Switch:</b>		<b>Ejected:</b>		<b>Trapped:</b>	

<input type="checkbox"/> 1) Trailing Unit 1 VIN :				<b>Plate:</b>		<b>State:</b> <input type="checkbox"/> 1) NV <b>Type:</b>	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				<b>Plate:</b>		<b>State:</b> <input type="checkbox"/> 1) NV <b>Type:</b>	
<input type="checkbox"/> 1) Trailing Unit 1 VIN :				<b>Plate:</b>		<b>State:</b> <input type="checkbox"/> 1) NV <b>Type:</b>	

<b>Commercial Vehicle Configuration</b>						<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			<b>Source</b>					
						<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						

<b>Carrier Name:</b>				<b>Power Unit GCWR</b>				<input type="checkbox"/> 1) Hazmat <input type="checkbox"/> 2) Released			
				<input type="checkbox"/> 1) ≤ 10,000 Lbs. <input type="checkbox"/> 2) 10,001 - 26,000 Lbs. <input type="checkbox"/> 3) ≥ 26,001 Lbs.							
<b>Carrier Street Address:</b>				<b>City:</b>				<b>State</b> <input type="checkbox"/> 1) NV		<b>Zip Code:</b>	

<b>Cargo Body Type</b>						<b>Haz-Mat ID #:</b>					
<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		<b>Hazard Classification #:</b>					
						<b>Type of Carrier</b>		<b>NAS Safety Report #:</b>			
						<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		<b>Carrier Number:</b>			
								Page 6 of 6			



# RENO POLICE DEPARTMENT RESTRICTED DISSEMINATION NOTIFICATION

This document is to advise you that information has been removed, withheld or redacted per:

- Personal Information                      NRS 239B.030 / 603A.040
- Juvenile Personal Information            NRS 62D.440
- Elder/Vulnerable Person Abuse            NRS 200.5095
- Sexual Assault Victim                      NRS 200.3771
- Officer's Bill of Rights                      NRS 289.025
- Juvenile Criminal                            NRS 62H.025
- Secondary Dissemination                  NRS 179A.110
- Investigative Technique                  Confidential Law Enforcement Technique / Donrey  
of Nevada v. Bradshaw
- Animal Cruelty                                NRS 574.053
- Financial Records                            NRS 239A.120
- Response Plan/Tactical Operations       NRS 239C.210
- Child Abuse/Neglect                        NRS 432B.280
- A.G. Insurance Fraud Case                NRS 686A.289
- Record Seal (Court Order or Auto)       NRS 62H.140, NRS 179.245
- Other \_\_\_\_\_
- Other \_\_\_\_\_

REDACTED BY: JH 14667  
(INITIALS & ID#)

DATE: 08/03/17

September 7, 2017

State Of Nevada Fleet Services Division  
750 E King St  
Carson City NV 89701-4768

State Farm Auto Claims  
P.O. Box 52250  
Phoenix AZ 85072

RE: Claim Number: [REDACTED]  
Date of Loss: July 20, 2017  
Our Insured: [REDACTED]  
Policy Number: [REDACTED]

To Whom It May Concern:

We have carefully considered the facts of this accident. Based on our investigation, we do not believe our insured was legally liable for your damages.

Upon completion of our investigation, State Farm has determined that there is not sufficient evidence to support one version of the loss over the other version. The facts of this accident are disputed and there were no independent eye witnesses. Therefore, we don't believe our insured can be considered solely liable for this accident, and decline to make voluntary payment.

In the absence of legal liability, we would not be justified in making settlement. Therefore, we must deny payment of this claim.

Sincerely,

[REDACTED]  
Claim Specialist  
(855) 341-8184

State Farm Mutual Automobile Insurance Company



## Lyn Letarti

---

**From:** Stacie R. Hancock  
**Sent:** Monday, September 18, 2017 11:36 AM  
**To:** Lyn Letarti  
**Cc:** Ana M. Andrews  
**Subject:** RE: total claim 18-030  
**Attachments:** 20170912090444220.pdf

**Importance:** High

Hi Lyn,

I have verified that this vehicle is a total loss. The reimbursement amount will be \$1,597.50 less the salvage and deductible.

*The State of Nevada's Property Insurance Policy effective 7/1/17-7/1/18 has changed the valuation method for Contractor's Equipment/Vehicles claims as follows: Units older than 5 years are valued at Actual Cash Value (ACV), units 5 years or newer are valued at Replacement Cost Value. Total Loss Replacement procedures do apply as outlined in S.A.M. 0504.*

Thank you,

**Stacie Hancock | Administrative Assistant IV**  
Nevada Department of Administration | Risk Management Division  
T: (775)687-3188 | F: (775)687-3195 | E: [shancock@admin.nv.gov](mailto:shancock@admin.nv.gov)  
[www.risk.nv.gov](http://www.risk.nv.gov)

**From:** Lyn Letarti  
**Sent:** Tuesday, September 12, 2017 8:58 AM  
**To:** Stacie R. Hancock <[shancock@admin.nv.gov](mailto:shancock@admin.nv.gov)>  
**Subject:** total claim 18-030

Stacie,  
This vehicle appears to be a total loss. Please verify. I have included the repair estimates.  
2006 Dodge Status SXT  
92308 miles

Lyn Letarti | Fleet Specialist II  
State of Nevada | Department of Administration  
Fleet Services Division - Carson City  
V: (775) 684-1881 | Fax: (775) 684-1888  
Email: [LCLetarti@admin.nv.gov](mailto:LCLetarti@admin.nv.gov)  
Reservations: [www.fleetservices.nv.gov](http://www.fleetservices.nv.gov)

New to Fleet Services? Please visit our website for complete information on [Forms](#) , [Current Events](#) , [Rental Procedures](#), [Making reservations online](#)

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Paul Nicks  
Deputy Director

**STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Governor's Finance Office**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 687-0260

Date: October 18, 2017  
To: James R. Wells, Clerk of the Board  
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 Board of Examiners' meeting.

**DEPARTMENT OF PUBLIC SAFETY – STATE FIRE MARSHAL OFFICE**

Agenda Item Write-up:

Pursuant to NRS 334.010, the State Fire Marshal's Office requests approval to purchase two replacement vehicles in fiscal year 2018 for an amount of \$72,197.50.

Additional Information:

The agency seeks approval to purchase two replacement vehicles in accordance with the 2018 legislatively approved budget (BA 3816, E716). One vehicle will replace an agency Investigations vehicle and the other vehicle will replace a Training vehicle. Both vehicles are being purchased within the approved budgeted amount of \$79,500 and meet the vehicle replacement criteria established in SAM.

Statutory Authority:

BOE approval required pursuant to NRS 334.010.

REVIEWED: _____ ACTION ITEM: _____
---------------------------------------

## STATE VEHICLE PURCHASE

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
<b>DEPARTMENT OF PUBLIC SAFETY – STATE FIRE MARSHAL’S OFFICE</b>	2	\$72,197.50
Total:	2	\$72,197.50

**Brian Sandoval**  
*Governor*



**James M. Wright**  
*Director*

**Bart J. Chambers**  
*State Fire Marshal*

## **State Fire Marshal Division**

Stewart Facility  
107 Jacobsen Way  
Carson City, NV 89711  
(775) 684-7501 • Fax (775) 684-7518

## **MEMORANDUM**

**TO:** Natasha Kephart, Budget Analyst III  
DPS Director's Office

**FROM:** Dawn Nenzel, Account Tech 1

**SUBJECT:** Approval to purchase Vehicles


**DATE:** October 4, 2017

The 2017 Legislature approved the State Fire Marshal Division (Budget Account 3816, decision unit E716) to purchase two replacement vehicles: one replacement investigation vehicle and one replacement training. The agency is requesting to purchase both vehicles at this time for a quoted amount of \$72,197.50: the training replacement vehicle is quoted with a price of \$40,819.25 and will be stationed in Carson City; the investigation replacement vehicle is quoted at a price of \$31,378.25 and will be stationed in Elko.

Attached are the forms and backup documentation required by the Board of Examiners for requesting approval to purchase a state vehicle pursuant to NRS 334.010. Both vehicles are being purchased within the approved budgeted amount of \$79,500 and meet the vehicle replacement criteria established in SAM.

If you have any questions, please feel free to contact me.

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

<b>Agency Name:</b> DPS - State Fire Marshal Division	<b>Budget Account #:</b> 3816
<b>Contact Name:</b> Patrick Bowers	<b>Telephone Number:</b> 775-884-7509
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>\$31,378.25</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>Pick up</u>	
Mission of the requested vehicle(s): <u>Vehicle will be utilized for emergency response situations.</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>E-716</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"/> <u>1</u> Replacement(s)	
Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain. <b>No. This section is not applicable for emergency response vehicles.</b>	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <b>Current Vehicle Information:</b> Vehicle #1 Model Year: <u>2008</u> Odometer Reading: <u>127,646</u> Type of Vehicle: <u>Pick up</u>	Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.  <u>Yes</u>
Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.  <u>No</u>
<i>Please attach an additional sheet if necessary</i>	
<b>APPOINTING AUTHORITY APPROVAL:</b>	
 _____ Agency Appointing Authority	<u>Chief, State Fire Marshal</u> _____ Title
	<u>9/1/17</u> _____ Date
<b>BOARD OF EXAMINERS' APPROVAL:</b>	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
_____ Board of Examiners	_____ Date

Schedule Selection G: Equipment Schedule

Budget Account: 3816 DPS - FIRE MARSHAL		GL Acct	Description	Priority	Year1 Count	Year2 Count	Year1 Rate	Year2 Rate	Year1 Amt	Year2 Amt
B000	BASE									
13	7465	ARSON INVESTIGATION EQUIPMENT	0	1	1	3,836.00	3,836.00	3,836	3,836	3,836
Total for Decision Unit: B000				1	1			3,836		3,836
E710	EQUIPMENT REPLACEMENT									
26	8371	HARDWARE-DESKTOP PC W/ MONITOR & OS, HIGH COST	0	1	0	1,355.00	1,355.00	1,355	1,355	0
Employee desktop computers due for replacement per the state's computer hardware and software policy. The attached replacement schedule identifies the requested desktop and laptop computers.										
26	8371	HARDWARE-FLAT PANEL MONITOR 19"	0	1	0	172.00	172.00	172	172	0
Employees within the State Fire Marshal Division utilize dual monitor systems in order to maximize their computer usage efficiency.										
26	8371	HARDWARE-LAPTOP PC WITH OPERATING SYSTEM	0	1	0	1,585.00	1,585.00	1,585	1,585	0
Employee laptop computer due for replacement per the state's computer hardware and software policy.										
Total for Decision Unit: E710				3	0			3,112		0
E716	EQUIPMENT REPLACEMENT									
05	8310	VEHICLE-FLEET-RNO/CC-2.13 4WD TRUCK 3/4 T;CRW CAB;S BD	0	1	1	29,453.00	29,453.00	29,453	29,453	28,453
This request funds the replacement of one Dodge Ram 2500 truck (license plate SFM011) in Year 1 and one Dodge Ram 2500 truck (license plate SFM019) in Year 2. These vehicles are utilized by DPS Officer II positions, one in Carson City and one in Elko. The vehicles have exceeded the eight year and/or 125,000 mile limitations as prescribed in the budget instructions.										
05	8310	VEHICLE-FLEET-RNO/CC-2.13 4WD TRUCK 3/4 T;CRW CAB;S BD	0	1	0	29,453.00	29,453.00	29,453	29,453	0
This request funds the replacement of one Ford F-350 truck (license plate EX47026) in Year 1. This vehicle is utilized by the division's Training Bureau to deliver hazardous material related training throughout the state. The vehicle have exceeded the eight year limitation as prescribed in the budget instructions.										
05	8271	CENTER CONSOLE EQUIPMENT	0	1	1	775.00	775.00	775	775	775
The center consoles for the siren and light controls for the replacement sworn staff vehicles will need to be replaced due to cab configuration changes in a new model vehicle. [See Attachment]										
05	8271	CUSTOM CAMPER SHELL	0	2	1	1,625.00	1,625.00	3,250	1,625	1,625
Purchase of a truck bed shell in order to secure investigative and training related equipment. [See Attachment]										
05	8271	CUSTOMIZED TRUCK BED EXTENDER	0	1	1	1,450.00	1,450.00	1,450	1,450	1,450
Sliding truck bed extender for two replacement investigation vehicles to allow easy access to investigative equipment while on scene. [See Attachment]										
05	8271	EMERGENCY RESPONSE EQUIPMENT	0	1	1	1,343.00	1,343.00	1,343	1,343	1,343
Emergency response equipment (lights, sirens, etc.) for two replacement investigation vehicles. The Highway Patrol Division provided the standard list of equipment from the vendor they currently utilize. [See Attachment]										
05	8271	VEHICLE OPTIONS CHEVY DIESEL TRUCK	0	1	0	15,554.00	0.00	15,554	0	0
Vehicle options for the one replacement training vehicle in Year 1. Pricing is based on the current vehicle options as negotiated by State Purchasing Division in their statewide contract. [See Attachment]										
05	8271	VEHICLE OPTIONS DODGE RAM TRUCK	0	1	1	5,040.00	5,040.00	5,040	5,040	5,040
Vehicle options for the one replacement investigation vehicle in Year 1 and on replacement vehicle in Year 2. Pricing is based on the current vehicle options as negotiated by State Purchasing Division in their statewide contract. [See Attachment]										
Total for Decision Unit: E716				9	6			96,318		39,686
Total for Budget Account: 3816				13	7			93,266		43,522

*Handwritten notes:*  
 = 34,493  
 = 45,007  
 = 6,818  
 = 1,450  
 = 1,343  
 = 15,554  
 = 5,040  
 = 29,453  
 = 29,453  
 = 775  
 = 3,250  
 = 1,450  
 = 1,343  
 = 15,554  
 = 5,040

# CARSON DODGE CHRYSLER JEEP



RAM

DODGE

CHRYSLER



Jeep

www.CarsonDodge.com

9-1-17

STATE OF NEVADA FIRE MARSHAL'S OFFICE

ATTN: Patrick Bowers

RE: STATE OF NEVADA BID 8255; SECTION 2.13

2018 RAM 2500 CREWCAB SHORT BED GAS BASE PRICE

\$25,800.00

CHROME APPEARANCE

\$814.00

FOUR WHEEL DRIVE

\$2,800.00

HEAVY DUTY ALTERNATOR

\$85.00

ANTI SPIN AXLE

\$405.00

SKID PLATE W/TOW HOOKS

\$85.00

DAYTIME RUNNING LAMPS

\$34.00

LT 275/70R 18E ON OFF ROAD TIRES

\$223.00

UCONNECT HANDSFREE 5.0

\$723.00

ELECTRONIC T/CASE

\$230.00

LED BED LIGHTING

\$150.00

STATE OF NEVADA TITLE

\$29.25

TOTAL WITH OPTIONS:

\$31,378.25

EXTERIOR COLOR-WHITE

INTERIOR COLOR-SLATE GRAY

Regards,

Joel Cryer

---

3059 South Carson Street Carson City NV 89701-4513  
(775) 883-2020 (888) 883-2028 FAX (775) 883-7227  
Email: [info@carsondodge.com](mailto:info@carsondodge.com)

### Vehicle Order Information Form

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2.13 Dodge Ram 2500 Crew Cab SWB 4x2-4x4 Gas  Dodge Ram 2500 Crew Gas , 2018, DJ2L91		
<b>Dealer Name:</b>	Carson Dodge		
<b>Delivery Location:</b>	Carson City		
<b>Vehicle Colors:</b>	Exterior: White	Interior: Dark Slate Gray	<input checked="" type="radio"/> Cloth <input type="radio"/> Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>BASE PRICE</b> (Reno, Carson City or Las Vegas delivery)	1	\$ 25,800.00	\$25,800.00
<b>SPECIFY OPTIONS: (description)</b>			<b>\$5,549.00</b>
Chrome Appearance Group (AED)	1	\$ 814.00	
Four Wheel Drive	1	\$ 2,800.00	
Heavy Duty Alternator 180 AMP	1	\$ 85.00	
Limited Slip Differential	1	\$ 405.00	
Skid Plate W/ Tow Hooks 4x4	1	\$ 85.00	
Daytime Running Lamps	1	\$ 34.00	
LT 275/70R18E On Off Road Tires	1	\$ 223.00	
Uconnect Handsfree Communication 5.0	1	\$ 723.00	
Electronic Transfer Case	1	\$ 230.00	
LED Bed Lighting	1	\$ 150.00	
<b>DELIVERY COST:</b> (If other than Reno\Carson or Las Vegas)	0	\$0.00	\$ 0.00
<b>Total purchase price with options</b>			<b>\$ 31,349.00</b>
<b>DMV Title and DRS Fee's</b>	1	\$29.25	\$ 29.25
<b>GRAND TOTAL:</b>			<b>\$ 31,378.25</b>



**STANDARD PAGE - FLEET VEHICLES 8475**

(Use separate page for each package)

**DEALER NAME:** Carson Dodge Chrysler Jeep

**Specify State's Vehicle Item Number:** 2.13 Dodge Ram 2500 Crew Cab SWB 4x2-4x4 Gas

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

Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
Dodge Ram 2500 Crew Gas , 2018, DJ2L91	\$25,800.00	\$26,100.00

**State vehicle miles per gallon (MPG):** N/A HD Truck

**State manufactures warranty:** 3/36,000 COMPREHNSIVE AND 5/100,000 POWERTRAIN

**Specify engine size and emission rating:** 5.7 LITER V-8; HD ULEV II

**Includes Minimum Standard Equipment Listed:**  Yes  No If no, state exceptions:

**Exterior Color: List available colors:**

Black Forest Green, Blue Streak, Silver, White, Brilliant Black, Delmonico Red, Flame Red, Granite Crys  
Lux Brown, Max Steel, True Blue

Special production color available for \$383.00-Call dealer for colors.

**Seats, Cloth: List available colors:**

Dark Slate Gray

**GVW: 8800 #**

(When Applicable)

**WHEELBASE: 149.0**

(When Applicable)



**ITEMIZED OPTION PAGE ~ FLEET**

(Use separate page for each package)


DEALER NAME: Carson Dodge Chrysler Jeep

		DEDUCT AMOUNT
ABS Brake System	STD	\$-
Air Conditioning	STD	\$-
Cruise Control	STD	\$-
Diesel Engine	See 2.13A	\$-
Engine Block Heater	N/A	\$-
Four Wheel Drive (4x4)	\$2,800.00	\$-
Heavy Duty Alternator	\$85.00 180 AMP	\$-
Hitch Receiver	STD	\$-
Integrated Trailer Brake (3/4 ton only)	\$268.00	\$-
Keyless Entry w/Fob (must have power door locks)	STD	\$-
Limited Slip Differential	\$405.00	\$-
Paint, Metallic	SEE PAINTS	\$-
Power Mirrors	STD	\$-
Power Locks	STD	\$-
Power Seats	N/A	\$-
Power Windows	STD	\$-
Radio; AM/FM Stereo, Cassette Player	AM/FM STD	\$-
Radio; AM/FM Stereo, Cassette Player, CD	AUX INPUTS	\$-
Rear Window Wiper	N/A	\$-
Seats, Vinyl		(-\$425.00)
Vinyl Colors: SLATE GRAY		
<del>Skid Plate w/Tow Hooks 4x4</del>	<del>\$85.00</del>	<del>\$-</del>
Tilt Steering	STD	\$-
Tire, Spare, Full Size-	STD	\$-
Trailer Tow Mirrors	\$177.00	\$-
Trailer Tow Package	STD	\$-
<del>Daytime Running Lamps</del>	<del>\$34.00</del>	
<del>LT 275/70R18E:ON OFF ROAD TIRES</del>	<del>\$223.00</del>	
Rear Sliding Window	N/A	
Mopar Chrome Tube Steps	\$446.00	
HD Snow Plow Prep 4x4	\$115.00	
<del>Uconnect Handsfree Communication 5.0</del>	<del>\$723.00</del>	
UConnect Handsfree Communication 3.0	\$177.00	
Park Assist System	\$268.00	
Park View Rear Backup Camera	STD	
Ram Cargo Box Mgmt System	\$1,101.00	
Aux Switches I/P Mounted	\$132.00	
6.4 Hemi V-8 Engine	\$425.00	

Electronic Transfer Case	\$230.00	
LED Bed Lighting	\$150.00	
Upfitter VISM Module	\$314.00	
Spray In Liner	\$450.00	\$-

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

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

<b>Agency Name:</b> DPS - State Fire Marshal Division	<b>Budget Account #:</b> 3816	
<b>Contact Name:</b> Patrick Bowers	<b>Telephone Number:</b> 775-684-7509	
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:		
<b>Number of vehicles requested:</b> <u>1</u> <b>Amount of the request:</b> <u>\$44,566.25</u> <b>Is the requested vehicle(s) new or used:</b> <u>New</u> <b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> <u>Pick up</u> <b>Mission of the requested vehicle(s):</b> <u>Vehicle will be utilized for delivering emergency response training to Nevada fire agencies statewide.</u>		
<b>Were funds legislatively approved for the request?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b> <u>E-716</u> <b>If no, please explain how the vehicles will be funded?</b>	
<b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b> <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)		
<b>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</b> <u>No. This vehicle is utilized to tow several different trailers containing fire training equipment delivering training to emergency response personnel statewide.</u>		
<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <b>Current Vehicle Information:</b> Vehicle #1 Model Year: <u>2005</u> Odometer Reading: <u>61,079</u> Type of Vehicle: <u>Pick up</u>  <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	<b>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</b>  <u>Yes</u>  <hr/> <b>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</b>  <u>No</u>	
<i>Please attach an additional sheet if necessary</i>		
<b>APPOINTING AUTHORITY APPROVAL:</b>		
 _____ Agency Appointing Authority	<u>Chief, STATE FIRE MARSHAL</u> _____ Title	<u>9/1/17</u> _____ Date
<b>BOARD OF EXAMINERS' APPROVAL:</b>		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
_____ Board of Examiners	_____ Date	

## Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2.13 - Truck 3/4 Ton; Full Size; Crew Cab; Short Bed 2018 Chevrolet Silverado - CC25743		
<b>Dealer Name:</b>	Champion Chevrolet		
<b>Delivery Location:</b>	Reno		
<b>Vehicle Colors:</b>	Exterior: Summer White	Interior: Dark Ash	<input type="radio"/> Cloth  <input type="checkbox"/> Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 26,965.00	\$26,965.00
SPECIFY OPTIONS: (description)			\$17,572.00
Option Package Name/Code: 1LT	1	\$ 4,900.00	
Engine, Alt Size 6.6L V-8 Duramax Diesel	1	\$ 7,889.00	
Four Wheel Drive	1	\$ 2,089.00	
Heavy Duty Alternator 180 AMP	1	\$ 335.00	
Electronic Transfer Case	1	\$ 200.00	
Skid Plate	1	\$ 132.00	
Integrated Trailer Brake Controller	1	\$ 242.00	
Tires, All Terrain	1	\$ 200.00	
Trailer Tow Mirrors-Power	1	\$ 308.00	
Trailer Tow Package (Incl 7 & 4 pin connectors)	1	\$ 264.00	
Power Seat (Driver Side)	1	\$ 383.00	
Steps, 4' Black Round	1	\$ 630.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	0	\$0	

Total purchase price with options			\$ 44,537.00
DMV Title and DRS Fee's	1	\$29.25	\$ 29.25
GRAND TOTAL:			\$ 44,566.25

<b>Registered Owner:</b>	Agency Name & Address: State Fire Marshal Division 107 Jacobsen Way Carson City, NV 89711
<b>Legal Owner:</b>	Agency Name & Address: State Fire Marshal Division 107 Jacobsen Way Carson City, NV 89711
<b>County Vehicle Based In:</b>	Carson City
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Dennis Pinkerton 775-684-7520

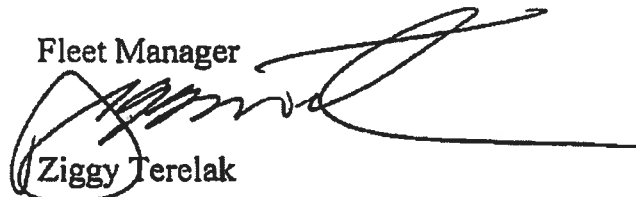




Item # 2.13 – ¾ Ton Full Size Crew Cab: Short Bed

◦ Base Price -	\$26,965.00
◦ LT Package-	\$4,900.00
◦ Four Wheel Drive -	\$2,089.00
◦ Duramax Diesel	\$7,889.00
◦ Electronic T-Case	\$200.00
◦ HD Alternator	\$335.00
◦ Integrated Trailer Brake Controller	\$242.00
◦ Power Drivers Seat	\$383.00
◦ Tires All Terrain	\$200.00
◦ Skid Plates	\$132.00
◦ Steps 4" Black Round	\$630.00
◦ Trailer Tow Mirrors	\$308.00
◦ Trailer Tow Package	\$264.00
◦ Nevada DRS/Title Fee	\$29.25
<b>Grand Total</b>	<b>\$44,566.25</b>

Fleet Manager



Ziggy Terelak

**STANDARD PAGE ~ BID 8475 FLEET VEHICLES**

**DEALER NAME - *Champion Chevrolet***

**Vehicle Item Number: *2.13 - Truck 3/4 Ton; Full Size; Crew Cab; Short Bed***

Specify MANUFACTURER, MODEL NAME, YEAR & BODY MODEL CODE:	Base Price for RENO/CARSON CITY	Base Price for LAS VEGAS
<i>2018 Chevrolet Silverado - CC25743</i>	<i>\$26,965.00</i>	<i>\$27,165.00</i>

**State vehicle miles per gallon (MPG): *NOT RATED***

**Manufactures Suggested Retail Price(MSRP): *\$ 36,965.00***

**State manufactures warranty: *3 YR or 36k Miles Bumper to Bumper & 5 YR or 100k Miles Powertrain***

**Specify standard engine size and emission rating: *6.0L Vortec V-8 Flex Fuel* Federal Emission**

**Includes Minimum Standard Equipment Listed:  Yes  No If no, state exceptions:**

***AMFM STEREO W/ USB PORTS, AUX JACK, & SD CARD SLOT CD PLAYER - OPTIONAL SEE BELOW***

**Exterior Color: List available colors:**

*Black, Summit White, Graphite Metallic, Deep Ocean Blue Metallic + \$375.00, Havanah Metallic,  
Silver Ice Metallic, Red Hot*

**Seats, Cloth: List available colors:**

*Dark Ash*

**GVW: *9500(GAS) 10,000(DIESEL)***

**WHEELBASE: *153.70***

OPTION PACKAGE PAGE ~BID 8475 FLEET VEHICLES

DEALER NAME - *Champion Chevrolet*

Vehicle Item Number: *2.13 - Truck 3/4 Ton; Full Size; Crew Cab; Short Bed*

Option Package Name/Code: *1LT* (Requires 2WD) \$4,624.00 (Requires 4WD) \$4,900.00

List Equipment Features Below:

*17" Machined Aluminum Wheels, Chrome Front/Rear Bumper, Bodyside Moldings, Chrome Grille,  
Power Mirrors, Power Windows, Remote Keyless Entry, Deep Tint Glass(Except front Windows),  
Premium Cloth, Driver Side Lumbar Control, Carpeted Floor, Rubber Floor Mats, Leather Wrapped Steering Wheel,  
Bluetooth, Onstar, Single Slot CD Player*

## Jim Rodriguez

---

**From:** Natasha Kephart  
**Sent:** Thursday, October 19, 2017 10:58 AM  
**To:** Jim Rodriguez  
**Subject:** FW: Rational  
**Attachments:** Hazardous Material Mobil Training.pdf

**Importance:** High

Hello Jim,

Please see the following information on why a replacement vehicle is needed. This was provided during the budget build process.

Rational:

The State Fire Marshal Division provides training in compliance to the **Nevada Revised Statute (NRS) 477.047, Hazardous materials: Establishment of mobile training team to train volunteer firefighters to respond to incidents**. To accomplish this the Division's Training and Certification Bureau utilizes six hazardous material mobile training props (please see attached document). The mobile props are located in Carson City and are towed to Nevada Fire agencies such as West Wendover, Elko, Panaca, Caliente, Ely, and Tonopah. These training props have been used at different training location at the same time which requires more than one tow vehicle.

These mobile props weigh up to 9,000 pounds and are very problematic when towed with the 2005 Ford F-350. When towing props with this vehicle, there isn't sufficient power to travel Nevada mountain passes. The 2005 Ford F-350 is a gas fueled truck that is 12 years old and the fuel consumption is at 8 to 10 miles per gallons. It is believed that the purchase of a new truck would be a benefit to the Division as it will be a diesel powered vehicle with new technology for improved power and fuel consumption.

Natasha Kephart  
Department of Public Safety  
(775)684-4931 phone  
(775)684-4502 fax  
[nkephart@dps.state.nv.us](mailto:nkephart@dps.state.nv.us)

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Paul Nicks  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: October 30, 2017

To: James R. Wells, CPA, Director  
Governor's Finance Office

From: Bridgette Garrison, Executive Branch Budget Officer  
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

**DEPARTMENT OF CORRECTIONS – CORRECTIONAL PROGRAMS**

Agenda Item Write-up:

Pursuant to NRS 353.268, the Department requests an allocation of \$234,372 in Fiscal Year 2018 and \$375,056 in Fiscal Year 2019 for a total of \$609,428 from the Interim Finance Committee Contingency Account to fund the addition of one Program Officer 2 position, four Program Officer 1 positions, two temporary contracted support positions and other associated costs. The requested positions are needed to ensure compliance with Senate Bill 268 which was enacted during the 2017 Legislative Session to verify an offender's full legal name and date of birth before issuing a photo identification card. This action would result in an increase of the agencies authorized positions from 99 full time equivalents to 104 full time equivalents.

Additional Information:

During the 2017 Session, the Legislature amended Nevada Revised Statute (NRS) 209.511 subsection 1 by requiring the Department of Correction, as part of the inmate pre-release process, to verify an offender's full legal name and age before issuing a photo identification card. The legal name and date of birth of the individual will be verified by ordering legal and certified copies of the offender's birth certificate, social security card and additional certification documents as required by the Nevada Department of Motor Vehicles.

NDOC does not have the staff to accomplish the additional workload resulting from SB 268 without additional resources. Currently the NDOC issues the identification cards for inmates using the name and date of birth found on the offender's judgment of conviction without verifying if the name and date of birth are the full legal name of the offender.

NDOC did submit a fiscal note related to BDR 16-546 indicating an additional eleven Correctional Caseworkers would be needed, however the Agency stated the fiscal impact could not be determined and further review would be needed to determine the appropriate staffing levels.

To comply with SB 268 requiring the Department of Correction, as part of the inmate pre-release process, to verify an offender's full legal name and date of birth before issuing a photo identification card which was enacted during the 2017 Legislative Session the agency is requesting \$234,372 in fiscal year 2018 and \$375,056 in fiscal year 2019 for a total of \$609,428 from the Interim Finance Contingency Account.

Relates to IFC work program # C41512 FY18 and C42035 FY19.

Statutory Authority:

NRS 353.268

REVIEWED: <u>my</u>
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) 486-9938



**State of Nevada  
Department of Corrections**

Brian Sandoval  
Governor

James Dzurenda  
Director

John Borrowman  
Deputy Director  
Support Services

Date: October 26, 2017

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

From: Scott Ewart  
Chief of Fiscal Services

Subject: IFC Contingency Funds Request Supporting Senate Bill 268

A handwritten signature in blue ink, appearing to read "Scott Ewart", is written over the "From:" field of the letterhead.

The Department of Corrections is requesting approval from the Board of Examiners to request funds in the amount of \$234,372 from the Interim Finance Committee Contingency Account to fund five new permanent positions and two temporary contracted positions in State Fiscal Year (SFY) 2018 to support enhancement of Senate Bill (SB) 268 from the 79<sup>th</sup> legislative session. The Department has submitted Work Program C41512 pursuant to this request.

During the 2017 Session, the Legislature amended Nevada Revised Statute (NRS) 209.511.1 paragraph (f) of subsection 1. The legal name and date of birth of the individual will be verified by NDOC researching and ordering legal and certified copies of the offender's birth certificate, social security card and additional certification documents as required by the Nevada Department of Motor Vehicles.

The NDOC does not have the staff to accomplish the additional workload resulting from SB 268 without additional resources. Currently the NDOC issues identification cards for inmates using the name and date of birth found on the offender's judgement of conviction without verifying if the name and date of birth are legally associated with the offender.

The NDOC did submit a solicited Fiscal Note related to BRR 16-546 indicating an additional eleven Correctional Caseworkers would be needed, but the fiscal impact could not be determined at that time as further study would be needed to determine the appropriate staffing amount.

Based on the current enacted revised NRS and completed NDOC research, the NDOC is requesting funding to be used to fund the following permanent and contracted positions during SFY 2019;

One (1) Program Officer II	\$30,340
Four (4) Program Officer I	\$93,592
Equipment/Furniture	\$14,352
Information Services	\$11,231
Travel	\$ 875
Operating	\$83,982
<b>Total</b>	<b>\$234,372</b>

Please contact me if you have any questions.

Thank You

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



**State of Nevada  
Department of Corrections**

Brian Sandoval  
Governor

James Dzurenda  
Director

John Borrowman  
Deputy Director  
Support Services

Date: October 26, 2017

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

From: Scott Ewart  
Chief of Fiscal Services *Scott Ewart*

Subject: IFC Contingency Funds Request Supporting Senate Bill 268

The Department of Corrections is requesting approval from the Board of Examiners to request funds in the amount of \$375,056 from the Interim Finance Committee Contingency Account to fund five new permanent positions and two temporary contracted positions in State Fiscal Year (SFY) 2019 to support enhancement of Senate Bill (SB) 268 from the 79<sup>th</sup> legislative session. The Department has submitted Work Program C42035 pursuant to this request.

During the 2017 Session, the Legislature amended Nevada Revised Statute (NRS) 209.511.1 paragraph (f) of subsection 1. The legal name and date of birth of the individual will be verified by NDOC researching and ordering legal and certified copies of the offender's birth certificate, social security card and additional certification documents as required by the Nevada Department of Motor Vehicles.

The NDOC does not have the staff to accomplish the additional workload resulting from SB 268 without additional resources. Currently the NDOC issues identification cards for inmates using the name and date of birth found on the offender's judgement of conviction without verifying if the name and date of birth are legally associated with the offender.

The NDOC did submit a solicited Fiscal Note related to BRR 16-546 indicating an additional eleven Correctional Caseworkers would be needed, but the fiscal impact could not be determined at that time as further study would be needed to determine the appropriate staffing amount.

Based on the current enacted revised NRS and completed NDOC research, the NDOC is requesting funding to be used to fund the following permanent and contracted positions during SFY 2019;

One (1) Program Officer II	\$ 60,996
Four (4) Program Officer I	\$227,378
Equipment/Furniture	\$ 80,226
Information Services	\$ 1,701
Travel	\$ 875
Operating	\$ 3,880
<b>Total</b>	<b>\$375,056</b>

Please contact me if you have any questions.

Thank You





## State of Nevada Department of Corrections

### *Request for Funds to Implement Senate Bill (SB) 268*

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**Department of Corrections, Division: Programs**

**Supervisor:** Deputy Director of Programs, Kim Thomas

**Geographic Locations of Positions required at Intake Facilities:** Permanent FTE's Northern Nevada Correctional Center; Florence McClure Women's Correctional Center; and High Desert State Prison. Temporary FTE's at remaining facilities.

**Deadline:** NDOC is required to implement October 1, 2017

**Budget Account:** 3711

**Overview of Request:** Request for position(s) and additional funding to comply with Senate Bill (SB) 268.1 (f) and Section 2 of Senate Bill (SB) 268, as approved by the Governor *prohibiting* the Director of the Nevada Department of Corrections to provide Identification Cards (IDs) for inmates released from NDOC institutions unless their true identity can be verified. This revision to SB 268 becomes effective October 1, 2017 and NDOC was not authorized any positions or funding to perform the additional workload created by the revisions to this statute. However, NDOC did provide a fiscal note in the narrative as to what was needed.

The revision to this statute changed the language from permissive, in that the NDOC could provide assistance to an inmate, who voluntarily requested a birth certificate, to support the Governor's Statewide Re-Entry Strategic Plan goals which work to support the inmate in obtaining the documentation to obtain identification and/or a driver's license. NDOC must now verify the inmate's true identity prior to authorizing any identification upon release. The NDOC must bear the burden of investigating the inmate's true identity, and applying for verification of the identification prior to the inmate release. Those inmates being released to the community after October 1, 2017, whose true identity cannot be verified through a birth certification or other documentation such as a passport, will have their NDOC inmate identification card confiscated, if the NDOC is not supported with additional resources. *This makes the inmate in questionable status upon exit, as he/she would not be in compliance with law enforcement requirements that the individual be able to produce picture identification, and could subject the individual to a technical parole violation.*

Inmates may, in many cases, not want their true identity known because they are aware that they have outstanding warrants for crimes committed in other states. Some do not want their true identity known because of back child support that is owed or restitution that has been ordered by the courts in other cases. Women offenders may have arrest histories that include aliases or maiden names, but some may have used married names. This also does not consider name changes to or from their maiden name. This creates additional time and burden to process documentation for women offenders.

The only program that attempts to verify an inmate's true identity is Re-Entry. Re-Entry services approximately 750 inmates per year or about 80 inmates per month. The NDOC does not have the staff to accomplish the additional workload, for all staff and not just limited to the reentry program, without additional resources. If the funding for these positions is not approved, NDOC has only one of two alternatives: 1) NDOC may release inmates without an identification card; or 2) incur overtime to accomplish the task of verifying an inmate's true identity. The challenge of releasing an offender without an identification card is the necessity for the offender to have some identification to access resources from medical care, to employment.

Unfortunately, NDOC is not able to contract for these services because the work required to conduct an exhaustive analysis of an inmate's true identity will require the use of the National Crime Institution Center (NCIC) to check for additional arrest or criminal information under aliases, married and maiden names as well as contacting other law enforcement agencies, probation departments and foreign consulates for information regarding an inmate's identity. It will also require staff to write disciplinary documentation for inmates that refuse direct orders to comply with the request to obtain birth certificates or documentation to verify their true identity.

**Comparison of Legislation:** Prior to the revised legislative language, the previous legislation did not require the NDOC to verify the offender's true identity and was therefore treated as permissive and it required NDOC to provide IDs per NRS 209.511 as follows:

- (f) Shall provide the offender with a photo identification card issued by the Department and information and reasonable assistance relating to acquiring a valid driver's license or identification card to enable the offender to obtain employment, if the offender:*
- (1) Requests such information and assistance; and*
  - (2) Is eligible to acquire a valid driver's license or identification card from the Department of Motor Vehicles;*

In view of the fact that the prior legislative language was permissive, inmates chose whether they wanted to obtain a birth certificate. If they chose to pursue obtaining a birth certificate they completed the request, completed a brass slip and mailed the request out. This legislation supports the Governor's Re-Entry Strategic Plan which focuses on re-entry upon the inmate's entrance into the NDOC, and this request for funding would satisfy that mandate.

The mandate in SB 268 is as follows:

- 2. The Director shall not provide an offender with a photo identification card pursuant to paragraph (f) of subsection 1 unless the Director has verified the full legal name and age of the offender by obtaining an original or certified copy of the documents required by the*

Department of Motor Vehicles pursuant to NRS 483.290 or 483.860, as applicable, furnished as proof of the full legal name and age of an applicant for a driver's license or identification card.

The new legislation (SB 268) places a greater burden on the NDOC to ensure compliance with the Governor's and Legislative re-entry efforts and, therefore, increases the workload and costs associated with providing validated Identification as outlined in this request.

STAFF JUSTIFICATION							
Requested Staff	Monthly Caseload Expected (Total)	Individual Caseload	Monthly Admin. Hours	Processing Time (2-6 Hours)	Annual Inmate Projection (Intake)	Programming Classes and Activities (Weekly)	Working Hours Monthly (2080 Year)
5 FTE (2,080 hours or 173 hours month)	500	80	12-hours	160-180 hours	6,000	0	172-192 hours
2-Temporary (Year 1 Only)	200	80-100	6-hours	120	2,400-3,000 Release	0	166-200
Existing Re-Entry (Understaffed)	1,200	120	12-hours	90-130 hours (80 inmates)	1,000-1,800 (Release)	16-20 hours (60-inmates)	173 hours

NDOC was able to complete one audit on the Southern Desert Correctional Center to provide the additional information in support of the requested staff to extrapolate the information to support the caseload information provided.

SOUTHERN DESERT CORRECTION CENTER				
Total Inmates	Number of Inmates with Birth Certificates	Number of Inmates Requiring Support	Inmates Requiring a Social Security Card, in Addition to Birth Certificate to Validate Name	Number of Inmates with the Same Name on JOC and Birth Certificate (for those with birth certificates)
2064	269	1,795		238
	13%	87%	12%	88%

**Current Caseloads:** The exception to this permissive approach is the NDOC's Re-Entry Program which processes approximately 750 inmates annually. Re-Entry staff attempts to obtain a certified copy of the inmate's birth certificate prior to the inmate being released into the community which means that about 750 of the approximately 6,000 inmates released have their true identity verified. Current Re-Entry program staff calculated that it takes two (2) or more hours per inmate to process and complete the entire process, and in difficult cases, it may take as much as six (6) hours. The process includes: information provided by the inmate has to be verified against the information in NOTIS, the inmate bank slip withdrawal (brass slip) form to pay for the birth certificate has to be completed and submitted, the request for the birth certificate has to be mailed, and once the birth certificate is received it has to be entered in NOTIS and copies have to be made for the inmate and the inmate file. Therefore, the request for FTEs is based on the two (2) hours that is required to complete the entire process for the

approximately 6,000 inmates that will be released this next fiscal year and the approximate number of inmates that will be processed through intake this next year.

At the present time, the NDOC's automated inmate information system NOTIS, is programmed to have one name and the aliases. It is anticipated that once the process of verifying an inmate's true name, that NOTIS will have to be re-programmed to indicate that name on the Judgment of Conviction (JOC), the true name and the aliases. It is recommended that the true name not be entered in the case notes because it will not alert staff in Parole and Probation that the inmate was committed to the NDOC under an alias.

Program Officers, being requested, will have to alert staff in Intake, through NOTIS that the "Identification Card" that was used by the NDOC will have to be confiscated, if the true identity cannot be verified. Program Officers will also have to alert Intake staff that the "Identification Card" used by the NDOC during the inmate's incarceration will have to be confiscated and a new card will have to be issued with the inmate's verified identity. It is also anticipated that the workload for disciplinary infractions and grievances will increase once this process is instituted because the current Administrative Regulation is being revised to include sanctions for those inmates that do not cooperate with staff's efforts to obtain information for requests for birth certificates.

Inmates will also be advised that they will not be assigned to paying jobs because the NDOC cannot verify their true identity and validate the social security number for tax purposes. Once this occurs, the NDOC is mandated to notify the Social Security Administration that there may be fraud involved regarding the inappropriate use of a social security number. Inmates will also be advised that they may not be able to enter a re-entry program which seeks to verify their true identity, their social security number, obtain a birth certificate and obtain health clearance requirements for entering the workforce. They will also be advised that NDOC will not assign them to pre-apprenticeship programs unless the NDOC can verify their true identity.

All of the above will certainly create grievances and may increase disruptive behavior on the part of inmates who will not be able to enroll in programs, thereby generating disciplinary documentation and workload for officers, hearing lieutenants and caseworkers holding classification hearings and entering information in NOTIS. In view of all of the above, it is anticipated that workload will increase across different units, including Intake, Classification, Inmate Discipline, Inmate Grievances, NOTIS entries and MIS. However, NDOC believes they will be able to absorb these additional costs.

**Safety and Security:** The NDOC must continue to issue inmate identification cards while the inmates are in NDOC's custody, simply to ensure a safe and orderly operation within the institution. This does not mean that the NDOC can, at the present time, ensure that each inmate in its custody has been thoroughly vetted as to their true identity to ensure that outstanding warrants, holds or detainers under an alias have been addressed. Therefore, each time that an inmate is being considered for minimum custody in a camp, outside work crew or transitional housing, a calculated risk is being incurred by the staff classifying the inmate as

minimum custody. This risk is also incurred by staff when classifying an inmate to a custody level within the institution, because without verifying the true identity of an inmate, an inmate may be classified without critical arrest, conviction or mental health information that could change an inmate's classification and/or housing status. This is especially true in Nevada where NDOC houses many inmates that are non-Nevada residents.

At the present time, NDOC conducts a good faith effort to ensure that there are no outstanding warrants or holds, but this search is based on the name provided by the courts on the Judgment of Conviction (JOC). Without additional resources, the NDOC may be unable to honor warrants, holds, or detainers, prior to an inmate's release from custody, as the identification may differ from the request. As a note, the name the offender is arrested under is currently being used to process the offender through the court system, without verifying the identity and/or changing the identity on the documents. Inmates being released to the community without any identification will become a serious problem for Parole and Probation, local law enforcement, Immigration and Customs Enforcement, Department of Motor Vehicles, Veteran's Administration, social services agencies, community service providers, Medicaid, DHHS (services for the mentally ill) DETR, Social Security Administration (social security cards) and employers who cannot identify the inmate's identity. All of these issues impact the Governor's Re-Entry Strategic Plan initiative to reduce recidivism.

**Justification for Request:** It has been reported to the NDOC that Probation and Parole has had tremendous workload issues and that they are also inadequately staffed to perform all of their required duties. As a result, the NDOC has been receiving inmates without Parole/Probation Officer Reports (POR) or the PORs are received after the inmate has already been processed through Intake. The NDOC relies on the POR, fingerprints and NCIC to establish the inmate's identity. However, the NDOC does not have a system or process in place that requires the NDOC to verify the inmate's true identity.

*As stated, NDOC releases an average of about 6,000 inmates per fiscal year. It is expected that this number will stay constant for the next biennium because 80% of NDOC's population is anticipated to expire or be paroled based.*

An additional challenge is the implementation of this bill as of October 1, 2017, for which NDOC is working to develop an implementation plan that is satisfactory to the Secretary of State and the Board of Prison Commissioners. The process of obtaining birth certificates may be a lengthy process depending on whether or not the inmate is cooperative and where the inmate was born. For example, inmates born in foreign countries or inmates that claim to be American citizens under one name but are actually foreign born under a different name. Additionally, some inmates are already over-due for parole or have extremely short release dates when they are received at NDOC's Intake facilities due to pre-sentence and post-sentence credits that are applied by the courts when sentenced.

Currently, the NDOC does not attempt to verify each offender's true identity as the offender is being processed into the NDOC at Intake or when the inmate is being released from NDOC to

the community. The NDOC does not request a birth certificate, passport or other documentation that could verify an inmate's true identity. Instead the NDOC accepts the identification submitted by the Court on the JOC that committed the inmate to the NDOC as the inmate's true identity, even though the NCIC Report (arrest history) may list aliases that the inmate had during prior arrests and/or incarcerations.

Therefore, there is no additional workload to the normal Intake process due to the fact that the NDOC interpreted the verification of identification as a simple comparison of the inmate's name against the commitment documents. At the present time, intake staff fingerprint and photograph the inmate and list the identify marks such as scars and tattoos. This will no longer be the case, as a much more work intensive process has to begin at Intake because inmates arrive at NDOC with sentences that range from long sentences to those that are already overdue for release when they arrive due to pre-sentence and post-sentence credits.

The Intake and release process will have to change dramatically because it will be incumbent upon the Director to issue identification cards upon the inmate's release, only if the inmate's true identity can be verified. The process for verification can no longer be voluntary and NDOC staff will have to try to get the inmate to request a birth certificate at intake. NDOC staff will have to compare the information in the NCIC arrest report against the information in the Probation Report and the commitment documents. If there are inconsistencies in names due to aliases, birth dates, height, weight, color of eyes, hair scars or tattoos, staff may have to request an additional NCIC report.

**The FTEs requested are the minimum needed to accomplish the mandates of this legislation. The workload is just 106 per month, with subsequent years, the caseload adjusting to just over 80 per month. The difference in the caseload data is the expectation that in subsequent years, there would be repeat offenders.** The request is to ensure identification processes are followed for those inmates not specifically assigned to a Re-Entry program. Applying the most conservative estimate of two hours per inmate to verify their true identity the NDOC will need five (FTE) program staff; and two (2) contracted staff for a period of one-year, to address the backlog. These five positions would be distributed to the facilities that do not have Intake units to begin the process of verifying the current population at each of those facilities. Of the five permanent Program Positions, the PO II and two PO I positions would be assigned to HDSP because it is the largest intake center with close to 3,700 inmates. One PO I would be assigned to NNCC which has the highest number of releases in northern Nevada; and one (1) assigned to FMCC, NDOC's only female facility. Each facility would service the camps assigned to their facility. Duties would include working with inmates upon intake as well as validating and collecting documents throughout the year, to ensure the documents are updated in the inmate's files, and updating the Nevada Offender Tracking Information System (NOTIS). Additionally, two contract staff would be requested for a period not to exceed 12-months, to alleviate the backlog for offenders who are exiting the system. This will work to capture the inmates that are already processed through intake, and will be exiting the system. The contract staff would be hired through Temporary Employment Master Service Agreement (MSA).

**Summary of Funding Required:** The NDOC is requesting funding for a total of five (5) FTE's; and two (2) temporary positions for the first year. This is a total of seven positions. The program positions would be assigned to the Statewide Re-Entry Coordinator.

***The Program Officer II*** – Grade 33 Supervisory position to perform administrative work in planning, coordinating and prioritizing which inmate's identifications required relevant to their projected release dates. The position will be responsible for the supervision of the PO I positions, in a working supervisor position. The PO II would also interview inmates that were more problematic, completing request forms or assisting inmates in gathering and compiling the comprehensive information needed to be in compliance with SB 268. They would be entering and auditing NOTIS entries; reviewing NCIC documentation; and this may include but not limited to submitting applications for or other identification as required in compliance with the Department of Motor Vehicle.

***The Program Officer I*** –The PO I positions and temporary positions would actively engage and interview inmates, completing request forms; gathering and compiling the comprehensive information needed to be in compliance with SB 268. They would be entering correct information in NOTIS to ensure identification of inmates was compared against existing information; validate information and process updated identification information; including submitting applications for birth certificates, social security cards, or other identification as required in compliance with the Department of Motor Vehicle.

**Cost of Birth Certificates:** NDOC estimates that roughly 65%, or 3,250 inmates released annually will need to obtain a certified birth certificate to obtain a legal identification for employment and services. The cost of birth certificates is estimated to be \$80,437.50 for FY18 (starting October 2017); and \$107,250.00 for FY19. These funds can be covered by the Inmate Welfare Account. The validated birth certificates would allow NDOC to comply with the statute and provide ID cards with the validated information. The cost of the identification card is \$3.00 per inmate. The annual cost is anticipated to be \$7,313 for FY 18 and \$9,750 for FY19.

	Identification Cards	FTE's	Contract Staff	Cost of Staff
FY 18	\$ 7,313	5	2	
FY 19	\$ 9,750	5	0	

Senate Bill No. 268—Committee on Judiciary

CHAPTER.....

AN ACT relating to corrections; requiring the Director of the Department of Corrections to verify the full legal name and age of an offender who is to be released by obtaining certain documents before providing a photo identification card to the offender; authorizing a sheriff, chief of police or town marshal, upon request, to provide certain information and assistance to a person who is to be released from a jail or detention facility; revising provisions governing the allowance of credits to a prisoner of a local detention facility who successfully completes a program of education, a program of vocational education and training, a program of treatment for alcohol or drug abuse or another approved program; revising the documents which may be furnished to the Department of Motor Vehicles as proof of the full legal name and age of the offender to apply for a driver's license or identification card; providing for the waiver of certain fees relating to driver's licenses and identification cards for certain persons who are released from a jail or detention facility; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law requires the Director of the Department of Corrections to provide to an offender upon the offender's release from prison and if the offender requests it: (1) a photo identification card containing the name, the date of birth and a color picture of the offender; and (2) information and reasonable assistance relating to acquiring a valid driver's license or identification card to enable the offender to obtain employment if the offender is eligible to acquire a driver's license or identification card from the Department of Motor Vehicles. (NRS 209.511) **Section 1** of this bill requires the Director to verify the full legal name and age of the offender by obtaining certain documents to prove the name and age of the offender before providing the photo identification card. **Section 2** of this bill authorizes the sheriff of a county, the chief of police of a city or a town marshal, if requested, to provide a prisoner with certain information and assistance upon the person's release from the county, city or town jail or detention facility because of the expiration of the person's sentence or term of detention.

Existing law requires the deduction of 5 days from a prisoner's term of imprisonment in a county or municipal detention facility if the prisoner earns a general educational development certificate or an equivalent document for successfully completing an educational program for adults that is conducted jointly by the local detention facility and the school district in which the facility is located. (NRS 211.330) **Section 3** of this bill provides that, under certain circumstances, a prisoner of a county, city or town jail or detention facility must be allowed a deduction of not more than 5 days from his or her term of imprisonment for: (1) earning a general educational development certificate or an equivalent document for successfully completing an educational program for adults; or (2) successfully





completing a program of vocational education and training or another approved program.

Existing law authorizes the deduction of not more than 5 days from a prisoner's term of imprisonment in a county or municipal detention facility if the prisoner is awarded a certificate for successfully completing a program of treatment for the abuse of alcohol or drugs which is conducted jointly by the local detention facility and a person who holds a license or certificate as an alcohol and drug abuse counselor or counselor intern. (NRS 211.340) **Section 4** of this bill provides that, under certain circumstances, a prisoner of a county, city or town jail or detention facility must be allowed a deduction of 5 days from his or her term of imprisonment for receiving a certificate for successfully completing a program of treatment for the abuse of alcohol or drugs.

**Sections 3 and 4** also provide that if the prisoner completes the applicable program with meritorious or exceptional achievement, the prisoner may be allowed up to an additional 5 days of credit.

Existing law provides for the waiver of: (1) certain fees for furnishing a duplicate driver's license for a person who was released from prison within the 90 days immediately preceding the person's application for the driver's license or identification card; and (2) the cost of producing a photograph for a driver's license or identification card. (NRS 483.417, 483.825) **Sections 6 and 7** of this bill authorize the waiver of the fees for a person who was released from a county, city or town jail or a detention facility within the immediately preceding 90 days.

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

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

- Section 1.** NRS 209.511 is hereby amended to read as follows:
- 209.511 1. ~~{When}~~ *Except as otherwise provided in subsection 2, when* an offender is released from prison by expiration of his or her term of sentence, by pardon or by parole, the Director:
- (a) May furnish the offender with a sum of money not to exceed \$100, the amount to be based upon the offender's economic need as determined by the Director;
  - (b) Shall give the offender notice of the provisions of chapter 179C of NRS and NRS 202.357 and 202.360;
  - (c) Shall require the offender to sign an acknowledgment of the notice required in paragraph (b);
  - (d) Shall give the offender notice of the provisions of NRS 179.245 and the provisions of NRS 213.090, 213.155 or 213.157, as applicable;
  - (e) Shall provide the offender with information relating to obtaining employment, including, without limitation, any programs which may provide bonding for an offender entering the workplace



and any organizations which may provide employment or bonding assistance to such a person;

(f) Shall provide the offender with a photo identification card issued by the Department and information and reasonable assistance relating to acquiring a valid driver's license or identification card to enable the offender to obtain employment, if the offender:

(1) Requests a photo identification card; or

(2) Requests such information and assistance and is eligible to acquire a valid driver's license or identification card from the Department of Motor Vehicles;

(g) May provide the offender with clothing suitable for reentering society;

(h) May provide the offender with the cost of transportation to his or her place of residence anywhere within the continental United States, or to the place of his or her conviction;

(i) May, but is not required to, release the offender to a facility for transitional living for released offenders that is licensed pursuant to chapter 449 of NRS; and

(j) Shall require the offender to submit to at least one test for exposure to the human immunodeficiency virus.

**2. *The Director shall not provide an offender with a photo identification card pursuant to paragraph (f) of subsection 1 unless the Director has verified the full legal name and age of the offender by obtaining an original or certified copy of the documents required by the Department of Motor Vehicles pursuant to NRS 483.290 or 483.860, as applicable, furnished as proof of the full legal name and age of an applicant for a driver's license or identification card.***

**3. The costs authorized in paragraphs (a), (f), (g), (h) and (j) of subsection 1 must be paid out of the appropriate account within the State General Fund for the use of the Department as other claims against the State are paid to the extent that the costs have not been paid in accordance with subsection 5 of NRS 209.221 and NRS 209.246.**

~~{3-}~~ **4. As used in this section:**

(a) "Facility for transitional living for released offenders" has the meaning ascribed to it in NRS 449.0055.

(b) "Photo identification card" means a document which includes the name, date of birth and a color picture of the offender.

**Sec. 2.** Chapter 211 of NRS is hereby amended by adding thereto a new section to read as follows:

**1. *Except as otherwise provided in subsection 2, when a prisoner is released from a county, city or town jail or detention***



facility by expiration of his or her term of imprisonment, the sheriff, chief of police or town marshal, as applicable, may provide the prisoner with information and reasonable assistance relating to acquiring a valid driver's license or identification card to enable the prisoner to obtain employment or participate in transitional programming, if the prisoner requests such information and assistance and is eligible to acquire a valid driver's license or identification card from the Department of Motor Vehicles.

2. The sheriff, chief of police or town marshal, as applicable, shall not provide a prisoner with information or assistance relating to acquiring a driver's license or a photo identification card pursuant to subsection 1 unless he or she has verified the full legal name and age of the prisoner by obtaining an original or certified copy of the documents required by the Department of Motor Vehicles pursuant to NRS 483.290 or 483.860, as applicable, furnished as proof of the full legal name and age of an applicant for a driver's license or identification card.

3. As used in this section, "photo identification card" means a document which includes the name, the date of birth and a color picture of the prisoner.

Sec. 3. NRS 211.330 is hereby amended to read as follows:

211.330 1. ~~{H}~~ A prisoner who has no serious infraction of the regulations of the county, city or town jail or detention facility in which the prisoner is incarcerated or detained, the terms and conditions of his or her residential confinement or the laws of this State recorded against the prisoner must be allowed, in addition to the credits on a term of imprisonment provided for in NRS 211.310, 211.320 and 211.340, ~~{the sheriff of the county or the chief of police of the municipality in which a prisoner is incarcerated shall deduct}~~ a deduction of not more than 5 days from the prisoner's term of imprisonment for ~~{earning}~~ :

(a) Earning a general educational development certificate or an equivalent document by successfully completing an educational program for adults ~~{conducted jointly by the local detention facility in which the prisoner is incarcerated and the school district in which the facility is located.}~~ ; or

(b) Successfully completing:

- (1) A program of vocational education and training; or
- (2) Any other program approved by the sheriff of the county, the chief of police of the municipality or the director, as applicable, for the county, city or town jail or detention facility, as applicable, in which the prisoner is incarcerated or detained.



2. ~~{The provisions of this section apply to any prisoner who is sentenced on or after October 1, 1991, to a term of imprisonment of 90 days or more.}~~ ***If the prisoner completes such a program with meritorious or exceptional achievement, the prisoner may be allowed not more than 5 days of credit for each such program in addition to the days allowed for the successful completion of the program pursuant to subsection 1.***

Sec. 4. NRS 211.340 is hereby amended to read as follows:

211.340 1. ~~{}~~ ***A prisoner who has no serious infraction of the regulations of the county, city or town jail or detention facility in which the prisoner is incarcerated or detained, the terms and conditions of his or her residential confinement or the laws of this State recorded against the prisoner must be allowed, in addition to the credits on a term of imprisonment provided for in NRS 211.310, 211.320 and 211.330, {the sheriff of the county or the chief of police of the municipality in which a prisoner is incarcerated may deduct} not more than 5 days from the prisoner's term of imprisonment if the prisoner:***

(a) Successfully completes a program of treatment for the abuse of alcohol or drugs ; ~~{which is conducted jointly by the local detention facility in which the prisoner is incarcerated and a person who is licensed as a clinical alcohol and drug abuse counselor, licensed or certified as an alcohol and drug abuse counselor or certified as an alcohol and drug abuse counselor intern or a clinical alcohol and drug abuse counselor intern, pursuant to chapter 641C of NRS;} and~~

(b) Is awarded a certificate evidencing the prisoner's successful completion of the program.

2. ~~{The provisions of this section apply to any prisoner who is sentenced on or after October 1, 1991, to a term of imprisonment of 90 days or more.}~~ ***If the prisoner completes such a program with meritorious or exceptional achievement, the prisoner may be allowed not more than 5 days of credit in addition to the days allowed for the successful completion of the program pursuant to subsection 1.***

Sec. 5. (Deleted by amendment.)

Sec. 6. NRS 483.417 is hereby amended to read as follows:

483.417 1. The Department shall waive the fee prescribed by NRS 483.410 and the increase in the fee required by NRS 483.347 not more than one time for furnishing a duplicate driver's license to:

(a) A homeless person who submits a signed affidavit on a form prescribed by the Department stating that the person is homeless.



(b) A person who submits documentation from the Department of Corrections verifying that the person was released from prison within the immediately preceding 90 days.

***(c) A person who submits documentation from a county, city or town jail or detention facility verifying that the person was released from the county, city or town jail or detention facility, as applicable, within the immediately preceding 90 days.***

2. A vendor that has entered into an agreement with the Department to produce photographs for drivers' licenses pursuant to NRS 483.347 may waive the cost it charges the Department to produce the photograph of a homeless person or person released from prison ***or a county, city or town jail or detention facility*** for a duplicate driver's license.

3. If the vendor does not waive pursuant to subsection 2 the cost it charges the Department and the Department has waived the increase in the fee required by NRS 483.347 for a duplicate driver's license furnished to a person pursuant to subsection 1, the person shall reimburse the Department in an amount equal to the increase in the fee required by NRS 483.347 if the person:

(a) Applies to the Department for the renewal of his or her driver's license; and

(b) Is employed at the time of such application.

4. The Department may accept gifts, grants and donations of money to fund the provision of duplicate drivers' licenses without a fee to persons pursuant to subsection 1.

**Sec. 7.** NRS 483.825 is hereby amended to read as follows:

483.825 1. The Department shall waive the fee prescribed by NRS 483.820 and the increase in the fee required by NRS 483.347 not more than one time for furnishing a duplicate identification card to:

(a) A homeless person who submits a signed affidavit on a form prescribed by the Department stating that the person is homeless.

(b) A person who submits documentation from the Department of Corrections verifying that the person was released from prison within the immediately preceding 90 days.

***(c) A person who submits documentation from a county, city or town jail or detention facility verifying that the person was released from the county, city or town jail, as applicable, within the immediately preceding 90 days.***

2. A vendor that has entered into an agreement with the Department to produce photographs for identification cards pursuant to NRS 483.347 may waive the cost it charges the Department to produce the photograph of a homeless person or person released



from prison , *a county, city or town jail or detention facility* for a duplicate identification card.

3. If the vendor does not waive pursuant to subsection 2 the cost it charges the Department and the Department has waived the increase in the fee required by NRS 483.347 for a duplicate identification card furnished to a person pursuant to subsection 1, the person shall reimburse the Department in an amount equal to the increase in the fee required by NRS 483.347 if the person:

(a) Applies to the Department for the renewal of his or her identification card; and

(b) Is employed at the time of such application.

4. The Department may accept gifts, grants and donations of money to fund the provision of duplicate identification cards without a fee to persons pursuant to subsection 1.

5. As used in this section, "photograph" has the meaning ascribed to it in NRS 483.125.

**Secs. 8 and 9.** (Deleted by amendment.)

**Sec. 10.** This act becomes effective:

1. Upon passage and approval for the purpose of performing any preparatory administrative tasks that are necessary to carry out the provisions of this act; and

2. On October 1, 2017, for all other purposes.



Brian Sandoval  
Governor



James R. Wells, CPA  
Director  
Paul Nicks  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: October 20, 2017  
To: James R. Wells, Clerk of the Board  
Governor's Finance Office  
From: Susan Brown, 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 Board of Examiners' meeting. An analysis of the action item and recommendation is also provided.

**DEPARTMENT OF EDUCATION – DISTRIBUTIVE SCHOOL ACCOUNT**

Agenda Item Write-up:

Pursuant to NRS 353.268, the Department of Education request an allocation of \$1,679,139 from the Interim Finance Committee Contingency Account to fund an adjustment to the per pupil funding due to a change in allocation methodology which has a detrimental impact to certain school districts.

Additional Information:

The Department is requesting an allocation to fund an adjustment to per pupil funding due to a change in the allocation methodology use to generate district per pupil amounts for Senate Bill 544 of the 2017 legislative session. The district of location was used for this calculation rather than the district of residence which more accurately represents district enrollment. Two districts per pupil funding was impacted negatively by this methodology. Funding per pupil is broken down as follows: Washoe County School District \$104 and Carson City School District \$1. The allocation methodology will be reviewed during the interim and an Equity Allocation work group will make recommendations for future revisions to the Equity Allocation Model that is used in determining per pupil funding amounts statewide.

Statutory Authority:

NRS 353.268 (1)

REVIEWED: \_\_\_\_\_

A handwritten signature in black ink, appearing to be "SB", written over a horizontal line.

ACTION ITEM: \_\_\_\_\_

**BRIAN SANDOVAL**  
*Governor*

STATE OF NEVADA

SOUTHERN NEVADA OFFICE  
9890 S. Maryland Parkway, Suite 221  
Las Vegas, Nevada 89183  
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**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>

October 23, 2017

TO: Jim R. Wells, Clerk of the Board of Examiners  
State of Nevada Board of Examiners

FROM: Roger Rahming, Deputy Superintendent  
Department of Education

A handwritten signature in black ink, appearing to read "Rahming", written over a faint circular stamp.

SUBJECT: Contingency Account Request for Washoe County and Carson City School Districts

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The Department of Education asks approval from the Board of Examiners to request funds in the amount up to \$1,679,139 from the Interim Finance Committee Contingency Account to the Distributive School Account (DSA, BA 2610) for Washoe County School District (\$1,671,527) and Carson City School District (\$7,612). This request is to adjust the DSA per pupil amount equivalency resulting from a change in the allocation methodology in the employment of the virtual charter school enrollment which used the school's headquarter location versus the student's district of residency.

The per pupil amounts in SB544 were calculated according to the charter school's district of headquarter and resulted in WCSD projected enrollment for FY2018 of 70,564.2 and 8,042.2 for CCSD; whereas using a student's district of residency equated to a projected enrollment of 68,106.4 for WCSD and 7,977.4 for CCSD, resulting in a per pupil amount increase of \$104 and \$1, respectively.

The change from using district of residence to district of headquarter, resulted in a significant detrimental impact to one district and a minor change to another. Adjusting now for the shortfall will allow time to modify FY18 and FY19 budgets. The manner of how to handle charter school enrollment is under review with the Equity Allocation Workgroup where recommendations were made in 2016 to continue to study how charter schools factor in the DSA/Equity Allocation Model.

Please contact me if you have any questions.



Brian Sandoval  
Governor



James R. Wells, CPA  
Director


Paul Nicks  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: October 19, 2017

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

From:   
Susan Brown, 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. An analysis of the action item and recommendation is also provided.

**DEPARTMENT OF EDUCATION - SPECIAL EDUCATION CONTINGENCY**

Agenda Item Write-up:

Pursuant to NRS 353.268, the Nevada Department of Education requests an allocation of \$208,159 from the Interim Finance Committee Contingency Account to replenish the Special Education Contingency Account.

Additional Information:

The Department allocated an amount up to \$208,159 from the Special Education Contingency Account in fiscal year 2017. This account was funded at \$5,000,000 in fiscal year 2017, of that funding \$3,000,000 is required to balance forward to the Distributive School Account and be distributed to public schools for special education purposes. The remaining funds in the account balance forward and a balance of \$2,000,000 is legislatively approved for the account. This request will replenish the account to maintain that balance.

Statutory Authority:

NRS 353.268 (1)

REVIEWED: 

ACTION ITEM: \_\_\_\_\_

**BRIAN SANDOVAL**  
*Governor*

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

STATE OF NEVADA



**DEPARTMENT OF EDUCATION**  
700 E. Fifth Street  
Carson City, Nevada 89701-5096  
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**SOUTHERN NEVADA OFFICE**  
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Fax: (702)486-6450  
[www.doe.nv.gov/Educator\\_Licensure](http://www.doe.nv.gov/Educator_Licensure)

October 5, 2017

TO: Jim R. Wells, Clerk of the Board of Examiners  
State of Nevada Board of Examiners

FROM: Roger Rahming, Deputy Superintendent  
Department of Education

A handwritten signature in black ink, appearing to read "Roger Rahming", enclosed in a large, hand-drawn oval.

SUBJECT: Special Education Contingency Account

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The Department of Education asks approval from the Board of Examiners to request funds in the amount of \$208,159 from the Interim Finance Committee Contingency Account to replenish the Contingency Account for Special Education to the amount reflected in the legislatively approved budget of \$2.0 million.

During the 2017 Session, the Legislature approved a change to the special education contingency funding from \$5.0 million in FY 2017, balancing forward \$3.0 million into the Distributive School Account (BA 2610), and \$2.0 million to the new Contingency Account for Special Education (BA 2619).

The funding expended in FY 2017 was used to reimburse school districts for extra-ordinary special education expenditures, as follows:

Douglas County School District	\$ 52,994.47
Churchill County School District	\$121,204.81
Washoe County School District	<u>\$ 34,059.81</u>
	\$208,259.09

Please contact me if you have any questions,

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Paul Nicks  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: October 5, 2017

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

From: Tiffany Greenameyer, Executive Branch Budget Officer 1  
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 Board of Examiners' meeting. An analysis of the action item and recommendation is also provided.

**GOVERNOR'S OFFICE OF WORKFORCE INNOVATION – NEVADA P20  
WORKFORCE REPORTING**

Agenda Item Write-up:

Pursuant to NRS 353.268, the Governor's Office of Workforce Innovation requests an allocation of \$250,000 from the Interim Finance Committee Contingency Account to support the data partner planning for the Nevada P-20 to Workforce Research Data System.

Additional Information:

During the 2017 Legislative Session, the subcommittees on Human Services recommended not approving the Governor's recommendation for General Fund appropriations of \$500,000 over the biennium for data partner planning for the Nevada P-20 to Workforce Research Data System (NPWR). The subcommittees authorized the Department of Employment, Training and Rehabilitation with the ability to request an allocation from the IFC Contingency Account after developing a detailed cost estimate and resolving issues related to data matching. Since OWINN is now responsible for oversight of the NPWR data system, OWINN is requesting the allocation.

Statutory Authority:

NRS 353.268 (1)

REVIEWED: _____ ACTION ITEM: _____
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**MEMORANDUM**

**DATE:** October 5, 2017

**TO:** Tiffany Greenameyer, Executive Branch Budget Officer 1  
Governor's Finance Office, Budget Division

**FROM:** Zachary Heit, Senior Economist  
Governor's Office of Workforce Innovation (OWINN)

**THROUGH:** Manny Lamarre, Executive Director  
Governor's Office of Workforce Innovation (OWINN)

**SUBJECT:** Request of Interim Finance Contingency Funds

The Governor's Office of Workforce Innovation (OWINN) requests approval from the Board of Examiners to request \$250,000 from the Interim Finance Committee Contingency Account for Fiscal Year 2017-2018 and \$250,000 for Fiscal Year 2018-2019.

During the 2017 Legislative Session, the Subcommittees on Human Services recommended not approving the Governor's recommendation for General Fund appropriations of \$500,000 over the biennium for data partner planning for the Nevada P-20 to Workforce Research Data System (NPWR) and authorized DETR to approach IFC for an allocation from the Contingency Account after developing a detailed cost estimate and resolving issues related to data matching. That recommendation was then accepted and passed by the Senate Finance Committee. Since OWINN is now responsible for oversight of the NPWR data system, OWINN is requesting the allocation.

Decision unit E250 requests funding for an MSA contractor to align potential partners with datasets to further the enhancement of the system. The research and analysis of data in NPWR will allow stakeholders to make informed decisions that will lead to improvements in education, workforce, and policy. Potential partners that have been identified in the past include the Nevada Department of Motor Vehicles (DMV), Nevada Department of Health and Human Services (DHHS), and the Nevada Department of Corrections (DOC). Data partner planning for the NPWR system is vital and an attempt to continuously improve the system's performance and the analysis performed on its data. The MSA Contractor would perform the following tasks for data partner planning for the NPWR system:

<b>Year 1 - FY 2018</b>			
	<b>Tasks</b>	<b>Approximate Cost</b>	<b>Approximate Percentage</b>
<b>1</b>	<b><i>Align NPWR potential partners with potential data sets</i></b>	<b>\$161,250.00</b>	<b>64.50%</b>
1a	Onboard DMV to help with matching between NDE and DETR	\$80,000.00	32.00%
1b	Onboarding of Eligible Training Certificate Provider that lead to licensure/certification for tracking employment outcomes for occupations/industries that require certification or licensure	\$43,750.00	17.50%

1c	Onboarding Adult Education dataset	\$25,000.00	10.00%
1d	Assist OWINN and NPWR partner agencies in identifying potential sources of data from other state agencies and systems and within the current on-boarded agencies that complement the data, reports and outcomes that NPWR is delivering and could significantly increase the reporting capabilities of the system	\$12,500.00	5.00%
<b>2</b>	<b><i>Long range planning documents to project the growth of NPWR</i></b>	<b>\$20,000.00</b>	<b>8.00%</b>
2a	Prepare and write system study reports by conducting an in-depth technical Needs Assessment with potential partners' agency to determine current system configurations and platforms, data elements to be exchanged or linked, barriers that may need to be removed to facilitate the exchange of data necessary for cross-agency research and reporting	\$12,500.00	5.00%
2b	Identify as part of study the research questions and outcomes that the potential partner agencies would like to be answered	\$7,500.00	3.00%
<b>3</b>	<b><i>Support</i></b>	<b>\$68,750.00</b>	<b>27.50%</b>
3a	Interface with OWINN and NPWR partner agencies and vendors to implement enhancements to the system and creation of new reports	\$18,750.00	7.50%
3b	Provide support to NPWR partner agencies	\$18,750.00	7.50%
3c	Analyze reports/analytics that consist of multiple agencies' data and/or request for changes to the NPWR system	\$12,500.00	5.00%
3d	Work with vendor on conversion of existing NPWR reports developed using SSRS to Power BI	\$18,750.00	7.50%
		<b>\$250,000.00</b>	<b>100.00%</b>

<b>Year 2 - FY 2019</b>			
	<b>Tasks</b>	<b>Approximate Cost</b>	<b>Approximate Percentage</b>
<b>1</b>	<b><i>Align NPWR potential partners with potential data sets</i></b>	<b>\$62,500.00</b>	<b>25.00%</b>
1a	Onboard DMV to help with matching between NDE and DETR	\$37,500.00	15.00%
1b	Onboarding of Eligible Training Certificate Provider that lead to licensure/certification for tracking employment outcomes for occupations/industries that require certification or licensure	\$7,500.00	3.00%
1c	Onboarding Adult Education dataset	\$5,000.00	2.00%

1c	Onboarding Adult Education dataset	\$25,000.00	10.00%
1d	Assist OWINN and NPWR partner agencies in identifying potential sources of data from other state agencies and systems and within the current on-boarded agencies that complement the data, reports and outcomes that NPWR is delivering and could significantly increase the reporting capabilities of the system	\$12,500.00	5.00%
<b>2</b>	<b><i>Long range planning documents to project the growth of NPWR</i></b>	<b>\$20,000.00</b>	<b>8.00%</b>
2a	Prepare and write system study reports by conducting an in-depth technical Needs Assessment with potential partners' agency to determine current system configurations and platforms, data elements to be exchanged or linked, barriers that may need to be removed to facilitate the exchange of data necessary for cross-agency research and reporting	\$12,500.00	5.00%
2b	Identify as part of study the research questions and outcomes that the potential partner agencies would like to be answered	\$7,500.00	3.00%
<b>3</b>	<b><i>Support</i></b>	<b>\$68,750.00</b>	<b>27.50%</b>
3a	Interface with OWINN and NPWR partner agencies and vendors to implement enhancements to the system and creation of new reports	\$18,750.00	7.50%
3b	Provide support to NPWR partner agencies	\$18,750.00	7.50%
3c	Analyze reports/analytics that consist of multiple agencies' data and/or request for changes to the NPWR system	\$12,500.00	5.00%
3d	Work with vendor on conversion of existing NPWR reports developed using SSRS to Power BI	\$18,750.00	7.50%
		<b>\$250,000.00</b>	<b>100.00%</b>

<b>Year 2 - FY 2019</b>			
	<b>Tasks</b>	<b>Approximate Cost</b>	<b>Approximate Percentage</b>
<b>1</b>	<b><i>Align NPWR potential partners with potential data sets</i></b>	<b>\$62,500.00</b>	<b>25.00%</b>
1a	Onboard DMV to help with matching between NDE and DETR	\$37,500.00	15.00%
1b	Onboarding of Eligible Training Certificate Provider that lead to licensure/certification for tracking employment outcomes for occupations/industries that require certification or licensure	\$7,500.00	3.00%
1c	Onboarding Adult Education dataset	\$5,000.00	2.00%

1d	Assist OWINN and NPWR partner agencies in identifying potential sources of data from other state agencies and systems and within the current on-boarded agencies that complement the data, reports and outcomes that NPWR is delivering and could significantly increase the reporting capabilities of the system	\$12,500.00	5.00%
<b>2</b>	<b><i>Long range planning documents to project the growth of NPWR</i></b>	<b>\$118,750.00</b>	<b>47.50%</b>
2a	Prepare and write system study reports by conducting an in-depth technical Needs Assessment with potential partners' agency to determine current system configurations and platforms, data elements to be exchanged or linked, barriers that may need to be removed to facilitate the exchange of data necessary for cross-agency research and reporting	\$75,000.00	30.00%
2b	Identify as part of study the research questions and outcomes that the potential partner agencies would like to be answered	\$18,750.00	7.50%
2c	Planning documents to project the growth of NPWR. The report should clearly define timelines and cost estimates for bringing potential partners onboard and deliverables identified including the sustainability cost and reports and outcomes	\$25,000.00	10.00%
<b>3</b>	<b><i>Support</i></b>	<b>\$68,750.00</b>	<b>27.50%</b>
3a	Interface with OWINN and NPWR partner agencies and vendors to implement enhancements to the system and creation of new reports	\$18,750.00	7.50%
3b	Provide support to NPWR partner agencies	\$18,750.00	7.50%
3c	Analyze reports/analytics that consist of multiple agencies' data and/or request for changes to the NPWR system	\$12,500.00	5.00%
3d	Work with vendor on conversion of existing NPWR reports developed using SSRS to Power BI	\$18,750.00	7.50%
		<b>\$250,000.00</b>	<b>100.00%</b>

In addition, the signing of SB 516 codified OWINN into Nevada Revised Statutes and tasked the office with the responsibility of oversight of NPWR. The transfer of NPWR to OWINN from the P-20W Advisory Council may present more opportunities for data partnership development since OWINN is a state entity that can partner with other agencies and form agreements on the use of data. These new developments in oversight and administration of NPWR will be further researched and discussed with potential partner agencies with the support of the MSA contractor.

**MEMORANDUM**

**DATE:** October 24, 2017

**TO:** James Wells, Director  
Governor's Finance Office

**FROM:** Zachary Heit, Senior Economist  
Governor's Office of Workforce Innovation (OWINN)

**THROUGH:** Manny Lamarre, Executive Director  
Governor's Office of Workforce Innovation (OWINN)

**SUBJECT:** Request of Interim Finance Contingency Funds

The Governor's Office of Workforce Innovation (OWINN) requested approval from the Board of Examiners to request \$250,000 from the Interim Finance Committee Contingency Account for the Fiscal Year 2017-2018 and \$250,000 for Fiscal Year 2018-2019.

This funding is being requested for an MSA contractor and costs associated with data partner planning for the Nevada P-20 to Workforce Research Data System (NPWR). Through data partner planning, OWINN seeks to incorporate data from other state agencies to improve the performance of the NPWR data system. Potential partner agencies that have been identified in the past include the Nevada Department of Motor Vehicles (DMV), Nevada Department of Health and Human Services (DHHS), and the Nevada Department of Corrections (NDOC). The addition of new data from these agencies will improve the NPWR system in one of two ways.

First, DMV data will allow for a much more reliable data match between the Nevada Department of Education (NDE) and the Nevada Department of Employment, Training, and Rehabilitation (DETR). Currently, there is no way to directly match data between these two systems since they both collect different information. Any research reports that would analyze longitudinal trends and patterns of students who exit the K-12 system and directly enter the workforce cannot be developed. Nevada System of Higher Education's (NSHE) data serves as a bridge to match NDE data and DETR data in the past, but only yields a match rate of 9.87%. DMV data will be used to greatly improve the match rate between NDE and DETR and is its only intended use. The improved match rate will improve some of the existing reports by making them more reliable.

Second, data from potential partner agencies will provide opportunities to develop new research reports. As previously stated, DMV data will improve the data match rate between NDE and DETR where OWINN, NPWR stakeholders, policymakers, and researchers can analyze outcomes for those students that exit the Nevada K-12 education system and enter directly into the Nevada workforce. For example, we could analyze the workforce outcomes (such as employment, wages, industry placement, etc.) for students who complete a career technical education (CTE) program of study, graduate from high school, and directly enter the workforce. These type of research reports would allow state stakeholders and policymakers to better understand the effectiveness of programs, behavior of students and citizens, and workforce trends.



The addition of DHHS and NDOC data will provide more opportunities to research the connections and interactions between education, workforce, health and human services, and state prison systems. For example, by adding low income Nevadans to the NPWR system we can use data to better understand our employment, training, and support efforts and improve them to provide better employment outcomes for low income families.

Overall, data partner planning and including data from other partner agencies will improve the system by improving the data matching rate and allowing for a more robust research agenda for future report development.

CC: Mike Willden, Chief of Staff, Office of Governor Brian Sandoval

**Brian Sandoval**  
Governor

**James R. Wells, CPA**  
Director



**Paul Nicks**  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: October 19, 2017  
To: James R. Wells, Clerk of the Board  
Governor's Finance Office  
From: Katrina Nielsen, 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.

**OFFICE OF THE STATE CONTROLLER**

Agenda Item Write-up:

Pursuant to NRS 353.268, the Office of the State Controller requests an allocation of \$178,580 from the Interim Finance Committee Contingency Account to fund a Master Service Agreement (MSA) contractor to complete a Business Intelligence project and online checkbook and a MSA contractor to conduct a data review to ensure the safety of sensitive data.

Additional Information:

The total projected cost to support this request is \$210,000; however, unneeded funds of \$31,420 has been identified in an existing category which will be transferred to mitigate the amount of the Contingency Fund request.

Funding for the Business Intelligence project and online checkbook, also known as the Controller Reporting System, was legislatively approved during the FY15-17 biennium

and has been ongoing since fiscal year 2016 when the State Controller's Office (SCO) purchased a software solution through Open Text, Inc.

In fiscal year 2018, the SCO found some data component and security issues in reviewing all the data that have been collected, which are being addressed by the SCO team and MSA contractor, to ensure nothing will be public facing that should not be, or that can be used as Personal Identification Information (PII) that could be used in an untoward manner.

A second MSA contractor would be brought on as an external auditor to isolate and review all data to determine risks and ensure no exposure of PII to the public. Additionally, the external auditor can help identify area where operations and practices are no longer in compliance with new state and federal regulations and may find areas where internal controls could be improved.

Statutory Authority:

NRS 353.268

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

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

**STATE OF NEVADA**

**JAMES W. SMACK**  
*Chief Deputy Controller*



**OFFICE OF THE  
STATE CONTROLLER**

September 29, 2017

TO: Jim Wells, Director, Governor's Office of Finance  
FROM: James Smack, Chief Deputy Controller, State Controller's Office  
RE: Request and Justification for Contingency Fund Request

**SUMMARY**

The State Controller's Office (SCO) requests \$178,580 from the contingency fund at the next meeting of the Interim Finance Committee. These funds would be used to continue the use of a Master Service Agreement (MSA) contractor to complete one project that has been ongoing in the Controller's Office for the past two fiscal years, and to also request funding for a Master Service Agreement (MSA) contractor to audit our operations and practices to ensure the data we will be putting on our online checkbook project, which will be data available to any interested party, does not cause any type of security breach for the state. Total funding for these two initiatives would be \$210,000, and we have \$31,420 available in Budget Category 29 that we can transfer to cover part of these costs.

**BACKGROUND AND REASONING**

Our office has worked over the past almost two years to complete a Business Intelligence project and an online checkbook, and this project is nearing completion. Originally, our office had requested and received \$1,315,414 in Fiscal Year 2016 and \$84,087 in Fiscal Year 2017 to complete this project.

In Fiscal Year 2016, the SCO identified and purchased a software solution for this project from Open Text, Inc. in the amount of \$415,338 and utilized \$93,960 on an MSA contractor, for a total expenditure of \$509,298. We returned \$939,157 to the general fund in Fiscal Year 2016, primarily from savings on this initiative.

In Fiscal Year 2017, the SCO spent \$164,250 on the MSA contractor. We already had licensing for Fiscal Year 2017 of the Open Text product included in the initial purchase completed in Fiscal Year 2016, so no additional funds were spent on the Open Text product. The \$84,087 allocated to the Business Intelligence project was used to fund the MSA, along with savings that we were able to realize in other areas in the IT budget for our office. We requested no additional funding from IFC for this project in Fiscal Year 2017.

As we enter Fiscal Year 2018, our SCO team found some data component and security issues in reviewing all the data that had been collected since Fiscal Year 2006. Our team is addressing these issues, and the MSA contractor has been instrumental in helping to work with these data sets to  
**State Capitol**

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Carson City, NV 89701-4786  
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ensure nothing will be public facing that should not be, or that can be used as Personal Identification Information (PII) that could be used in an untoward manner. We anticipate full completion of this project, to the point where our IT team can manage the Business Intelligence and online checkbook with our internal expertise, by the end of April 2018. The MSA contractor has averaged \$15,000 per month in cost to the SCO, for a total of \$150,000 to keep the contractor through April of 2018.

The SCO would like to hire an additional MSA contractor for two months to specifically review our data and let us know what we might be missing when it comes to ensuring we don't expose any PII to the public. We feel this is a precaution that we must take because, frankly, there is a large amount of data. Using an MSA contractor as an external auditor is a good practice and common method to ensure the safety of sensitive data.

The contractor will be able to isolate certain data combinations and review all the data to let us know where our risks are so we can mask data appropriately before going live with the online checkbook portion of the Business Intelligence project. This MSA will also be able to determine if we have already had any data exposed that should not have been, either through a public information request or otherwise. We anticipate the cost for this MSA contractor to be \$60,000.

### **CRITICAL NEED**

The SCO is nearing completion of our Business Intelligence and online checkbook project, also known as the Controller Reporting System (CRS). The principal reason this project has been delayed has been due to a necessary overhaul of the data and the components providing the state with fiscal reporting. Ensuring the security of this data, coupled with maximizing the amount of information online for the public, is a secondary cause why this project has been delayed. If we were not to receive the monies for continuing the MSA contractor through the end of April 2018, we would have to stop a project with a total investment through the end of Fiscal Year 2017 of \$673,548, and it will not be completed.

This would cause the SCO to have to continue with Oracle Discoverer for our reporting. Discoverer has been at end of life and without support from Oracle for almost six years, and we have been maintaining this product in house since support ended. This product, if it failed, would leave state agencies without one of its critical reporting solutions. According to our IT team, this could happen at any time, and we would not be able to count on Oracle to help us. The Business Intelligence project is the replacement for Discoverer.

In sum, the migration of all Agency and statewide reports from the current platform needs to be tested. This migration of reports, including testing, will take several months. Training administered by our team, including the MSA contractor, will occur in parallel to the conversion of the reports. We will also work in concert with state training staff to develop an actual class, both virtually delivered and provided in a classroom environment.

A more complete justification, including the subset of remaining tasks to see the Business Intelligence project through to completion, are included in Attachment #1.

The MSA contractor to review our data will allow us to do the following four things:

**Government compliance.** An external auditor can help identify areas where our operations and practices are no longer in compliance with new state and federal regulations. An external auditor can also pinpoint where our compliance efforts may be lacking. Since an external auditor has no

reason to be anything but honest about the status of our data security compliance, we can rely on the independence of the investigation and on the recommendations.

**Credibility.** Internally and externally, our financial reports will carry more weight if they've been vetted by an external auditor. External audits offer an unbiased glimpse into the practices of the organization.

**Fraud Prevention.** While it may be unpleasant to even think that someone could be defrauding our organization, it's better to know for sure than continually wonder. It's impossible to spot a fraudster just by looking, and they often turn out to be the person least likely to arouse suspicion. External auditors examine internal records without the filter of personal relationships clouding their judgment. For them, the financial statements will tell the unvarnished truth, and their impartial inspection could keep our organization and the state from taking a major loss, both in monetary terms and in terms of credibility.

**Process Improvement.** An outside auditor might find areas where we could improve our internal controls or automate certain processes to be more streamlined. While these recommendations don't have to be implemented immediately, knowing where waste and inefficiency are originating will allow us to put a plan in place to address the problems over time.

#### **POTENTIAL FUNDING SOURCES**

SCO would be able to reduce the amount of this request by \$31,420 by utilizing funding that was allocated by the legislature to Budget Category 29, from \$210,000 to \$178,580. The declining balance attachment (Attachment #2) shows the \$210,000 projection absent the transfer of \$31,420 via work program from Budget Category 29.

In review of the remainder of our Fiscal Year 2018 budget, we do not anticipate any additional savings in either our IT budget category or any other budget category that we could apply as additional funding sources.

#### **RAMIFICATIONS IF NOT APPROVED**

If this request is not approved, we would have to immediately end our relationship with the MSA contractor for the CRS project and find internal ways to save money to pay the expenses already paid toward the CRS project that will not be completed, which would include the use of the \$31,420 in Budget Category 29.

This would likely cause the SCO to delay or scrap an important equipment purchase originally allocated for a new server and not be able to keep up with our equipment replacement schedule, as we would have to use these monies to pay the MSA contractor through the termination date of the project, which would be the same day this request was not approved.

Considering this project was originally estimated to cost, and was originally allocated by the legislature in Fiscal Years 2016 and 2017, to cost \$1,399,501 and has, including this request and the monies spent to this point, to actually cost \$883,548 to see this project through to completion, this would be a massive waste of taxpayer funds to not see this through to completion. This represents a savings to the taxpayers of \$515,953 from the original budget allocations in Fiscal Years 2016 and 2017.

Thank you for your consideration, and please don't hesitate to contact me with questions.

ID	MILESTONE	DESCRIPTION	EST CMPL DATE	%
1	Design and Planning	Design, Planning, and Procurement	4/15/2016	90%
2	Deployment of OCB to Public - Phase I Completion of ADRT process	Open Checkbook and Public Reports Agency Data Review Tool of Agency wide data. Agency Data Review Tool and the Agency Data Review Process complete. This includes data reviews, data sign-off by participating agencies, and data rules for data redaction and data masking implemented into datasets for use in the OCB.	6/30/2018 3/1/2018	70% 25%
3	Public Test access to OCB DEMO	External TEST group to access and review data.	12/30/2017	NA
4	Conversion of DISCO & DAWN to CRS - Phase II	Conversion of Oracle Discoverer reports and DAWN to Controller Reporting System (CRS)	TBD	10%
5	Security Breach - Data Integrity Issues	The security and data integrity issue discovered in June 2016 directly impacted the CRS timeline. This was an unplanned initiative that added new and additional requirements to the OCB roll out and dataset development. It also added additional tasks and requirements to the ADRT process for reviewing agency data for scrubbing.	TBD - External item with impact to project . unplanned	N/A
6	PM & Comm	Project Management and Communication	Ongoing - Entire Project	50%
7	Cleanup	Future cleanup items found during implementation	TBD	N/A
8	OCB Data Prep	Preparation and scrubbing of data warehouse data to be used in the Open Checkbook. Includes masking and redacting of sensitive data.	1/1/2018	90%
9	Documentation	Documentation for the project and implementation	Ongoing - Entire Project	35%
10	System Design and Procurement			
11	Proof of Concept DEMO		4/1/2016	100%
12	CRS Project Justification		5/1/2016	100%
13	Procurement of HW/SW		3/15/2016	100%
14			8/1/2016	100%

TASK ID	TASK LIST	MILESTONE	TASK NAME	TASK DESC	START DATE	DUE DATE	% PARENT TASK
7740656	CRS System - General	Design and Planning	Setup Test System		8/1/2016	10/12/2016	90
7740669	CRS System - General	Design and Planning	Setup Test System --> Test Web Portal Server		9/23/2015	9/23/2015	90
7740670	CRS System - General	Design and Planning	Setup Test System --> Test iHub Server		9/23/2015	9/23/2015	90
7740680	CRS System - General	Design and Planning	Setup Production System		2/28/2017	4/12/2017	90
7741047	CRS System - General	Design and Planning	Setup Production System --> Prod Web Server Portal Server		2/28/2017	4/12/2017	90
7741048	CRS System - General	Design and Planning	Setup Production System --> Prod iHub Server		2/28/2017	4/12/2017	90
7740689	CRS System - General	Design and Planning	Setup DRP System	DRP is a copy of PROD environment, once it is complete and live. Date determined when PROD goes live	TBD	TBD	10
7742980	CRS System - General	Design and Planning	Java Components for 16.01		4/20/2017	7/20/2017	100
7742990	CRS System - General	Design and Planning	Deploy and Test Java Components for OCB JSAPI access		7/1/2017	10/15/2017	95
7742991	CRS System - General	Design and Planning	Update default server configuration iHub so interactivity is ALWAYS available		7/1/2017	10/15/2017	100
7742992	CRS System - General	Design and Planning	Update server JAVA Heap to handle large datasets	Test is SB and TEST, deploy to PROD	7/1/2017	10/15/2017	100
7742993	CRS System - General	Design and Planning	Deploy and Test Java Components with v.16.01		7/27/2017	10/15/2017	100



7743001	CRS System - General	Design and Planning	Review and test OT iHub v.16.02	8/14/2017	10/15/2017	90
7742998	CRS System - General	Design and Planning	Source Repository - Development	1/1/2017	12/1/2017	50
7742999	CRS System - General	Design and Planning	Source Repository - Test	1/1/2017	12/1/2017	50
7743000	CRS System - General	Design and Planning	Source Repository - Production	1/1/2017	12/1/2017	50
7743191	CRS System - General	Design and Planning	Convert CRSGUESTs from VMv11 to VMv8	8/1/2016	8/12/2016	100
7743202	CRS System - General	Design and Planning	Complete POC setup, configuration, and customization of OT iHub and SysConsole	1/1/2017	12/1/2017	70
7743203	CRS System - General	Design and Planning	Test configuration of CRSGUEST iHub	5/1/2016	8/20/2016	100
7743204	CRS System - General	Design and Planning	Document configuration of CRSGUEST iHub	5/1/2016	8/20/2016	100
7743205	CRS System - General	Design and Planning	Test configuration for CRSGUEST SysConsole	5/1/2016	8/20/2016	100
7743206	CRS System - General	Design and Planning	Document configuration of CRSGUEST SysConsole	5/1/2016	8/20/2016	100
7742994	CRS System - General	Design and Planning	Deploy and Test WAR for server and user reporting to PROD	8/14/2017	10/15/2017	90
7742995	CRS System - General	Design and Planning	Joomla Security Updates - Ongoing	NA - Repeat	NA - Repeat	NA
7742996	CRS System - General	Design and Planning	Joomla Components Updates - Ongoing	NA - Repeat	NA - Repeat	NA
7742997	CRS System - General	Design and Planning	CWP Panel Updates - Ongoing - ALL	NA - Repeat	NA - Repeat	NA
7743185	CRS System - General	Design and Planning	OpenText Bid posted to Public	4/27/2016	4/29/2016	100
7743186	CRS System - General	Design and Planning	Review Received Bids from Departmental Licensing: Review received Bids from submitted vendors.	5/11/2016	5/15/2016	100

7743187	CRS System - General	Design and Planning	Review and Approve Training and PS draft quote from OpenText	Quote provided by OpenText for training and Professional Services	4/22/2016	4/22/2016	100
7743188	CRS System - General	Design and Planning	Submit RXQ and post Bid to Public for OpenText Licenses	Submit RXQ and post for Bid through Admin / Purchasing	4/11/2016	4/27/2016	100
7743183	CRS System - General	Design and Planning	Project Folder Location	F:\shared\DP\DBA\CRS	NA	NA	100
7743184	CRS System - General	Design and Planning	Project Password Corral	F:\shared\DP\DBA\passwords	NA	NA	100
7743176	CRS System - General	Design and Planning	Hardware quotes for additional network core equipment for project	Determine required hardware needed to expand network in North and South for CRS project.	4/22/2016	4/27/2016	100
7743177	CRS System - General	Design and Planning	Quote for dedicated training laptop	Brian spoke to Linnette about dedicated training project laptop. Need to quote and purchase one for project	4/22/2016	4/29/2016	100
7743178	CRS System - General	Design and Planning	Create list of needed software, hardware, and support licenses for project - other than OpenText	Create list and submit to Wes for purchasing with pricing, vendor info, and purpose information.	4/22/2016	4/29/2016	100
7743179	CRS System - General	Design and Planning	Report Conversion Guide	Create spreadsheets for analysis and planning of report migration. Create report by report plan from DISCO queries for conversion and testing	4/25/2016	5/20/2016	100
7743180	CRS System - General	Design and Planning	Additional Requested Training	Please submit any additional desired training for project.	4/22/2016	5/2/2016	100

7743181	CRS System - General	Design and Planning	Draft Quote received from Summit Partners for iHUB and Portal Servers	This is the draft quote for review. Does not yet include RHEL licensing and support or file servers. Reply sent requesting missing items. Please review and add any additional notes to task.	4/11/2016	4/29/2016	100
7743229	CRS System - General	Design and Planning	DISCO Report Analysis Matrix		7/1/2016	12/15/2016	100
7743230	CRS System - General	Design and Planning	Determine Report & Dashboard template types		7/1/2016	12/15/2016	100
7743182	CRS System - General	Design and Planning	Server Guide - Draft		4/20/2016	4/22/2016	100
7740647	CRS System - General	Design and Planning	Procure Project HW/SW - Purchasing Process		3/15/2016	7/31/2016	100
7743916	Phase I - Open Checklistbook (OCB)	Deployment of OCB to Public - Phase I	Planning and Requirements Gathering		5/1/2017	1/20/2018	90
7740566	Phase I - Open Checklistbook (OCB)	Deployment of OCB to Public - Phase I	Planning and Requirements Gathering --> Justification Document - CRS Plan	Justification Plan for CRS - POST Req. Gathering and Project Analysis	1/1/2017	1/20/2018	100
7740706	Phase I - Open Checklistbook (OCB)	Deployment of OCB to Public - Phase I	Planning and Requirements Gathering --> Review of current DISCO to OBIEE plan		1/1/2016	1/31/2016	90
7741590	Phase I - Open Checklistbook (OCB)	Deployment of OCB to Public - Phase I	Planning and Requirements Gathering --> Research current BI tools similar to OBIEE		1/1/2016	1/20/2018	100

7741591	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Planning and Requirements Gathering -- > Research current BI tools that closely align with Nevada's reporting needs	1/1/2016	1/20/2018	100	7743916
7741592	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Planning and Requirements Gathering -- > Determine options other than OBIEE for project	1/1/2016	1/20/2018	100	7743916
7741593	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Planning and Requirements Gathering -- > Review 5 alternate options to OBIEE	1/1/2016	3/1/2016	100	7743916
7743038	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Planning and Requirements Gathering -- > Develop CRS design diagrams	1/1/2016	3/1/2016	100	7743916
7743045	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Planning and Requirements Gathering -- > Prototype Proof of Concept installations of vendor products for verification and testing	1/1/2016	3/1/2016	100	7743916
7740797	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Build and Distribute Agency Data Review Tool (ADRT)	4/1/2017	5/31/2017	100	
7740822	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Build and Distribute Agency Data Review Tool (ADRT) --> Build ADRT dataset	4/1/2017	1/20/2018	100	7740797
7740823	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Build and Distribute Agency Data Review Tool (ADRT) --> Build ADRT dashboard/app	4/1/2017	1/20/2018	100	7740797

7740824	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Build and Distribute Agency Data Review Tool (ADRT) --> Create users and groups for Agency POC's	4/1/2017	1/20/2018	90	7740797
7740825	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Build and Distribute Agency Data Review Tool (ADRT) --> Create and add ADRT documentation and guides to Intra/Portal	4/1/2017	1/20/2018	90	7740797
7740826	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Build and Distribute Agency Data Review Tool (ADRT) --> Test ADRT	4/1/2017	1/20/2018	100	7740797
7740827	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Build and Distribute Agency Data Review Tool (ADRT) --> Send User Credentials and welcome email to all users	4/1/2017	1/20/2018	90	7740797
7740828	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Build and Distribute Agency Data Review Tool (ADRT) --> Schedule kickoff call with each POC	4/1/2017	1/20/2018	75	7740797
7743976	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Review and Research	4/1/2017	1/20/2018	100	
7741544	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Review and Research --> Review Advantage Data for OCB	4/1/2017	1/20/2018	80	7743976
7741545	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Review and Research --> Review Data Warehouse Data for OCB	4/1/2017	1/20/2018	90	7743976
7741546	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Review and Research --> Review CAFR Data for OCB	4/1/2017	1/20/2018	60	7743976

7741547	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Review and Research --> Review Data (Other) for OCB	4/1/2017	1/20/2018	50	7743976
7741548	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Review and Research --> Analyze formats of other State OCB Portal and Reporting tools	4/1/2017	1/20/2018	95	7743976
7741549	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Review and Research --> Review State of Nevada guidelines and requirements for transparent data	4/1/2017	1/20/2018	90	7743976
7741550	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Review and Research --> Review past 5 Years of Nevada FOIA requests	4/1/2017	1/20/2018	100	7743976
7741551	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Review and Research --> Determine which FOIA requests can be managed with OCB instead of manual one-off requests	4/1/2017	1/20/2018	100	7743976
7741552	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Review and Research --> Determine which NRS apply to OCB and document rules for data	4/1/2017	1/20/2018	75	7743976
7741553	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Review and Research --> Review potential HIPAA/HITECH/PHI data in warehouse	4/1/2017	1/20/2018	90	7743976
7741554	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Review and Research --> Review potential CC# data in warehouse	4/1/2017	1/20/2018	90	7743976
7741555	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Review and Research --> Review potential SSN/PII/PI data in warehouse	4/1/2017	1/20/2018	90	7743976

7742972	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Review and Research --> Opened tickets with OT regarding Control Characters	OpenText was unable to help with a solution. Issue is in our data, not a bug in their software. This was confirmed and verified.	6/1/2017	7/20/2017	90	7743976
7742973	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Review and Research --> Analyze and determine solution for dealing with artifacts	Special characters in the 10 year data set we are building for the OCB are causing issues with the BI tool. These artifacts need to be scrubbed at the DB/DW level before any view or dataset queries them to prevent issues with the BI/CRS tools	6/1/2017	1/20/2018	100	7743976
7742974	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Review and Research --> Stored Procedure request to PROG for Special Character analysis		6/14/2017	8/18/2017	100	7743976
7744020	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets		3/17/2017	1/20/2018	80	
7744021	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- >			1/20/2018	80	7744020
7742835	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View		7/21/2017	8/16/2017	90	7744020
7742836	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Review and test versions		7/10/2017	8/16/2017	90	7744020
7742837	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> View testing		7/21/2017	8/16/2017	90	7744020

7742838	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Create Documentation for OCB View - INTRA	8/16/2017	10/4/2017	NA	7744020
7742839	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Create Documentation Ref for Functions (function and description) - INTRA	8/16/2017	10/4/2017	NA	7744020
7742840	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Create Documentation for OCB Spending Dataset	10/6/2017	1/20/2018	NA	7744020
7742841	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Create Documentation Ref for Dataset Rules	10/6/2017	1/20/2018	50	7744020
7742842	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Update requirements document for testing with any changes or considerations for views and tables	7/21/2017	8/16/2017	NA	7744020
7742843	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Create Reference table OCB_VEND_GEO	9/18/2017	9/29/2017	80	7744020



7742844	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Add VEND_GEO_ADDR Field to OCB_VEND_GEO (Created from OCB_VENDORS VEND_ADDRESS_LINE_2, VEND_CITY, VEND_STATE, VEND_ZIP_CODE)	9/18/2017	9/29/2017	100	7744020
7742846	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Add Vendor VEND_OCB_LAT Field to OCB_VEN_GEO	9/18/2017	9/29/2017	100	7744020
7742845	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Create GEO_VEND_ACCESS_KEY as needed to match other OCB tables	9/18/2017	9/29/2017	100	7744020
7742847	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Add Vendor VEND_OCB_LNG Field to OCB_VEND_GEO	9/18/2017	9/29/2017	100	7744020
7742848	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Add Vendor VEND_GEO_CODE Field to OCB_VEND_GEO	9/18/2017	9/29/2017	0	7744020

7742849	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Add VEND_GEO_ADDR, VEND_OCB_LAT, VEND_OCB_LNG, VEND_GEO_CODE and Access Key Fields to OCB_VVCH_SPENDING	9/18/2017	9/29/2017	0	7744020
7742851	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Add OCB GEO objects to automation scripts (GEO tables should NOT be dropped, only added to is new vendor records exist. This table will be written to and updated by a different	9/18/2017	9/29/2017	0	7744020
7742850	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Add Indices to VEND_GEO_ADDR, VEND_GEO_LAT, VEND_GEO_LNG Fields	9/18/2017	9/29/2017	0	7744020
7742855	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create Primary and Secondary Data Objects/Stores for OCB	6/28/2017	8/16/2017	100	7744020
7742856	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create Supporting Views for Main Spending View If necessary, create supporting views for main/primary OCB_VVCH_SPENDING view	5/1/2017	1/20/2018	10	7744020

7742857	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create Supporting Views for Main Spending View -- > Create XLS Rules doc for supporting view(s) - similar to main view	8/9/2017	1/20/2018	10	7744020
7742858	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Database Development for OCB	01/0/2017	1/20/2018	75	7744020
7742859	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Determine Reimbursement Rule(s)	8/1/2017	8/15/2017	50	7744020
7742860	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Materialized View - OCB_VVCH_SPENDING DAWNDEV12	5/1/2017	1/20/2018	90	7744020
7742861	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Performance Testing - Simple vs Materialized	8/30/2017	9/29/2017	50	7744020
7742862	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Analyze all Materialized Views or Views using SQL view Tune Adviser	8/16/2017	9/12/2017	NA	7744020
7742864	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > SQL View and Query Cleanup	5/1/2017	1/20/2018	90	7744020
7742863	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Re-determine base count to use for testing and verification of VIEW	8/16/2017	9/12/2017	50	7744020

7742865	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > build ocb database	OCB is a copy of dawn12 prod. it resides on dawndev12. This Task needs simple and Materialized Views scripts added to the OCB rebuild master script.	8/23/2017	9/7/2017	90	7744020
7742866	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Compare database performances making sure dawndev12 does not have a configuration problem.		8/23/2017	9/19/2017	50	7744020
7742867	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Compare database performances making sure dawndev12 does not have a configuration problem. -- > Calculate time to rebuild OCB tables on regular basis - daily, weekly, monthly		8/23/2017	9/19/2017	90	7744020
7742868	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > OCB_VVCH_SPENDING - Testing and Data Integrity	Subtasks for view and table testing	9/1/2017	1/20/2018	70	7744020

7742852	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Add corresponding indices to all tables scrubbed and used in OCB Schema in addition to new access key fields (from discussion and design meeting)	When we determined views needed to be moved to own schema, this was discussed at design meeting. I did not see it added to any task after meeting so adding it here. Thanks	7/21/2017	8/16/2017	80	7744020
7742853	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Remove/Exclude BANK_ACCOUNT_NUMBE R & BANK_ACCOUNT_NAME fields from OCB Tables/Views	Verifying the original requirements spreadsheet - Please remove these fields as they were specifically removed in the requirements.	7/21/2017	8/16/2017	100	7744020
7742854	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Create OCB Spending View --> Update requirements document with changes from design meetings and staus meetings		7/21/2017	8/16/2017	100	7744020
7742869	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > OCB_VVCH_SPENDING - Testing and Data Integrity - -> Agency Names - Merge and Splits		3/1/2017	1/20/2018	100	7744020
7742870	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Performance Decision and Discussion - MV vs SV	Task to discuss and evaluate teams' input on Materialized Views, vs Simple Views.	8/10/2017	1/20/2018	100	7744020

7742871	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Plan then create the OCB Database user	The OCB user will be used to create Materialized Views. This user will also be used exclusively for the OCB Project. Find a tablespace where you can safely add materialized views; make sure this tablespace can handle more disk space and will not interfere with the nightly cycle or any other queries.	8/16/2017	9/15/2017	100	7744020
7742872	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > move more resources to dawndev12	Now dawndev12 holds the same resources as DAWN21 Production.	8/23/2017	8/31/2017	100	7744020
7742873	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Error ORA-01031 insufficient privileges when creating Materialized View as ocbadmin		3/17/2017	1/20/2018	100	7744020
7742874	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Navicat oracle library error		3/17/2017	1/20/2018	100	7744020
7742875	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > Tune Managed System, moving dawndev12 to a higher priority		8/24/2017	8/28/2017	100	7744020
7742876	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Views and Datasets -- > drop crspgr	this db user will be replaced by ocbadmin	8/24/2017	8/25/2017	100	7744020
7744197	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	DEMO and Review			1/20/2018	50	

7742971	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	DEMO and Review --> Set date with Michellefor DEMO Update meeting with Ron - 09222017	9/18/2017	1/20/2018	100	7744197
7742968	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	DEMO and Review --> Demo of OCB and Analytics for Ron	9/22/2017	1/20/2018	70	7744197
7742969	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	DEMO and Review --> Create DEMO report drill downs for FUND, AGENCY, FY	8/15/2017	9/28/2017	50	7744197
7742970	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	DEMO and Review --> Prep for tasks and timeline for internal DEMO	8/15/2017	1/20/2018	50	7744197
7744208	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Scrubbing PII, PHI, SSN, CC#, etc. in SQL scripts for OCB	6/11/2017	1/20/2018	50	
7742975	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Scrubbing PII, PHI, SSN, CC#, etc. in SQL scripts for OCB --> NRS & NAC patterns and combinations	6/1/2017	8/31/2017	50	7744208
7742976	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Scrubbing PII, PHI, SSN, CC#, etc. in SQL scripts for OCB --> SSN patterns and combinations	6/1/2017	8/31/2017	50	7744208
7742977	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Scrubbing PII, PHI, SSN, CC#, etc. in SQL scripts for OCB --> CC# patterns and combinations	6/1/2017	8/31/2017	50	7744208
7742978	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Scrubbing PII, PHI, SSN, CC#, etc. in SQL scripts for OCB --> PII patterns and combinations	6/1/2017	8/31/2017	100	7744208

7742979	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Scrubbing PII, PHI, SSN, CC#, etc. in SQL scripts for OCB -> PHI patterns and combinations	6/1/2017	8/31/2017	100	7744208
7743197	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Determine User Groups and ACL's	8/29/2016	1/20/2018	25	
7743198	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Create standard style docs for reporting and dashboard building	6/11/2017	1/20/2018	25	
7743199	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	OCB Report Requirements Matrix	2/21/2017	1/20/2018	25	
7743200	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Determine Report & Data Object organization for iHub	2/21/2017	1/20/2018	50	
7743207	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Test and document BIRT Designer config and KTL best practices	3/11/2017	1/20/2018	50	
7743208	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Create CRS "project" config for all users for report development	8/8/2016	8/26/2016	25	
7743209	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Employee Pay Rates	3/21/2017	1/20/2018	20	
7743210	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Employee Compensation	3/21/2017	1/20/2018	20	
7743211	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	10 Year State Employee Trends	3/21/2017	1/20/2018	60	
7743212	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Personnel Profiles / Dashboards	3/21/2017	1/20/2018	5	
7743213	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Elected Officials	3/21/2017	1/20/2018	5	
7743214	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Agency Heads	3/21/2017	1/20/2018	5	
7743215	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Highest Paid State Employees	3/21/2017	1/20/2018	5	
7743216	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	10 Year Employee Pay Range Trends	3/21/2017	1/20/2018	5	



7743217	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	10 Year Employee Payroll Costs	3/21/2017	1/20/2018	5
7743218	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Historical Reports	3/21/2017	1/20/2018	5
7743219	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Area of Government	3/21/2017	1/20/2018	5
7743220	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Agency Spending Summary	3/21/2017	1/20/2018	5
7743221	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Agency Spending Detail	3/21/2017	1/20/2018	5
7743222	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	State Spending Trends	3/21/2017	1/20/2018	5
7743223	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	State Travel Spending	3/21/2017	1/20/2018	5
7743224	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Grant Expenditures	3/21/2017	1/20/2018	5
7743225	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Vendor Checkbook	3/21/2017	1/20/2018	5
7743226	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Tax Expenditure Reports	3/21/2017	1/20/2018	5
7743227	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Revenues by Category	3/21/2017	1/20/2018	5
7743228	Phase I - Open Checkbook (OCB)	Deployment of OCB to Public - Phase I	Revenues by Fund	3/21/2017	1/20/2018	5
7742877	ADRT Agency Review	Completion of ADRT process	All ADRT related Tasks and Communication	3/21/2017	12/31/2017	50
7740783	Security Breach - Data Integrity Issues		New Data Integrity Rules and Reviews	6/1/2017	TBD	NA
7744178	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	Configuration for Agencies	TBD	TBD	20
7742967	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	Configuration for Agencies --> Network Conn Agencies	TBD	TBD	20
7743987	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	Documentation	TBD	TBD	NA

7740960	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	Documentation --> Document system implementation and roll out guides	3/1/2016	12/31/2018	40	7743987
7740965	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	Documentation --> Create Report Guides and LMS Tutorials	3/1/2016	12/31/2018	10	7743987
7744146	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	DAWN Conversion to CRS	TBD	TBD	10	
7742957	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	DAWN Conversion to CRS - Analysis for ALL reports included at: http://dawn12.state.nv.us:777/dscmenu.htm and http://dawn12.state.nv.us:777/	6/14/2017	10/23/2017	35	7744146
7742958	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	DAWN Conversion to CRS - Determine if any tables, > Analyze results and prep views or references exist outside of the data warehouse and handle accordingly	TBD	TBD	20	7744146
7742959	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	DAWN Conversion to CRS --> Determine and create datasets for CRS	TBD	TBD	10	7744146
7744163	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	CRS Web Portal Setup	2/13/2017	5/15/2018	60	
7742960	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	CRS Web Portal Setup --> Determine User Roles and Groups - Based on Business Groups	2/13/2017	5/15/2018	5	7744163
7742961	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	CRS Web Portal Setup --> Create iHub Security Groups	2/13/2017	5/15/2018	5	7744163
7742962	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	CRS Web Portal Setup --> Create Portal Security Groups	2/13/2017	5/15/2018	5	7744163

7742963	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	CRS Web Portal Setup --> Create Web Service Security Groups	2/13/2017	5/15/2018	5	7744163
7742964	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	CRS Web Portal Setup --> Setup Admin Test Users across CRS	2/13/2017	5/15/2018	5	7744163
7742965	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	CRS Web Portal Setup --> Setup CAFR Accounts across CRS	2/13/2017	5/15/2018	5	7744163
7742966	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	CRS Web Portal Setup --> Setup Agency Accounts across CRS	2/13/2017	5/15/2018	5	7744163
7742981	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	Deploy and Test LIB for team - CRS	7/15/2017	5/15/2018	25	
7742982	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	Push LIB to shared resource on network (CRS server)	2/13/2017	5/15/2018	25	
7742983	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	Configure all users to access LIB	2/13/2017	5/15/2018	50	
7742984	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	Update and deploy templates for team	2/13/2017	5/15/2018	50	
7742985	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	Research Flash Charts and options for replacing with HTML5	7/1/2017	12/10/2017	80	FLASH EOL Convert default CRS templates that use Flash to use HTML5 instead. Update templates.
7742986	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	Paula - Setup and configure DEV tools and DEV env on local workstation	8/16/2017	9/6/2017	100	
7742987	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	Jaime - Setup and configure DEV tools and DEV env on local workstation	8/16/2017	9/6/2017	100	

7742988	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	Patrick - Setup and configure DEV tools and DEV env on local workstation	8/16/2017	9/6/2017	100
7742989	Phase II - DISCO Reports & DISCO Conversion (RPTS)	Conversion of DISCO & DAWN to CRS - Phase II	Joanne - Setup and configure DEV tools and DEV env on local workstation	8/16/2017	9/6/2017	100
7740506	Project Management and Communication	PM & Comm	Weekly Project Status Meeting	CRS Project Status Meetings - Management & Team	NA - Repeat	NA - Repeat NA
7743196	Project Management and Communication	PM & Comm	Setup meeting to showcase demo of new CRS reporting tools with management	Demo dashboards, reports, and OCB items complete will be for requirements gathering with management to finalize phase I reporting and dashboard needs for the public reporting site. This meeting will be kick-off for initiating development and content gathering of the business needs for the OCB.	1/1/2017	2/15/2017 50
7743174	Project Management and Communication	PM & Comm	Create high level budget sheet for project - estimated with quote info		4/15/2016	4/29/2016 100
7743192	Project Management and Communication	PM & Comm	Project Status Report - Per Sprint		NA - Repeat	NA - Repeat NA
7743194	Project Management and Communication	PM & Comm	Skill-set write up for CRS Report Builder		8/9/2016	8/15/2016 100
7743193	Project Management and Communication	PM & Comm	Project Status Report - Monthly		NA - Repeat	NA - Repeat NA
7743195	Project Management and Communication	PM & Comm	OpenCRS - Quotes & Infrastructure		8/3/2016	8/9/2016 100

7743189	Project Management and Communication	PM & Comm	Setup kick-off meeting regarding Open.NV.gov	2/1/2016	2/1/2016	100
7743190	Project Management and Communication	PM & Comm	Create requirements gathering doc - Kick-off Questions	4/25/2016	4/27/2016	100
7743175	Project Management and Communication	PM & Comm	Setup team members for project tasks and reports	1/1/2017	12/1/2017	100
7743006	Advantage to DW Tasks	Cleanup	JOBS_EFFECTIVE_DATE JOBS_EFFECTIVE_DATE is being hardcoded to 1950 each night. Needs to be fixed to populate DW with actual.EFF_DATE	TBD	TBD	100
7743007	OCB Database	OCB Data Prep	ocbdev	9/20/2017	9/25/2017	100
7743008	ocb database	OCB Data Prep	ocbdev --> delete ocb database	9/20/2017	9/25/2017	100
7743009	ocb database	OCB Data Prep	ocbdev --> create database	9/20/2017	9/25/2017	100
7743010	ocb database	OCB Data Prep	ocbdev --> create users	9/20/2017	9/25/2017	100
7743011	ocb database	OCB Data Prep	ocbdev --> create dblink	9/20/2017	9/25/2017	100
7743012	ocb database	OCB Data Prep	ocbdev --> test dblink	9/20/2017	9/25/2017	100
7743013	ocb database	OCB Data Prep	ocbprod	9/20/2017	9/25/2017	100
7743014	ocb database	OCB Data Prep	tune database to run with this new Vend Vouch Check View	9/20/2017	10/3/2017	100
7743015	ocb database	OCB Data Prep	update statistics daily for ocb and ocbadmin	9/20/2017	10/3/2017	100
7743016	ocb database	OCB Data Prep	dpexport ocbadmin and ocb schemas objects but not the data	9/22/2017	9/26/2017	100
7743017	ocb database	OCB Data Prep	Install configure Enterprise Manager Express for ocbdev and ocbprod and dawndev12	NA	NA	100
7743019	ocb database	OCB Data Prep	Install Enterprise Manager	9/22/2017	9/27/2017	100

7743020	ocb database	OCB Data Prep	Document the OCB Database into the CRS Knowledgebase	9/22/2017	9/28/2017	100
7743021	ocb database	OCB Data Prep	diagram ocb database locations and serves w dblinks	NA	NA	100
7743231	Documentation	Documentation	Create Port Map	4/15/2016	6/15/2016	99
7743232	Documentation	Documentation	Create System User Map	4/15/2016	6/15/2016	90
7743233	Documentation	Documentation	Create Notification and Email Map	4/15/2016	6/15/2016	25
7743234	Documentation	Documentation	Training Docs for Reports	4/15/2016	TBD	25
7743235	Documentation	Documentation	Training Docs for System Administration	1/1/2016	TBD	25
7743236	Documentation	Documentation	Installation & Configuration	1/1/2016	TBD	25
7743237	Documentation	Documentation	Documentation for KTL Training Paths and Content for CRS Users - INT	1/1/2016	TBD	0
7743238	Documentation	Documentation	Training Paths and Content for CRS Users - EXT	1/1/2016	TBD	0

\*TBD - Completion date determined and changing based on dependent tasks and milestones

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Paul Nicks  
Deputy Director

**STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Governor's Finance Office**

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Date: October 18, 2017

To: James R. Wells, Clerk of the Board  
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 Board of Examiners' meeting.

**DEPARTMENT OF PUBLIC SAFETY – DIVISION OF EMERGENCY MANAGEMENT**

Agenda Item Write-up:

Pursuant to NRS 353.268, the Department of Public Safety – Division of Emergency Management requests an allocation of \$122,250 from the Interim Finance Committee Contingency Account to cover costs associated with providing security support to Clark County during the upcoming New Year's Eve activities.

Additional Information:

In 2015, and again in 2016, and with the approval of the Governor, Clark County requested and received support from the Nevada National Guard in providing additional security resources for the New Year's Eve activities that take place in Las Vegas. This year the Division is coordinating available resources with the county in advance and again will call upon the Nevada Guard to assist with the events and provide security.

The division is currently in discussion with the County to identify specific resources that will be needed and estimating the cost of those resources. At this time there is insufficient information available to provide a precise estimate so the Division is basing its current request on the actual expenditure associated with the previous two New Year's Eve activations.

Given the security concerns generated with the recent October 1, 2017 mass casualty event in Las Vegas, the Division and the County are planning for greater security needs for this year's

celebrations and anticipate the amount requested at this time will be somewhat higher, but will make every effort to ensure resources are utilized as efficiently and effectively as possible to minimize the cost. The Division anticipates having more reliable and realistic estimates available prior to the next Interim Finance meeting currently scheduled for December 7, 2017.

Statutory Authority:

BOE approval required pursuant to NRS 353.268.

<b>REVIEWED:</b> <u>    <i>m</i>    </u>
<b>ACTION ITEM:</b> _____



Brian Sandoval  
Governor



James M. Wright  
Director

Caleb S. Cage  
Chief

**Division of Emergency Management  
Homeland Security**

2478 Fairview Drive  
Carson City, Nevada 89701

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October 18, 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 expenses related to the upcoming New Year’s Eve activities in Clark County to support the efforts and capabilities to protect public safety. The division is coordinating resources to assist with this event and the Nevada National Guard will be used to provide security support.

Currently, the balance of the Emergency Assistance Account (BA 1336) is less than \$2,000 which limits the division’s ability to respond to and recover from emergencies and disasters. The division is requesting emergency funding in the amount of \$122,250 to cover these projected emergency expenditures. This estimate is based on the average of the past two year’s expenses related to the New Year’s Eve support missions; however, expectations are that an enhancement security posture may be needed in light of the recent 1 October incident, so cost projections may need to be revised as plans are finalized.

Please contact me at [justin.luna@dps.state.nv.us](mailto: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

[Main Menu](#) > [Job Report Menu](#) > [Job Number Issues](#) > [Job Number Totals](#)  
 REPORT DATE AS OF: 10/17/2017  
 PROC ID: PRC\_JOB\_NUMBER\_TOTAL

**STATE OF NEVADA**  
**Office of the State Controller**

**Job Number Totals**

**Job Number: NVNG Budget Fiscal Year: 2016**

**\*\*Note: If the Budget Account and Category are blank, totals relate to Fund Balance items. See the Fund Balance by Job Number reports for more detail of Fund Balance transactions.**

Fiscal Year	Fund	**Budget Account	**Budget Category	Fiscal Qtr	Job Total Amount
2016	101	1336	11	3	152,431.78
<b>Total Revenue</b>					<b>.00</b>
<b>Total Expenditures</b>					<b>152,431.78</b>
<b>Total Amount</b>					<b>152,431.78</b>

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 REPORT DATE AS OF: 10/17/2017  
 PROC ID: PRC\_JOB\_NUMBER\_TOTAL

**STATE OF NEVADA**  
**Office of the State Controller**

**Job Number Totals**

**Job Number: NEWYEAR Budget Fiscal Year: 2017**

**\*\*Note: If the Budget Account and Category are blank, totals relate to Fund Balance items. See the Fund Balance by Job Number reports for more detail of Fund Balance transactions.**

Fiscal Year	Fund	**Budget Account	**Budget Category	Fiscal Qtr	Job Total Amount
2017	101	1336	11	2	56.09
2017	101	1336	11	3	74,892.64
2017	101	1336	11	4	17,120.16
2017	101	3673	04	3	.00
<b>Total Revenue</b>					<b>.00</b>
<b>Total Expenditures</b>					<b>92,068.89</b>
<b>Total Amount</b>					<b>92,068.89</b>

[Return to Selection Screen](#) [Download the Report](#) [Download Job Number Detail](#)

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Paul Nicks  
Deputy Director

**STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Governor's Finance Office**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 687-0260

Date: October 18, 2017

To: James R. Wells, Clerk of the Board  
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 Board of Examiners' meeting.

**DEPARTMENT OF PUBLIC SAFETY – NEVADA HIGHWAY PATROL - DIGNITARY PROTECTION**

Agenda Item Write-up:

Pursuant to NRS 353.268, the Division requests an allocation of \$53,578 from the Interim Finance Committee Contingency Account to cover the cost of providing protective services as requested by the U.S. Secret Service to dignitaries visiting Nevada for the remainder of the fiscal year.

Additional Information:

To date, the Nevada Highway Patrol has already exceeded its FY18 budgetary authority for this service by \$22,567 due to the unanticipated visits from the President and Vice President in response to the mass causality event in Las Vegas this October.

The NHP is anticipating additional visits by political candidates campaigning for the 2018 elections and requires additional authority to provide protection services that will surely be requested for those candidates. Additionally, the NHP is requesting funding for currently unknown, but anticipated, visits from other dignitaries that may visit Nevada for the remainder of the fiscal year. Projecting which dignitary will visit, when and the duration is not possible, therefore, this portion of the request is based on the cost of protection services requested and provided in recent past years. A breakdown of the estimated costs is attached for your review and reference.

Statutory Authority:

BOE approval required pursuant to NRS 353.268.

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

Brian Sandoval  
Governor



James M. Wright  
Director

Lt. Colonel John O'Rourke  
Acting Chief

## Nevada Highway Patrol

555 Wright Way  
Canon City, Nevada 89711-0525  
Telephone (775) 687-5300 • Fax (775) 684-4879

### Memorandum

**DATE:** October 18, 2017

**TO:** Jaime Rodriguez, Executive Branch Budget Officer  
Governor's Finance Office, Budget Office

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

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

**SUBJECT:** Board of Examiners Request for Interim Finance Contingency Funds

The Department of Public Safety (DPS) Nevada Highway Patrol division (NHP) is requesting approval of \$53,577 from the Interim Finance Contingency Fund to increase authority in the NHP's Visiting Dignitary Protection account to provide protective services for dignitaries as requested by the U.S. Secret Service. Work program C42013 will be submitted to the Interim Finance committee should this request be approved.

DPS is requesting this item be placed on the November 14<sup>th</sup>, 2017 Board of Examiners' agenda.

**Exhibit A: Budget Projections**

Department of Public Safety  
 Nevada Highway Patrol  
 Dignitary Protection - CAT 32  
 FY18 Cost Estimate

Job Code	Event	City	Purpose	Dates	Hours		Cost
					Reg	O/T	
DIG56	Bill Clinton	Reno/Tahoe	American Century Group Speech, vacation & golf	7/10/17	20.00	11.17	1,542
DIG59	Donald Trump	Reno	Keynote Speaker American Legion Annual Conference	8/23/17	60.80	15.67	4,585.96
DIG60	Donald Trump	Las Vegas	Route 91 Harvest Festival Shootings	10/4/17	187.00	265.25	22,936.11
DIG61	Vice President Pence	Las Vegas	Route 91 Harvest Festival Shootings	10/7/17	7.25	187.42	11,337.15
TBD	2nd Quarter		Projected				10,337.00
TBD	3rd Quarter		Projected				10,337.00
TBD	4th Quarter		Projected				10,336.00
					275.05	479.51	71,411.32

FY 18 Leg Approved Authority \$17,834.00  
 Actual Expense Through 10/15/2017 \$40,401.32  
 Projected Expense through FY 18 \$31,010.00  
 Shortfall in Category 32 -\$53,577.32

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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: October 12, 2017

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

From: Colleen Murphy, Executive Budget Officer *CMU*  
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 fourth amendment to the existing master lease agreement with International Business Machines (IBM) which provides mainframe storage equipment, software and services not to exceed \$10,425,914.54.

Additional Information:

This amendment extends the termination date from June 30, 2021 to November 30, 2021 and increases the maximum amount from \$10,259,963.18 to \$10,425,914.54 due to the upgrade of load balancer equipment for the mainframe server. This service controls web traffic and ensures that security and maintenance requirements are met. The state runs the risk of not being able to provide adequate or secure state mainframe infrastructure without these services.

Statutory Authority:

Relates to CETS contract #18409 (A4).

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



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: **18409** Amendment Number: **4**

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

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

Appropriation Unit: **1385-27** Address: **CORP DBA IBM CORPORATION**

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

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

Vendor No.: **PUR0000395E**

NV Business ID: **NV20031004664**

To what State Fiscal Year(s) will the contract be charged? **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 Fees
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 **11/2017**

RECEIVED

OCT 11 2017

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **4 years and 136 days**

4. Type of contract: **Lease/Purchase Agreement**

Contract description: **Mainframe Storage**

RETURN TO  
DoA/ASD

5. Purpose of contract:

This is the fourth amendment to the original master lease agreement that provides IBM Mainframe Storage Equipment required to upgrade/replace existing storage that cannot perform parallel access volumes or encryption of data at rest. This amendment extends the termination date from June 30, 2021 to November 30, 2021 and increases the maximum amount from \$10,259,963.18 to \$10,425,914.54 due to the upgrade of the current load balancer equipment (F5 Big-IP) to control web traffic, and to ensure that they meet security and maintenance requirements.

#### 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
c. Amendment 3:	\$9,234,996.00	\$9,234,996.00	\$9,234,996.00	Yes - Action
2. Amount of current amendment (#4):	\$165,951.36	\$165,951.36	\$165,951.36	Yes - Action
3. New maximum contract amount:	\$10,425,914.54			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

Lack of expertise.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

Approval #: 170102

Approval Date: 01/25/2017



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?

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

10/10/2017 18:17:21 PM

Division Approval

amarangi

10/10/2017 18:17:28 PM

Department Approval

amarangi

10/10/2017 18:17:34 PM

Contract Manager Approval

amarangi

10/10/2017 18:17:41 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

<b>Purchasing Use Only:</b>	
Approval#: 170704	

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>			
<b>State Agency:</b> EITS			
<b>1a</b>	<b>Contact Name and Title</b>	<b>Phone Number</b>	<b>Email Address</b>
	<i>Kathleen McLaughlin, Mainframe Systems ITM</i>	<i>(775) 684-4325</i>	<i>kfmclaug@admin.nv.gov</i>

<b>Vendor Information:</b>	
<b>1b</b>	Identify Vendor: <i>Sirius Computer Solutions</i>
	Contact Name: <i>John Stransky</i>
	Address: <i>10100 Reunion Place, Ste 500, San Antonio, TX 78216</i>
	Telephone Number: <i>(702) 612-3684</i>
	Email Address: <i>joh.stransky@siriuscom.com</i>

<b>Vendor Information:</b>	
<b>1b</b>	Identify Vendor: <i>IBM Global Financing</i>
	Contact Name: <i>Jellita Holmesly / John Belanger</i>
	Address: <i>Lockbox 534151, Atlanta, GA 30353</i>
	Telephone Number: <i>(714) 270-3437 / (714) 815-8049</i>
	Email Address: <i>jellita@us.ibm.com / jrbelanger@us.ibm.com</i>

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

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

<b>1e Term:</b>			
<b>One (1) Time Purchase:</b>	<input type="checkbox"/>		
<b>Contract:</b>	<b>Start Date:</b> 08/01/2017	<b>End Date:</b> 07/31/2021	

<b>1f Funding:</b>	
<b>State Appropriated:</b>	<i>Internal service funds</i>
<b>Federal Funds:</b>	

Grant Funds:	
Other (Explain):	

<b>Total Estimated Value of this Service Contract, Amendment or Purchase: \$19.5 mill (over 4 years)</b>	
1g	AIX Hardware including maintenance/support \$1.1 million
	Mainframe Hardware including maintenance/support \$3 million
	Software (including ELA of \$9 million) \$15 million
	Services Implementation/enhancements \$350,000

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

2 *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.*

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

3 *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.*

*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.*

*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.*

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

4 *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.*

*The operating system for Mainframe technology can only be purchased directly from IBM or from an*

**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.**

<b>5</b>	<b>Were alternative services or commodities evaluated? Check One.</b>				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>5</b>	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>							

<b>6</b>	<b>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.</b>				Yes:		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>							
	<b>Term Start and End Dates</b>		<b>Value</b>	<b>Short Description</b>	<b>Type of Procurement (RFP#, RFQ#, Waiver #)</b>			
			\$					
			\$					
			\$					

<b>7</b>	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>							
	<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><b>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?</b></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><b>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></b></p>	Yes:	<input checked="" type="checkbox"/>	No:	
	<p><b>a. If yes, please provide details regarding future obligations or needs.</b></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*



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

September 21, 2017

Via Inter-Office Mail

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

**Re: Term Lease Master Agreement (067808063G) between IGM Credit, LLC and State of Nevada, Division of Enterprise Information Technology Services and Amendment No. 4 incorporating Master Lease Agreement Schedule No. 039809**

Dear Ms. Rahming:

In connection with the Term Lease 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 its Addenda, amendments, and the above referenced Master Lease Agreement Schedule (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 Amendment and Master Lease Agreement Schedule have been fully executed and approved, 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.

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Shannon Rahming  
Page 3  
September 21, 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,

ADAM PAUL LAXALT  
Attorney General

By:



Jeffrey D. Menicucci  
Deputy Attorney General

Ph.: (775) 684-1214

Email: [Jmenicucci@ag.nv.gov](mailto:Jmenicucci@ag.nv.gov)

JDM/tdm

cc: Jeffrey Haag, Administrator, Division of Purchasing  
IBM Credit, LLC

AMENDMENT No. 4 to MASTER LEASE AGREEMENT BETWEEN THE  
STATE OF NEVADA  
and IBM CREDIT LLC

1. AMENDMENTS. For and in consideration of mutual promises and other valuable consideration, all provisions of the original Master Lease Agreement No. **067808063G**, with an effective date as of **February 14, 2017**, attached hereto as Exhibit A, remain in full force and effect with the exception of the following:

The following additional schedule of equipment **Schedule No. 039809 (F5 Big IP)** is added to the Master Lease Agreement.

2. INCORPORATED DOCUMENTS. Exhibit A (Master Lease Agreement, including previous amendments) is attached hereto, incorporated by reference herein and made a part of this amended contract.

3. REQUIRED APPROVAL. This amendment to the original Master Lease Agreement shall not become effective until and unless approved by the Nevada State Board of Examiners.

IN WITNESS WHEREOF, the parties hereto have caused this amendment to the original contract to be signed and intend to be legally bound thereby.

**IBM Credit LLC  
Master Lease Agreement Schedule**

Schedule No: 039809

Page 1 of 2

Master Lease Agreement No: 067808063G

**Lessee Name and Address:**  
STATE OF NEVADA  
575 E THIRD ST  
ENTERPRISE INFO TECH SERVICE  
CARSON CITY NV 89701-4763

**Lessor Name and Address:**  
IBM Credit LLC  
7100 Highlands Parkway  
Smyrna, GA 30082  
igfnadoc@us.ibm.com

This Schedule to the above referenced Master Lease Agreement ("Master Agreement") is executed between STATE OF NEVADA ("Lessee") and IBM Credit LLC ("Lessor").

Payment Period: Monthly  
Payment Type: Arrears  
Validity Date: December 31, 2017  
Payment Method: Cash or Check  
Supplier: SIRIUS COMPUTER SOLUTIONS INC

Lease(s)									
Ref No.	Qty.	Product Description	Initial Payment Term (months)	Amount Funded (\$)	Rate/1000 of Amount Funded (\$)	Rent (\$)		Planned Commencement Month	End of Lease Purchase Option
1	2	F5NU 525 F5 BIG-IP 5250V BEST BUNDLE SE	48	152,228.78	22.7113	48 Payments of	3,457.32	December 2017	FMV

**SPECIAL TERMS AND CONDITIONS:**

The following shall apply to this entire transaction.

- For equipment, software and services not supplied by IBM, Lessor may pay fees to the supplier and/or other third-party firms for administrative services provided in connection with the transaction contemplated under this Agreement. Details are available upon request.
- The parties agree that (i) any modifications to the terms and conditions contained herein are null and void unless specifically agreed in writing by both parties and (ii) this Schedule must be fully executed and received by Lessor by the Validity Date listed above.

Lessee hereunder declares that it has read and understands and agrees to be bound to the terms and conditions of the agreements that govern this Schedule/Supplement (each a "Governing Agreement") and any amendments or addendum thereto as Lessee. The Governing Agreement, this Schedule and any applicable attachments or addenda are the complete and exclusive statement of the Parties with respect to the subject matter herein. The foregoing referenced documents supersede any prior oral or written communications between the Parties related to the transactions covered by this Schedule/Supplement. Lessee represents and warrants that Lessee's name as set forth in the signature block below is Lessee's exact legal name, and is true, accurate and complete in all respects. By signing below, both Parties agree to the terms of this Schedule/Supplement as it may be amended or modified.

IBM Credit LLC  
Master Lease Agreement Schedule

Agreed to:  
STATE OF NEVADA

By: Shannon Kabring  
Authorized signature

Name (type or print): Shannon Kabring

Title (type or print): CEO

Date: 9/25/17

Agreed to:  
STATE OF NEVADA

By: [Signature]  
Authorized signature

Name (type or print): Jeff Hagg

Title (type or print): Administrator

Date: 9-20-2017

Agreed to: Approved as to form:  
STATE OF NEVADA

By: Jeffrey D. Menicucci  
Authorized signature

Name (type or print): Jeffrey D. Menicucci

Title (type or print): Deputy Attorney General

Date: 21 Sept 2017

Agreed to:  
IBM CREDIT LLC

By: Kevin Demosthene  
Authorized signature

Name (type or print): Kevin Demosthene

Title (type or print): Customer Relationship Representative

Date: 9/7/2017

Lessee's State of Organization: NV

Agreed to:  
STATE OF NEVADA

By: \_\_\_\_\_

Name: (type or print): \_\_\_\_\_

Title (type or print): \_\_\_\_\_

Date: \_\_\_\_\_



**IBM Credit LLC**  
**Certificate of Acceptance**

**Lessee/Borrower Name ("Client") and Address:**  
STATE OF NEVADA  
575 E THIRD ST  
ENTERPRISE INFO TECH SERVICE  
CARSON CITY NV 89701-4763

**Lessor Name and Address:**  
IBM Credit LLC  
7100 Highlands Parkway  
Smyrna, GA 30082  
igfnadoc@us.ibm.com

The Client certifies and agrees that the information contained in the following table(s) is correct and relates to item(s) leased or financed under the terms and conditions of the above referenced Schedule/Agreement with IBM Credit LLC.

Client Reference:  
Payment Period: Monthly  
Payment Type: Arrears

*Agency  
signature  
required -  
only*

Lease(s)		
Qty.	Product Description	Initial Payment Term (months)
2	F5NU 525 F5 BIG-IP 5250V BEST BUNDLE SE	48

Client represents and certifies that the item(s) listed in the above table(s) are in con... Accepted Item(s)". Client hereby accepts the Accepted Item(s) listed in the above table(s) on the Acceptance Date and authorizes IBM Credit LLC to make payments to the Supplier(s) for the Supplier's invoice(s) for the Accepted Item(s) and to commence the leasing or financing of these Accepted Item(s) under the Schedule/Agreement.

Since this Certificate of Acceptance ("COA") is being issued prior to Lessor's receipt of an invoice, Lessor, upon its receipt of this COA duly executed by Lessee and the Supplier's invoice, will either issue i) a confirmation document in order to confirm Lessor's acceptance of the COA or ii) an updated COA which requires Lessee's signature in order to confirm any changes. In order for IBM Credit LLC to make payment to your listed Suppliers, all Equipment must include serial number information. Accordingly, Client hereby authorizes IBM Credit LLC to complete or update any manufacturer serial number information for any Accepted Item(s) accepted, without Client's further action or consent.

Capitalized terms not otherwise defined herein shall have the meanings ascribed to them in the Agreement referenced in the Schedule listed above.

This COA may be sent to Client by IBM Credit LLC in soft copy format, such as a PDF file. Client represents and warrants that no changes have been made to the text of this COA, except for IBM Credit LLC authorized alterations to the Product Description (including without limitation, changes to any other information listed on the product information tables herein). If there are any conflicts between the version delivered by IBM Credit LLC to Client and the version delivered by Client to IBM Credit LLC, or if the Supplier's invoice does not match the information listed on the COA, IBM Credit LLC reserves the right not to incept the transaction and to send a replacement COA to Client. Any copy of this COA made by reliable means (for example photocopy, image or facsimile) shall in all respects be considered equivalent to an original.

**IBM Credit LLC  
Certificate of Acceptance**

For the purposes of the transaction commencement provisions specified in the Agreement referenced in the Schedule listed above, Client hereby represents, warrants and certifies that as of the following date, Client has accepted the Accepted Item(s) listed in the product information tables herein:

\_\_\_\_\_ (MM/DD/YYYY) ("Acceptance Date" for Accepted Item(s))

**Agreed to:  
STATE OF NEVADA**

By: \_\_\_\_\_  
Authorized signature

Name (type or print): \_\_\_\_\_

Title (type or print): \_\_\_\_\_

Date: \_\_\_\_\_

**Agreed to:  
STATE OF NEVADA**

By: \_\_\_\_\_  
Authorized signature

Name (type or print): \_\_\_\_\_

Title (type or print): \_\_\_\_\_

Date: \_\_\_\_\_

**Agreed to:  
STATE OF NEVADA**

By: \_\_\_\_\_  
Authorized signature

Name (type or print): \_\_\_\_\_

Title (type or print): \_\_\_\_\_

Date: \_\_\_\_\_





# SOLUTION PROPOSAL

---

Prepared for:  
STATE OF NEVADA  
209 East Musser St. RM 304  
Carson City, NV 89701-4299

Prepared By:  
John Stransky  
Client Executive  
Phone: (702) 612-3684  
Email: john.stransky@siriuscom.com

Quote Date: 09/05/17  
Expires: 11/30/2017  
SoN EITS - F5 Refresh  
Proposal #: PR212661.4

Sirius Computer Solutions, Inc.  
10100 Reunion Place, Suite 500  
San Antonio, TX 78216

All information provided in this proposal is the confidential and proprietary information of Sirius and may not be disclosed, disseminated, or otherwise revealed, in whole or in part, to any party outside of STATE OF NEVADA.



STATE OF NEVADA  
 209 East Musser St. RM 304  
 Carson City, NV 89701-4299

Sirius Computer Solutions, Inc.  
 10100 Reunion Place, Suite 500  
 San Antonio, TX 78216  
 www.siriuscom.com

Quote Date: 09/05/17  
 Expires: 11/30/2017  
 SoN EITS - F5 Refresh  
 Proposal #: PR212661.4

Client Executive:  
 John Stransky  
 Phone: (702) 612-3684  
 Email:  
 john.stransky@siriuscom.com

Part #	Description	Qty	Ext. Sale Price
F5-BIG-BT-I5600	BIG-IP I5600 BEST BUNDLE (48 GB MEMORY,	2	
F5-SVC-BIG-PRE-L1-3	BIG-IP SERVICE: PREMIUM (LEVEL 1-3)	2	
F5-UPG-AC-I5XXX	FIELD UPGRADE: SINGLE AC POWER SUPPLY 65	2	
F5-UPG-SFP+LR-R	BIG-IP & VIPRION SFP+ 10GBASE-LR TRANSCE	6	
F5-UPG-SFPC-R	BIG-IP & VIPRION SFP 1000BASE-T TRANSCEI	6	

Subtotal: \$152,228.78

Shipping and Handling: \$0.00

Total: \$152,228.78

Unless otherwise noted, the price stated herein does not include applicable taxes, which may be added at the time of invoice. The price stated above for shipping and handling is subject to change in the event Customer requests expedited shipping, whether such request is made before or after acceptance of this Purchase Authorization by Customer.

This proposal is valid if ordered on or before 11/30/2017.

Until Sirius receives and accepts a Purchase Order or this Purchase Authorization for the solution proposed, pricing provided in this Proposal is subject to change based on manufacturer's pricing schedule. The Products contained on this Order may be delivered to the Customer through multiple shipments based upon supplier availability, and Customer agrees to pay a partial payment of the total purchase price stated above for any such partial shipment of Products.

All of the information provided in this Proposal is considered confidential and proprietary between Sirius and STATE OF NEVADA. Information enclosed in this Proposal may not be disclosed, disseminated, or otherwise revealed to any party outside of STATE OF NEVADA or any party within STATE OF NEVADA who is not privileged to receive such information.

**PURCHASE TERMS AND CONDITIONS**

1. Purchase Price; Payment; Taxes. Customer agrees to pay the total purchase price as shown on the attached Sirius proposal (the "Order"), plus any applicable sales/use tax. These Purchase Terms and Conditions (the "Terms") are explicitly made a part of the Order and are hereby incorporated therein by reference. Payment is due within thirty (30) days from the date of the invoice, unless alternative terms have been agreed upon between Sirius and the client prior to the date of this proposal. Customer agrees that any payment not received by Sirius within thirty (30) days of the invoice date shall be subject to an annual interest charge of 12%, or the maximum allowed by law, whichever is less.
2. Payment by Third Party Leasing Company. If Customer enters into a lease agreement with a third party leasing company to finance the Order, Customer shall remain bound by these terms and conditions, except to the extent that the third party leasing company shall be obligated to pay the total purchase price of the Order. In the event the third party leasing company fails to make such payment, Customer shall make such payment, and Sirius shall convey title (where applicable) to Customer upon payment of the total purchase price of the Order.
3. Freight Costs; Delivery. Sirius will arrange for shipment and delivery of the Products listed in the applicable Order to the installation site. Unless specifically stated otherwise, Customer will be responsible for shipping and delivery charges. Risk of loss to the Products shall pass to Customer upon delivery at Customer's site.
4. Title; Security interest. Title to each product (other than software) to be sold by Sirius hereunder shall pass to Customer upon delivery. Title to software is not being transferred and the right to use software included in the Order shall be governed by a separate license agreement between Customer and the software vendor.
5. Returns. No products (including Software) shall be returned to Sirius or software subscriptions cancelled by Customer without prior written approval from Sirius.
6. Limited Warranties. Sirius represents and warrants that, at the time each product is delivered, Sirius will be the lawful owner of such product (other than software products), free and clear from any liens and encumbrances, and will have full right, power and authority to transfer good and valid title to the same to Customer. Sirius, as the lawful/authorized reseller of the products being delivered to Customer, represents and warrants that such products will be accompanied by the applicable manufacturer's or software licensor's representations and warranties (either directly through the manufacturer/software licensor or as transferred by Sirius) in accordance with the manufacturer's/software licensor's policies. Customer agrees it is relying solely on the manufacturer's representations and warranties (except as expressly set forth above) and Sirius shall have no liability or obligations with respect to any manufacturers' representations and warranties, and any claims by Customer shall be made solely against the manufacturer.



Notwithstanding the foregoing, with respect to products that have been used and/or refurbished and therefore do not have any manufacturer's warranty, Sirius warrants that for a period of thirty (30) days immediately following the delivery of the products, such products will qualify for the manufacturer's maintenance agreement, if the products are both installed by the manufacturer and placed under the manufacturer's maintenance agreement prior to such installation within such thirty (30) day period; provided, that Customer's exclusive recourse for a breach of this warranty shall be either the repair or replacement of such refurbished equipment or a refund of the purchase price. After such thirty (30) day period, Customer assumes all liability for such products which are either defective or may be incomplete and Sirius will have no further liability or obligation with respect thereto.

As Sirius is not the manufacturer of the products listed on the Order, Customer waives any claim against Sirius based upon (i) any infringement or alleged infringement of any patent or other intellectual property rights with respect to any products sold hereunder or any software licensed by any third party or (ii) any indemnity claim or obligation made by another against Customer arising out of any such infringement or alleged infringement.

EXCEPT AS EXPRESSLY SET FORTH IN THIS SECTION, SIRIUS MAKES NO OTHER REPRESENTATIONS OR WARRANTIES, EXPRESS OR IMPLIED, TO CUSTOMER OR TO ANY OTHER PERSON OR ENTITY REGARDING PRODUCTS, SOFTWARE AND/OR SERVICES OR OTHER ITEMS PROVIDED BY SIRIUS UNDER THE ORDER OR THE RESULTS TO BE DERIVED FROM THE USE THEREOF, AND SIRIUS EXPRESSLY DISCLAIMS ANY REPRESENTATIONS AND WARRANTIES ARISING FROM COURSE OF DEALING, USAGE OF TRADE OR COURSE OF PERFORMANCE, AND THE IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.

7. **Limitation of Liability.** IN NO EVENT WILL SIRIUS BE LIABLE TO CUSTOMER FOR CONSEQUENTIAL, INDIRECT, INCIDENTAL, SPECIAL, PUNITIVE, OR ANY OTHER NON-DIRECT DAMAGES INCLUDING, WITHOUT LIMITATION, LOSS OF OR DAMAGE TO DATA, LOST PROFITS OR FUTURE REVENUES, COST OF CAPITAL, LOSS OF BUSINESS REPUTATION OR OPPORTUNITY OR ANY CLAIM OR DEMAND AGAINST CUSTOMER BY ANY THIRD PARTY, HOWEVER CAUSED, WHETHER UNDER THEORY OF CONTRACT, TORT (INCLUDING NEGLIGENCE) OR OTHERWISE, EVEN IF ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. SIRIUS' LIABILITY ARISING FROM OR RELATED TO THE ORDER SHALL NOT EXCEED AN AMOUNT EQUAL TO THE TOTAL AMOUNT PAID OR PAYABLE TO SIRIUS HEREUNDER. THIS LIMITATION SHALL APPLY TO THE FULLEST EXTENT PROVIDED BY LAW, AND CUSTOMER AGREES TO RELEASE SIRIUS, ITS EMPLOYEES, AFFILIATES, AND AGENTS FROM AND AGAINST ANY AND ALL LIABILITY EXCEEDING THE LIMITS STATED IN THIS PROVISION, REGARDLESS OF THE REMEDY UNDER WHICH DAMAGES ARE SOUGHT AND NOTWITHSTANDING ANY FAILURE OF ESSENTIAL PURPOSE OF ANY LIMITED REMEDY PROVIDED HEREIN.

8. **Applicable Law.** The Order (including these Terms) and the rights and obligations of the parties hereto shall be construed under and governed by the laws of the State of Texas, without giving effect to principles of conflict of laws.

9. **Waiver of Jury Trial.** EACH OF THE PARTIES TO THIS AGREEMENT WAIVES ANY RIGHT TO TRIAL BY JURY OF ANY DISPUTE OF ANY NATURE WHATSOEVER THAT MAY ARISE BETWEEN THEM, INCLUDING, BUT NOT LIMITED TO, THOSE DISPUTES RELATING TO, OR INVOLVING IN ANY WAY, THE TRANSACTIONS BETWEEN THE PARTIES, THE CONSTRUCTION, PERFORMANCE OR BREACH OF THIS AGREEMENT OR ANY OTHER AGREEMENT BETWEEN THE PARTIES, THE PROVISIONS OF ANY FEDERAL, STATE OR LOCAL LAW, REGULATION OR ORDINANCE NOTWITHSTANDING. By execution of this Agreement, each of the parties hereto acknowledges and agrees that it has had an opportunity to consult with legal counsel and that he/she/it knowingly and voluntarily waives any right to a trial by jury of any dispute pertaining to or relating in any way to the transactions contemplated by this Agreement, the provisions of any federal, state or local law, regulation or ordinance notwithstanding.

10. **General.** The Order (including these Terms) represents the entire and integrated agreement and understanding between the parties with respect to the attached Sirius proposal and supersedes all prior or contemporaneous understandings and agreements, whether written or oral. Neither party will be liable or deemed to be in default for any delay or failure to perform its obligations hereunder if such failure results directly or indirectly from any cause beyond its reasonable control. The Order may be executed in any number of counterparts, each of which when executed and delivered (which deliveries may be made by email or facsimile) shall be deemed to be an original, and all of which counterparts taken together shall constitute but one and the same instrument. No modification of these Terms, nor waiver of any rights hereunder, shall be valid unless in writing and signed by the party against whom the modification or waiver is sought to be enforced. The waiver of any term hereof shall in no way be construed as a waiver of any other term or breach hereof. Neither the Order nor any of its rights or duties hereunder may be assigned or transferred by Customer, unless Sirius has consented to such assignment or transfer in writing. The Order does not and is not intended to confer any rights or remedies upon any person or entity other than the parties hereto. If any provision of these Terms are held by a court of competent jurisdiction to be contrary to law or otherwise invalid or unenforceable, the remaining provisions hereof shall remain in full force and effect.

The provision of the maintenance services contained on this proposal will be controlled by the terms and conditions of the applicable manufacturer and/or maintenance provider (hereinafter the "Provider"), and may be subject to auto-renewal if so provided in the applicable terms and conditions. Sirius does not guarantee any rights of termination during the term of the maintenance services contained on this proposal or any renewal term, and all refund calculations are determined solely by the applicable Provider. In the event any or all of these maintenance services are terminated in accordance with the terms and conditions of the applicable Provider, Sirius will, at Customer's option, (1) pass through to Customer all applicable credits paid to Sirius by the applicable Provider, net any related costs, or (2) hold such applicable credits on account for future purchases by Customer. If the maintenance services contained on this proposal cover multiple hardware or software components, any discounts provided in this proposal may vary between such components, and all pricing information is confidential and proprietary information of the applicable Provider.

This Proposal is subject to the terms and conditions of the above referenced Agreement(s). Acceptance of this Proposal by an authorized representative of STATE OF NEVADA will be deemed the equivalent of a Client Purchase Order, which will authorize Sirius to order the Products and Services listed in this Proposal.



---

Accepted by:  
STATE OF NEVADA

Approved by:  
Sirius Computer Solutions, Inc.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

Ship to Address:

Bill to Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ship to contact(Name,Phone and Email) :

Bill to contact(Name,Phone and Email) :

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Brian Sandoval  
Governor

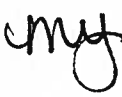
James R. Wells, CPA  
Director

Paul Nicks  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: October 16, 2017  
To: James R. Wells, Clerk of the Board  
Governor's Finance Office  
From: Melanie Young, 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.

**NEVADA DEPARTMENT OF TRANSPORTATION**

Agenda Item Write-up:

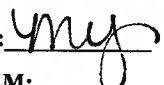
The Nevada Department of Transportation requests approval to pay \$52,373.90 from the Highway Fund, State Claims Account, for a 2017 Safe Routes to School Program reimbursement from Carson City Health and Human Services.

Additional Information:

The agency seeks approval to pay the state claim for the time period of October 2016 through April 2017, where Carson City Health and Human Services did not submit for the reimbursement until September 2017.

Statutory Authority:

BOE approval required pursuant to NRS 353.097, subsection 4.

REVIEWED: 
ACTION ITEM: _____

# STALE CLAIM REQUEST

**To:** PAUL NICKS  
Governor's Finance Office, Budget Division

**From:** MARIA MUNOZ  
NV DEPT. OF TRANSPORTATION

**Subject:** Stale Claim for State Fiscal Year 17

**Date:** 10/10/17

RECEIVED

OCT 12 2017

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

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

**Vendor/Employee Name:** CARSON CITY HEALTH AND HUMAN SERVICES

**Vendor/Employee Number:** T80990941 J      **Invoice Term Date:** 10/1/16 - 4/30/17

**Invoice Number:** NDOTP713-16-821      **Invoice/Claim Amount:** \$52,373.90

**Coding from original obligation**

Fund	Budget	Category	Amount
201	4660	24	121.50 <del>52,373.90</del> <i>ML</i>
<b>Total</b>			

**Coding used to pay Stale Claim**

Fund	Budget	Category	Amount
201	6010	01	52,373.90
<b>Total</b>			

**Request to pay from current fiscal year account?**      YES       NO

**-If yes, full or partial payment from current year funds?**      FULL       PARTIAL

**-If partial payment from current year funds, how much? (Provide details below)**      \$

**Is a current Stale Claim Declining Balance Log included in the attachments?**      YES       NO

**Explanation: Reason (Justification or Detail) for Stale Claim/Funding Allocations/Attachments:**

NOT YET PAID

*M. Munoz*  
 \_\_\_\_\_  
 Signature (Agency Fiscal Approval)

**BOARD OF EXAMINERS / BUDGET DIVISION USE ONLY**

**Approval for payment from**

Fund 201      B/A 6010

*Melanie Y*      10/16/17  
 Budget Analyst      Date

---

Clerk of the Board      Date

Note: Claims from the General Fund Stale Claims account over \$50,000 require BOE approval



STATE OF NEVADA  
DEPARTMENT OF TRANSPORTATION  
1263 S. Stewart Street  
Carson City, Nevada 89712

BRIAN SANDOVAL  
Governor

RUDY MALFABON, P.E., *Director*

In Reply, Refer to:

Oct 10, 2017

Paul Nicks  
Department of Administration  
209 E. Musser Street  
Carson City NV 89710

I would like permission to pay the attached payable to a Payment Voucher as a stale claim. We have researched our files and determined that this payment has not been paid.

The expenditure was incurred during fiscal year 2017 and should have been paid from budget account #4660. The Department has remaining authority in Category #24 in the amount of \$499,835.13 for fiscal year 2017.

If you have any further questions, please contact me at 888-7451.

Sincerely,

A handwritten signature in blue ink that reads "Jamie Vacek".

Jamie Vacek  
Accountant III





**STATE OF NEVADA  
DEPARTMENT OF TRANSPORTATION  
Payment Voucher And Purchase Order**

**PV 800 205884**

Vendor			Ship To		Invoice To	
<b>Carson City Health and Human Services</b>  900 East Long Street  <b>Carson City, NV 89706</b>			State of Nevada Department of Transportation  1263 S. Stewart Street Carson City, NV 89712		State of Nevada Department of Transportation  1263 S. Stewart Street Carson City, NV 89712	
Date	Fiscal Year	Vendor Code	Customer Code		Please refer to the above payment voucher and purchase order number (i.e. PV 800 #) on all parcels, and correspondence. Please advise if unable to meet requested date.	
10/03/17	FY 17	T80990941 J				

Quantity	Item No.	Description	UOM	Unit Price	Extended Price
1	1	SRTS Coordination Ocotber 1, 2016 through April 30, 2017		\$ 52,373.90	\$ 52,373.90
<b>Total</b>					<b>52,373.90</b>

 Receiver     
  Authorized Signature     
  Approval for Expenditures Exceeding \$10,000

Line	Org	Approp	Activity	Object	Job/Project	Revenue	Agreement	Amount
1	C821	466024	4658	8782			7131600	\$ 52,373.90
2								
3								
4								
5								
6								
7								
8								
9								
10								



# Payment Voucher System

Prepared by Loren Borino

PV800PVR00114855

17

Vendor		Ship To	Invoice To
CARSON CITY, CITY OF CARSON CITY HEALTH & HUMAN SRC 900 E LONG ST		Nevada Department of Transportation 1263 S. Stewart St. 1263 S. Stewart St. 1263 S. Stewart St.	Nevada Department of Transportation 1263 S. Stewart St. 1263 S. Stewart St. 1263 S. Stewart St.
CARSON CITY NV 89706		Carson City NV 89712	Carson City NV 89712
Date	Fiscal Year	Vendor Code/Address Indicator	Invoice Number
9/13/2017	2018	T80990941 J	
Status: APPROVED			TOTAL: \$52,373.90

Quantity	Item No.	Description	UOM	Unit Price	Extended Price
1		SRTS Coordination October 1, 2016 through April 30, 2017		52,373.90	52,373.90
					\$52,373.90

William Story

See Supp on pg 2




Receiver

Authorized Signature

Approval for Expenditures Exceeding \$10,000

Line	Org	Approp	Activity	Object	Job	Project	Agreement	Description	Amount
1	C821	466024	4658	8782			7131600	SRTS Coordination October 1, 2016 through April 30, 2017	52,373.90
									\$52,373.90

NEVADA DEPT. OF TRANSPORTATION  
RECEIVED  
SEP 28 2017

## Payment Voucher System

Prepared by Loren Borino

**PV800PVR00114855**

Vendor		Ship To		Invoice To	
CARSON CITY, CITY OF CARSON CITY HEALTH & HUMAN SRC 900 E LONG ST		Nevada Department of Transportation 1263 S. Stewart St. 1263 S. Stewart St. 1263 S. Stewart St.		Nevada Department of Transportation 1263 S. Stewart St. 1263 S. Stewart St. 1263 S. Stewart St.	
CARSON CITY NV 89706		Carson City NV 89712		Carson City NV 89712	
Date	Fiscal Year	Vendor Code/Address Indicator		Invoice Number	
9/13/2017	2018	T80990941 J			
Status: SUBMITTED				TOTAL: \$52,373.90	

Quantity	Item No.	Description	UOM	Unit Price	Extended Price
1		SRTS Coordination October 1, 2016 through April 30, 2017		52,373.90	52,373.90
					\$52,373.90



Jenni Fournier  
Receiver

Authorized Signature



Approval for Expenditures Exceeding  
\$10,000

Line	Org	Approp	Activity	Object	Job	Project	Agreement	Description	Amount
1	C821	466024	4658	8782			7131600	SRTS Coordination October 1, 2016 through April 30, 2017	52,373.90
									\$52,373.90

Nevada Department of Transportation

REQUEST FOR REIMBURSEMENT / ADVANCE

<b>Program Name:</b> Safe Routes to School - Stop Gap Agreement Bicycle, Pedestrian & Safe Routes to School Program Nevada Department of Transportation		<b>Subgrantee Name:</b> Carson City Health and Human Services Nicki Aaker, Director CCHHS	
<b>Address:</b> 1263 South Stewart St Carson City, NV 89712		<b>Address:</b> 900 East Long Street ✓ Carson City, NV 89706	
<b>Subgrant Period:</b> October 1, 2016 to April 30, 2017 ✓		<b>Subgrantee EIN#:</b> 88-6000189 <b>Subgrantee Vendor#:</b> T80990941 J	

FINANCIAL REPORT AND REQUEST FOR FUNDS

(report in whole dollars; must be accompanied by expenditure report/back-up)

Month(s): October - April Calendar Year: 2016-2017

Approved Budget Category	A Approved Budget	B Total Prior Requests	C Current Request	D Year To Date Total	E Budget Balance	F Percent Expended
1 Personnel	\$ 50,406	\$ 0.00	\$ 50,405.51	\$ 50,405.51	\$ 0.00	100%
2 Travel	\$ 2,538	\$ 0.00	\$ 724.93	\$ 724.93	\$ 1,812.67	29%
3 Equipment	\$ 0	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	0%
4 Supplies	\$ 2,501	\$ 0.00	\$ 819.26	\$ 819.26	\$ 1,681.33	33%
5 Other	\$ 10,850	\$ 0.00	\$ 424.20	\$ 424.20	\$ 10,425.80	4%
8 Total	\$ 66,294	\$ 0.00	\$ 52,373.90	\$ 52,373.90	\$ 13,919.80	79%

This report is true and correct to the best of my knowledge.

*Nicki Aaker* Director *8/24/17*  
 Authorized Signature Title Date

Reminder: Request for Reimbursement cannot be processed without an expenditure report/back-up. Reimbursement is only allowed for items contained within Subgrant Award documents. If applicable, travel claims claims must accompany report.

FOR HEALTH DIVISION USE ONLY

Program contact necessary?  Yes  No Contact Person: \_\_\_\_\_

Reason for contact: \_\_\_\_\_

Fiscal review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

Scope of Work review/approval date: \_\_\_\_\_ Signed: \_\_\_\_\_

ASO or Bureau Chief (as required): \_\_\_\_\_ Date: \_\_\_\_\_

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Paul Nicks  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: October 19, 2017  
To: James R. Wells, Clerk of the Board  
Governor's Finance Office  
From: Susan Brown, 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. An analysis of the action item and recommendation is also provided.

**DEPARTMENT OF EDUCATION – OTHER STATE EDUCATION PROGRAMS**

Agenda Item Write-up:

Pursuant to NRS 353.097, subsection 4, the Department of Education requests approval to pay \$98,876.60 from the State Claims Account for the Turnaround Schools grant program to Clark County School District.

Additional Information:

This claim was received from the Clark County School District September 7, 2017 by the Department. Funds for this program reverted to the General Fund at the close of the fiscal year.

Statutory Authority:

NRS 353.097

REVIEWED: \_\_\_\_\_

Handwritten signature of Susan Brown in black ink.

ACTION ITEM: \_\_\_\_\_

# STALE CLAIM REQUEST

To: Katrina Nielsen, Budget Analyst 4  
Department of Administration, Budget Division

Date: 9/13/17

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

Subject: Stale Claim for State Fiscal Year - 17

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

Vendor/Employee Name: Clark County School District

Vendor/Employee Number: T40231800 Invoice/Term Date: \_\_\_\_\_

Invoice Number: 17CL335009 Invoice/Claim Amount: \$98,876.60

**Original Budget, Fund and Category Information**

Budget	Fund	Category	Amount
2699	101	13	\$98,876.60
<b>Total</b>			\$98,876.60

**Stale Claim Budget, Fund and Category Information**

Budget	Fund	Category	Amount
2699	101	13	\$98,876.60
<b>Total</b>			\$98,876.60

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

The attached invoice was never paid because it was not turned into the fiscal office before closing of FY17 so it became a stale claim.

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

RECEIVED

OCT 11 2017

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

BOARD OF EXAMINERS /BUDGET OFFICE USE ONLY

Approval for payment from

Fund  B/A

---

Budget Analyst \_\_\_\_\_ Date \_\_\_\_\_

---

Clerk of the Board \_\_\_\_\_ Date \_\_\_\_\_

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

State  
FK 17

REQUEST FOR FUNDS FOR PROJECT ACTIVITIES

4410017

RETURN TO:

NEVADA DEPARTMENT OF EDUCATION

Attention: Sondra Neudauer

700 E. Fifth Street

Carson City, Nevada 89701

# 9

Final

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

Name and Address of Subgrantee: Clark County School District 5100 W. Sahara Ave Las Vegas, NV 89146	Project No.: 17-335-02000
Source of project or grant funds: State <input checked="" type="checkbox"/> Federal <input type="checkbox"/>	Project Title: Turnaround Grant

Request No. 9-REVISED Original Date sent 8/2/17 31

Name of Program: Turnaround Grant

**PART I: Period Ended Last Request: 5/31/2017**      **Period for Current Request: 6/10/2017**

1. Total Subgrant Award	\$	315,304.00
2. Less total requests for funds already submitted		186,275.11
3. Less current period expenditures being requested for current period	\$ ✓/K	98,876.60
4. Remaining award at end of current period (1. - 2. - 3.)	\$	30,152.29

↳ Back to GP

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

	Requested	NDE Approved
1. Estimated amount needed for next period (< or = to Part I, No. 4.)	\$ -	OK to pay 9/8/17
2. Plus current period expenditures (same as Part I, No. 3)	\$ 98,876.60	
3. Net amount of cash requested (1. plus 2.)	\$ 98,876.60	\$ 98,876.60

Dale Dammer Signature      9-7-17 Date

Coordinator III, Fiscal Accountability & Data Analysis  
and Title of Reporting Official

FOR DEPARTMENT OF EDUCATION USE ONLY						
Remarks: 17 CL 335 009			Vendor Number: T40231800			
Federal	Organization Code	Budget Account	Category	G/L (Object Code)	Federal Common Account No.	Federal Job Number
State	0600	2699	13	8603		State
Signature of Person Authorized to Approve Payment: <u>Maria Aguirre</u>					Date Approved: 9/8/17	

Posted 3/10/2010

State or Federal Report of Expenditures  
Nevada Department of Education

Project Number: 17-335-2000		(A)		(B)		(C)		(D)		(A+C)		(B+D)	
Request Number: 9		Budget		Actual Cost		Budget		Actual Cost		Budget		Actual	
Period Ending: 06/30/2017		Instruction Cost		Remainder		Support Cost		Remainder		Total		Remainder	
Object	Description	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
100	Salaries	\$ 62,645.00	\$ 56,205.13	\$ 6,439.87	\$ 76,181.60	\$ 14,786.40	\$ 153,615.00	\$ 132,386.73	\$ 21,228.27	\$ 132,386.73	\$ 132,386.73	\$ 132,386.73	\$ 21,228.27
200	Benefits	\$ 1,477.00	\$ 1,291.94	\$ 185.06	\$ 1,783.91	\$ 842.09	\$ 4,103.00	\$ 3,076.85	\$ 1,027.15	\$ 4,103.00	\$ 3,076.85	\$ 4,103.00	\$ 1,027.15
300	Purchased Professional/Technical Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
400	Purchased Property Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
500	510 Student Transportation Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	580 Staff Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Other (520, 530, 540, 550, 560, 570, 590)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Total 500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
600	610 General Supplies (exclude 612)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	* 612 Non-Technology Items of Higher Value	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	620 Energy	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	640 Books and Periodicals (exclude 641)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	641 Textbooks	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	650 Supplies - Information Technology Related (exclude 651, 652, 653)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	651 Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	* 662 Technology Items of Higher Value	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	833 Web-based and Similar Programs	\$ 50,143.00	\$ 50,133.75	\$ 9.25	\$ 12,600.00	\$ 12,600.00	\$ 12,600.00	\$ 62,743.00	\$ 62,733.75	\$ 62,743.00	\$ 62,733.75	\$ 62,743.00	\$ 9.25
	Total 600	\$ 50,143.00	\$ 50,133.75	\$ 9.25	\$ 12,600.00	\$ 12,600.00	\$ 12,600.00	\$ 62,743.00	\$ 62,733.75	\$ 62,743.00	\$ 62,733.75	\$ 62,743.00	\$ 9.25
800	810 Dues and Fees	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	880 Other Miscellaneous	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Other (820, 830)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Total 800	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Subtotal 600 - 800 & 900	\$ 144,265.00	\$ 107,630.82	\$ 6,634.18	\$ 201,039.00	\$ 177,620.89	\$ 23,518.11	\$ 315,304.00	\$ 285,151.71	\$ 315,304.00	\$ 285,151.71	\$ 315,304.00	\$ 30,152.29
Approved Indirect Cost Rate -	%												
700	730 Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Other (710, 720, 740, 790)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Total 700	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Grand Total Expendable	\$ 144,265.00	\$ 107,630.82	\$ 6,634.18	\$ 201,039.00	\$ 177,620.89	\$ 23,518.11	\$ 315,304.00	\$ 285,151.71	\$ 315,304.00	\$ 285,151.71	\$ 315,304.00	\$ 30,152.29

830-4 Request for Funds Page 2 (10.15A)

285,151.71+  
186,275.11-  
98,876.60\*

98,876.60  
OK to pay  
9/8/17

-186,275.11

OK

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Paul Nicks  
Deputy Director

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

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 687-0260

Date: October 17, 2017

To: James R. Wells, Clerk of the Board  
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 Board of Examiners' meeting.

**DEPARTMENT OF PUBLIC SAFETY – PAROLE BOARD – TRAVEL POLICY**

Agenda Item Write-up:

In accordance with SAM 0204, the Division requests approval to revise the agency's travel policy to allow for an exemption from the standard 50 miles of the assigned duty station for per diem, lodging and other travel expenses when the State of Nevada is hosting the Association of Paroling Authorities International training conference.

Additional Information:

Currently SAM 0204 indicates the following:

- Employees are eligible for per diem, lodging and/or vehicle rental reimbursements only if they are 50 miles or more from their official work station, unless the Board of Examiners has approved a policy for a given department that permits travel reimbursements within 50 miles of the assigned duty station.

The Division is requesting an exemption to this rule when the State of Nevada is the host for the Association of Paroling Authorities International (APAI) and has staff assigned to provide direct support to the conference. Nevada is hosting this conference in April 2018 and the conference will be held at the Hyatt Regency in Incline Village. The Division indicates that the Association only has two part-time staff members and the execution of this conference is beyond their capabilities. As such, the Association relies on the hosting state to provide staff to help with organizing and managing the conference. Host staff are expected to support onsite conference



functions on the days of the conference that include training session setup and support, setting up and take-down site stations and signage, organizing events and activities, etc. Much of this work is required in the early morning hours prior to the start of the conference and in the evenings after completion of the conference daily schedule of events and activities.

Statutory Authority:

SAM 0204

<b>REVIEWED:</b> <u>      <i>n</i>      </u>
<b>ACTION ITEM:</b> _____

**CENTRAL OFFICE**

1677 Old Hot Springs Rd., Ste. A  
Carson City, Nevada 89706  
http://parole.nv.gov  
(775) 687-5049  
Fax (775) 687-6736

CONNIE S. BISBEE, *Chairman*  
TONY CORDA, *Member*  
ADAM ENDEL, *Member*  
SUSAN JACKSON, *Member*  
CHRISTOPHER DERICCO, *Member*

DARLA FOLEY, *Executive Secretary*

**STATE OF NEVADA**  
**BRIAN SANDOVAL**  
Governor



**LAS VEGAS OFFICE**

4000 S. Eastern Ave., Ste. 130  
Las Vegas, Nevada 89119  
http://parole.nv.gov  
(702) 486-4370  
FAX (702) 486-4376

CONNIE S. BISBEE, *Chairman*  
ED GRAY, JR., *Member*  
MICHAEL KEELER, *Member*

**NEVADA BOARD OF PAROLE COMMISSIONERS**

October 5, 2017

To: Board of Examiners

From: Connie S. Bisbee, Chairman *CSB*

Subject: Request for BOE approval of the Parole Board travel policy granting an exception to the minimum mileage provision for reimbursement for lodging and per diem in certain circumstances.

The Board of Parole Commissioners is requesting the approval of its travel policy that includes a provision allowing an exemption to the 50 mile travel rule for lodging and per diem. The State Administrative Manual (SAM) encourages agencies to adopt travel policies and allows the BOE to permit exemptions to the 50 mile travel rule.

The exemption to the 50 mile rule stated in the Board's travel policy reads as follows:

*When the State of Nevada is the host State for a training conference of the Association of Paroling Authorities International, (APAI), if the conference location is less than 50 miles, but more than 25 miles from a principal duty station of the Board, a Board employee assigned to that duty station is allowed reimbursement for lodging, per diem and other travel expense, if the Board employee been assigned to perform various host committee duties by the Chairman of the Board. Host committee duties include, but are not limited to; vendor/exhibitor coordination; media relations/photography; host city/tourism coordination; registration/hospitality; transportation; audio/visual duties; and general administrative support.*

In April, 2018, Nevada will be host to the 31<sup>st</sup> Annual training conference of the Association of Paroling Authorities, International (APAI) at the Hyatt Regency in Incline Village. APAI is an international organization comprised of parole board chairs, commissioners, hearing representatives and executives. APAI is the only organization that provides training specific to parole release decision making, condition setting and violations, and other parole board best practices.

**Request to BOE for Travel Policy Exemption**

**October 5, 2017**

**Page 2**

**APAI employs two part time staff members. All other work is performed by volunteers within the organization. Since APAI does not employ conference staff, much of the conference planning and coordination duties are performed by the conference host, in this case, the Nevada Parole Board.**

**While much of the work related to the conference duties are performed in advance of the conference, the host committee staff will be onsite performing work in the early morning prior to the training sessions and in the evening following training sessions.**

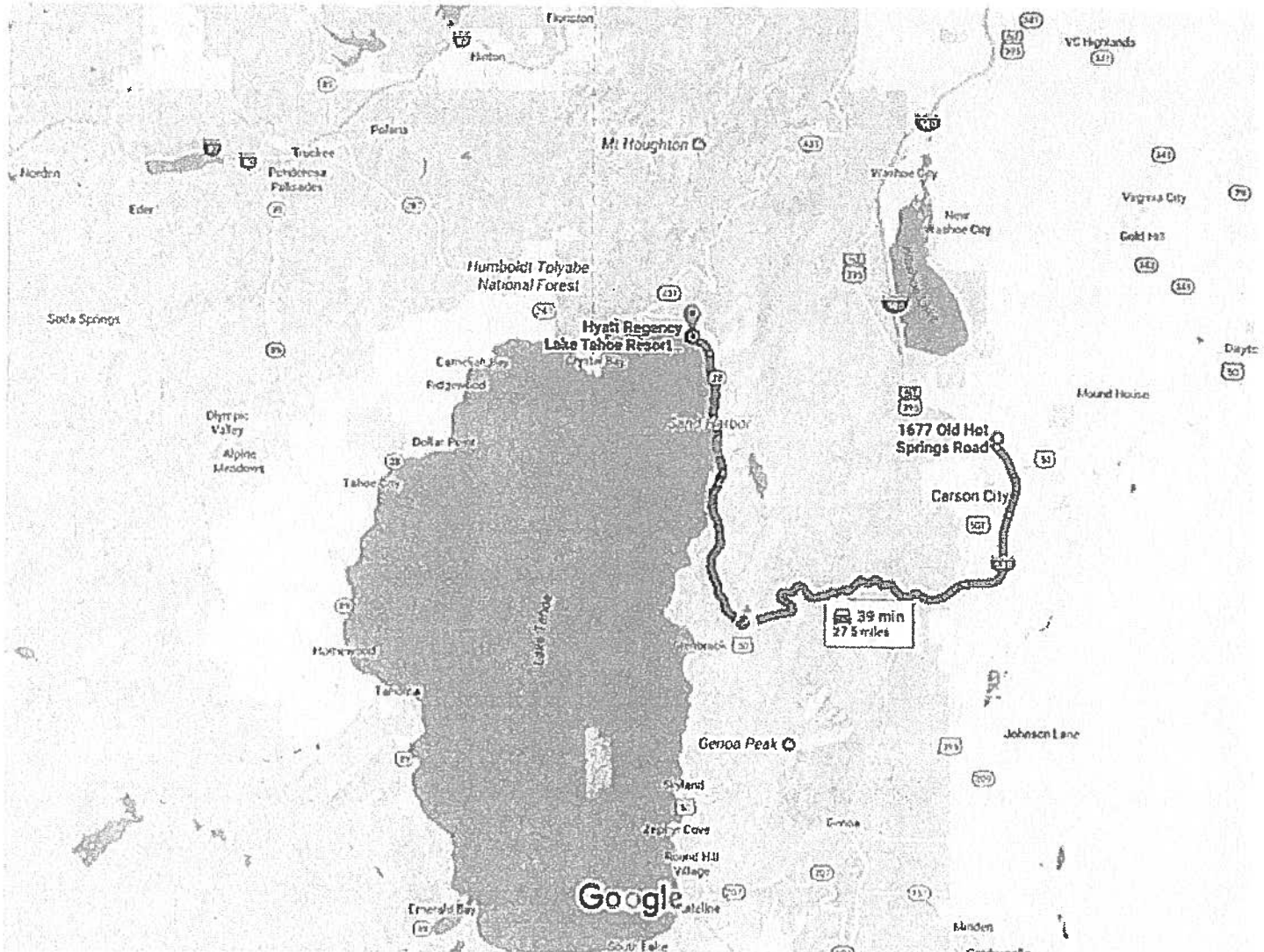
**The Hyatt Resort in Incline Village is 27 ½ miles in distance (with an estimated 42 minute travel time) from the Parole Board office in Carson City. BOE approval of the travel policy would permit most of the participating employees to stay on site for the conference.**

**The Parole Board met at a public meeting on October 5, 2017 and approved the attached travel policy, with the 50 mile exemption contingent upon BOE approval. The Parole Board respectfully requests the BOE approve the exemption to the 50 mile rule as indicated in the attached travel policy.**

Google Maps

1677 Old Hot Springs Rd to Hyatt Regency Lake Tahoe Resort, Spa and Casino

Drive 27.5 miles, 39 min



Map data ©2017 Google United States 2 mi



via US-50 and NV-28 S

Fastest route, the usual traffic

39 min

27.5 miles

**BOARD OF PAROLE COMMISSIONERS  
TRAVEL POLICY**

<b>AG REVIEW BY:</b> N/A	<b>ORIGINATION DATE:</b> 9/28/2017	<b>APPROVED BY:</b> Nevada Board of Parole Commissioners
<b>REFERENCES:</b> NRS §281.160, §281.172, §281.173, SAM Chap 0200, GSA Rates at <a href="http://www.gsa.gov">www.gsa.gov</a>	<b>DATE EFFECTIVE:</b> Upon BOE Approval	<b>SUBJECT:</b> Travel
<b>PROCESSED BY:</b> Board of Parole Commissioners	<b>REVISION DATE:</b>	

**A. PURPOSE:**

Mission-oriented reasons for travel include, but are not limited to, parole hearings, training, meetings, conferences, seminars, and operational activities. The primary purpose of this policy is to ensure that funds allocated for travel and training are properly used in a manner that facilitates the completion of the Board of Parole Commissioners' (Board) mission and other training needs. For travel issues not addressed in this policy, refer to SAM 0200, NRS, & NAC.

This policy supersedes all prior Board travel policies. Additionally, where travel reimbursement may apply, this policy is intended to address funds that are administered by the Board.

**B. POLICY:**

1. General Travel Requirements

- a. This policy pertains to employees of the Board. For the purpose of this policy, "Board employees" include classified and unclassified employees, and non-state employees (contracted case hearing representatives) traveling on state business. For independent contractors, refer to SAM 0320.
- b. All travel purchases should be in accordance with NRS, NAC, SAM 0200, and this policy. The Board's fiscal manager will ensure availability of the required funding.
- c. Required travel is based on the monthly hearings caseload and calendar, training, mediation, personnel, meetings, court hearings and inventory control.
- d. When and if it becomes necessary to arrange travel for non-state employees traveling on state business, the Board may make all airline reservations and process the billings for payment through the State system.

Nevada Board of Parole Commissioners  
Travel Policy

- e. The Chairman is responsible for ensuring that all travel is necessary for the accomplishment of the Board's mission.
  - 1) The traveling Board employee has specific responsibility for ensuring compliance with this policy.
  - 2) Board employees shall ensure that all travel claims submitted for reimbursement are accurate and justified.
  - 3) The fiscal manager or designee shall indicate on the Travel Expense Reimbursement Claim Form (TE) the budget account to be charged for Board employee's travel. The Board shall use the most current TE form supplied by the Department of Public Safety.
  - 4) If an exception to the travel guidelines is made due to exigent circumstances, it must be documented and justified in detail and submitted along with the request for reimbursement. Failure to properly document an exception to the travel requirements may result in denial of the travel claim and the Board employee having to pay for the cost of the travel.
- f. Per SAM 0210, travel expenses for State employees shall normally be charged to the budget account specifically appropriated or authorized to provide for the employees' salary and/or travel expenses. Any exceptions to this rule shall be approved by the Department of Administration – Budget and Planning Division in advance of the travel. Documentation of approval for any out-of-budget travel is to be attached to the reimbursement claim when it is submitted for payment.
- g. Travel should be accomplished by the least expensive mode practicable. Board employees shall arrange their own lodging, with lodging reimbursement not to exceed the Federal GSA lodging limits.
- h. Meals provided at meetings, conferences, seminars, will not be eligible for reimbursement, with the exception of continental breakfasts.
- i. To avoid unnecessary overtime, travel should take place, whenever possible, during regularly scheduled shift times or normal business hours. The Chairman or supervisors shall ensure any overtime worked for travel is justified. Since overtime must be pre-approved, the employee shall anticipate any overtime, which may reasonably be expected to occur and obtain supervisory approval before the travel takes place.
- j. On those occasions when the Board employee uses his/her own vehicle to conduct state business:
  - 1) Mileage reimbursement may be claimed based on the conditions

- detailed under Section C “Definitions” of this policy.
- 2) Nevada’s Risk Management Auto Insurance Coverage Matrix details coverage for vehicle accidents resulting in property damage or bodily injury when using a personal vehicle on State business. The matrix is incorporated by reference and is included with this policy as Attachment 1.
- k. Air-Travel
- 1) Airline tickets may only be purchased using the State Ghost Card account with prior approval.
  - 2) The fiscal manager or designee will be responsible for processing unused non-refundable airline tickets.
- l. Three means of funding travel may be used. They are, in descending order of preferred use:
- 1) Self-funded travel – the traveler funds their own travel (per diem and lodging) and submits a Travel Expense Reimbursement Claim for the same. A travel reimbursement claim must be submitted within 5 days of travel.
  - 2) A Board employee may obtain a travel advance based on a written estimate of related expenses. These expenses shall be limited to meals and lodging based on the rate structure in the GSA Domestic Per Diem Rates list. Refer to SAM 0226 for additional information.
    - a) The agency funded travel advance shall not include conference or seminar registration fees.
    - b) Additional advances shall not be granted to any Board employee if they have an outstanding travel advance over 30 days in arrears.
    - c) Agency funded travel advances constitute a lien upon the accrued wages of the requesting board member or employee (NRS §281.172, and §281.173).
  - 3) Travel advance through the state sponsored credit card – when issued to a Board employee: the traveler obtains a cash advance through their state sponsored credit card and submits a Travel Expense Reimbursement Claim at the end of the travel. The use of the credit card advance is subject to the following restrictions:
    - a) Cash advance is limited to \$200 per 7-day period unless exigent circumstances exist.
    - b) The charge card fee(s) for cash advances on the state sponsored credit card are reimbursable subject to the limitations of SAM 0226.

Nevada Board of Parole Commissioners  
Travel Policy

- c) Failure to submit a travel reimbursement claim within 5 days of travel may result in denial of interest/fee charges reimbursement in accordance with SAM 0226.
  - d) Refer to SAM 0218 for a full list of restrictions.
- m. All domestic Per Diem and lodging shall follow the rate structure on the GSA Domestic Per Diem Rates website, [www.gsa.gov](http://www.gsa.gov). All international Per Diem and lodging shall follow the rates in SAM 0218.
  - 1) There will be no deviations from the assigned rates unless specifically authorized by SAM or this policy.
  - 2) The state approved GSA lodging rates do not include taxes or surcharges.
- n. The following minimum requirements apply to reimbursement procedures:
  - 1) Application for reimbursement shall be made using the forms and other methods of documentation required by this policy. In most cases, the employee's TE, approved by the fiscal manager, and any memos and receipts needed to document exceptions and expenditures will be sufficient.
  - 2) In cases where a Board employee's request for travel involves traveling for personal as well as professional reasons, the agreement between the Chairman or approving supervisor and the traveling board member or employee shall be documented in writing (e-mail or memorandum) and agreed to, prior to travel. This documentation will then be submitted with the TE upon completion of travel. Any increase in travel costs due to changes for personal travel shall be an expense of the Board employee.
  - 3) Per Diem rates shall be established by SAM and implemented by the Board. These rates may differ depending on travel destination and time of year.
    - a) Under these guidelines, there will be no need to identify breakfast, lunch, or dinner unless the travel is to a formal event (conference, seminar, training, duty assignment or operation etc.), which provides a specific meal. If this is the case, the traveler must exclude that meal from their reimbursement. The reimbursement rate for individual meals may be found at the GSA website identified above under the "meals and incidental expense breakdown".
    - b) A "continental breakfast" is not considered a meal.
    - c) The defined per diem "incidental" expense shall not be excluded from the meals and incidental expense rate. If the Per Diem is earned, the incidental expense will be included in the reimbursement. If the Per Diem is not



- earned, the incidental expense will not be reimbursed.
- d) Other work-related expenses, including work-related telephone, internet fees, parking, tolls, etc., may be reimbursed with receipts, appropriate written explanation of the charges, and supervisory approval. For additional information, refer to SAM 0218.
- 4) A properly completed TE which has been submitted to the fiscal manager or designee and approved by the fiscal manager shall be used to request reimbursement.
  - 5)
    - a) A properly completed TE will have receipts attached for each expense claimed except meal per diem and incidental per diem.
      - (1) In State Travel-Lodging receipts are required for all lodging expenses.
      - (2) Out of State Travel-Lodging receipts are required for all lodging expenses.
      - (3) All TEs must be signed by the traveler, prior to reimbursement, unless exigent circumstances arise, at which time the Chairman or immediate supervisor must sign the TE pending documentation from the traveler upon return.
      - (4) If exigent circumstances arise that do not allow the board member or employee to sign the TE, the exigent circumstances must be documented by the Chairman or supervisor. Under these conditions, the traveler must forward an e-mail or memo to the Chairman or supervisor confirming the travel and authorizing the payment of the travel claim in lieu of their signature. It shall be the responsibility of the Chairman or supervisor, under these circumstances, to ensure the TE is completely and correctly documented to support the TE.
    - b) Reimbursement claims by the Chairman shall be submitted to the fiscal manager, or their designee for approval.
  - 6) The Board employee must have the Chairman or supervisor approval prior to using a personal vehicle to conduct Board business in order to receive reimbursement for mileage. Use of a personal vehicle for business travel is subject to the restrictions and requirements defined in “1(e) and 1(j,2) above and SAM Chapter 0218.

- 7) For single or partial day travel, Meals & Incidental Expense (M& IE) Per Diem will be paid at the following rate:
  - a) If the traveler is in travel status for less than 8 hours, M & IE Per Diem will not be paid;
  - b) If the traveler is in travel status for at least 8 hours but less than 10 hours, M & IE Per Diem will be paid at the rate of 25% of the daily standard rate for the traveler's destination;
  - c) If the traveler is in travel status for at least 10 hours but less than 12 hours, M & IE Per Diem will be paid at the rate of 50% of the daily standard rate for the traveler's destination;
  - d) If the traveler is in travel status for at least 12 hours but less than 14 hours, M & IE Per Diem will be paid at the rate of 75% of the daily standard rate for the traveler's destination;
  - e) If the traveler is in travel status for at least 14 hours, M & IE Per Diem will be paid at the rate of 100% of the daily standard rate for the traveler's destination;
  - f) The applicable Per Diem rate will be determined by the city/county where a majority of work was performed for that day. At no time will reimbursement be based on the traveler's duty station or be more than GSA standards.
- 8) For multiple days of travel, the Per Diem will be calculated as explained above for the first and last day of travel, using midnight as the stop time for the first day of travel and the start time for the last day of travel. All intervening days will be paid at 100% of the prevailing daily Per Diem rate, as defined by GSA, subject to the restrictions in this section.
- 9) Per Diem and lodging rates are based on where the lodging occurs.

2. In-state Travel (SAM 0210, 0212)

- a. All airline travel between Reno and Las Vegas must use the Southwest Airlines corporate Internet booking tool, SWABIZ. For more information, refer to SAM 0212.
- b. As an optional means of transport between Carson City and Las Vegas, the Nevada Department of Transportation conducts flight operations using the State Plane. Passage may be scheduled on an as-available basis with a maximum of two weeks advance notice. Arrangements may be made through NDOT flight operations at (775) 888-7510.
- c. If an employee traveling in-state is unable to obtain lodging at the

predetermined GSA rate because of extenuating circumstances, the Chairman may authorize the expenditure up to 150% of the standard CONUS rate. For specific definitions of extenuating circumstances and authorized rate limits, refer to SAM 0210. Reimbursement will only be made at the stated receipt amount (at or below the CONUS/GSA rate) or as extenuating circumstances are approved as stated above.

- d. Except as otherwise provided for in section B.4., State officers and employees are eligible for per diem reimbursements only if they are 50 miles or more from their official work station.

3. Out-of-State Travel (SAM 0210.0)

- a. Requests for out-of-state travel must be pre-approved from an appropriate authority. Travel requests shall be documented using an Out-of-State Travel Authorization form (available on the Shared Drive "Forms" folder).
- b. The signatures of an appropriate authority or designee, and the fiscal manager or designee will evidence approval.
- c. Receipts are required for all expenses claimed for reimbursement with the exception of per diem meals and per diem incidentals.
- d. If a board member or employee traveling out-of-state is unable to obtain lodging at the predetermined GSA rate because of extenuating circumstances, the Chairman may authorize the expenditure up to 175% of the federal lodging rate for surveyed out-of-state sites or up to 300% of the CONUS rate for non-surveyed out-of-state sites. For specific definitions of extenuating circumstances and authorized rate limits, refer to SAM 0210.

4. Exemption to 50-Mile travel designation in accordance with SAM 0204.

- a. When the State of Nevada is the host State for a training conference of the Association of Paroling Authorities, International, (APAI), if the conference location is less than 50 miles, but more than 25 miles from a principal duty station of the Board, a Board employee assigned to that duty station is allowed reimbursement for lodging, per diem and other travel expense, if the Board employee been assigned to perform various host committee duties by the Chairman of the Board. Host committee duties include, but are not limited to; vendor/exhibitor coordination; media relations/photography; host city/tourism coordination; registration/hospitality; transportation; audio/visual duties; and general administrative support.

C. **DEFINITIONS:**

1. *Travel Status:* The Board employee's ultimate travel destination is at least 50 miles from their principal duty station, or at least 50 miles from home if the traveler commences travel without initially reporting to his/her primary duty station, whichever is less, in accordance with SAM 0204. Employees are considered to be in travel status from portal to portal.
2. *Mileage Reimbursement – Non-Travel Status:* A Board employee using his/her own vehicle to attend to work-related duties including training, meetings, conferences or other duties within 50 miles of the Board employee's primary duty station is entitled to mileage reimbursement.
3. *Mileage Reimbursement – Travel Status:* Board employees using his/her own vehicle for the State's convenience; the mileage reimbursement rate will conform to the most recently published All Agency Memorandum from the Budget Office specifying approved rates. Board employee's using his/her own personal vehicle for the employee's convenience; the employee will be reimbursed at one-half the standard mileage reimbursement rate published in the most recent All Agency Memorandum from the Budget Office.
4. *Mileage Reimbursement – Calculation:* When calculating mileage for Travel Status or Non-Travel Status claims to be reimbursed, a Board employee using his/her own personal vehicle will be compensated for any miles driven in excess of his/her normal commute unless the Board employee is departing from their primary duty station. A Board employee's normal commute is the roundtrip mileage between the employee's residence and his/her official duty station. Additional mileage incurred for items such as meals or entertainment will not be reimbursed. This applies regardless of the day which the travel occurs (e.g., workday, regular day off, etc.). Refer to SAM 0218.

## AUTO INSURANCE COVERAGE MATRIX (Employee(or volunteer) on Official State Business and within Course and Scope of Employment)

STATE Employee	State-Owned Vehicles	Rental Vehicles (State contract)	Rental Vehicles (Non-state Contract)	Personal Vehicle
a) Bodily injury to driver and STATE employee passengers	Workers' Compensation <sup>1</sup> State Physical Damage Policy coverage is primary (if purchased). Covers repair costs or actual cash value. Deductibles: \$300 – all except NHP /\$500 NHP. Window coverage to special terms. If insurance coverage not purchased, loss is responsibility of department.	Workers' Compensation <sup>1</sup> Physical damage coverage is included under rental agreement if vehicle rented under State contract at the State-negotiated rate.	Workers' Compensation <sup>1</sup> Rental agency physical damage coverage is primary, if physical damage insurance (loss damage waiver/collision damage waiver is purchased).	Workers' Compensation <sup>1</sup> No coverage provided by State insurance program, Driver may file a physical damage claim under owner's personal auto policy (if coverage purchased).
b) Damage to vehicle	Injured person(s) can file a Tort Claim through the Attorney General's Office. Claims against the State would be handled in accordance to Chapter 41.	Rental agency liability coverage is included and primary if vehicle is rented under State contract and the State-negotiated rates.	Drivers' personal auto liability policy is primary. Supplemental liability coverage which is secondary can be purchased by the renter through the rental car agency.	Owner's personal auto liability policy is primary. State liability (Tort) program is excess.
c) Bodily injury to persons outside vehicle <sup>1</sup>	Individual would have to file a Tort Claim through the Attorney General's Office. Claims against the State would be handled in accordance to Chapter 41.	Rental Companies' liability coverage is included and primary if vehicle is rented under State contract and the State-negotiated contract rates.	Drivers' personal auto liability policy is primary. Supplemental liability coverage which is secondary can be purchased by the renter through the rental car agency.	Owner's personal auto liability policy is primary. State liability (Tort) program is excess.
d) Damage to autos/property outside vehicle <sup>1</sup>	1 State Agency should provide volunteer coverage under State's Volunteer Workers Compensation Program.	2Contractors should provide workers' compensation coverage through their respective employer. Agency should request a certificate of insurance verifying coverage.	1 State Agency should provide volunteer coverage under State's Volunteer Workers Compensation Program.	1 Agency should provide volunteer coverage under State's Volunteer Workers Compensation Program.
e) Bodily injury to passengers in vehicle other than State employee working in conjunction with the State - 1. Volunteers 2. Contractors	State does not provide personal property coverage. Possible coverage available under employee's own personal auto/home owner's policies.	State does not provide personal property coverage. Possible coverage available under employee's own personal auto/home owner's policies.	State does not provide personal property coverage. Possible coverage available under employee's own personal auto/home owner's policies.	State does not provide personal property coverage. Possible coverage available under employee's own personal auto/home owner's policies.
f) Damage to personal property of state employees or passengers in vehicle.	<i>This matrix is for informational purposes only and is only intended to illustrate certain coverage scenarios. The actual coverage terms and conditions will be determined by the applicable language in the above-mentioned insurance policies/programs. Each claim must be individually reviewed to determine whether or not the policies/program mentioned above apply or if coverage is afforded. To report an accident or obtain further claim information, call Risk Management claims at (775) 687-3187 or Tawnya Cook, Attorney General's Office (Tort Claims) at (775) 684-1263. For contractor questions, call Maureen Martinez, Risk Management at 775-687-3193.</i>			

<sup>1</sup> State Tort and Workers Compensation program is only applicable when driver is a state volunteer working under an agency volunteer agreement (MOU).  
<sup>2</sup> Permissive Contractors and their employees driving a vehicle use in performance of his services for the State should provide the contracting agency a certificate of insurance showing auto liability covering any company "owned" auto and "hired/non-owned" auto liability if operating State vehicles. Contractors should also provide evidence of workers' compensation for any employee or subcontractors providing services through a State agreement.

**Brian Sandoval**  
Governor



**James R. Wells, CPA**  
Director

**Paul Nicks**  
Deputy Director

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

**209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298**  
**Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 687-0260**

Date: October 18, 2017

To: James D. Wells, Clerk of the Board  
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 Board of Examiners' meeting. An analysis of the action item and recommendation is also provided.

**DEPARTMENT OF PUBLIC SAFETY– DIVISION OF EMERGENCY MANAGEMENT**  
**2015 Flood Event - Douglas County Disaster Relief (DRA)**

Agenda Item Write-up:

Pursuant to NRS 353.2755, the Division of Emergency Management and the Department of Taxation recommend approval of grant funds in the amount of \$231,663.79 from the Disaster Relief Account (DRA) to reimburse Douglas County costs associated with flash flood events that occurred in July 2015.

Additional Information:

Douglas County issued a declaration of Emergency in response to a series of severe thunderstorms that impacted Carson City, Douglas, Washoe, Storey, Lyon and Pershing counties. On July 8, 2015, the Douglas County Board of County Commissioners declared a state of emergency, due to the severe flooding that hit the area and significantly impacted county residents in the Stephanie Way and Johnson Lane area. Storm systems during this period carried large amounts of water and debris in the area damaging county maintained roads, covered access roads for county maintained services, filled ditches and culverts and impacted over 437 private homeowners.

From July 14 to July 17, 2015 the Division of Emergency Management (DEM), in conjunction with county offices, conducted a Technical Assessment of the damage caused by the flooding. The Assessment Team identified damage to county and private property in excess of \$3.8M for

all the counties impacted by the storms with Douglas County being the hardest hit accounting for approximately \$2.2M of the estimated \$3.8M in damages. The report determined that while the extent of damage experienced by the storms did not qualify for federal FEMA or State levels of disaster declaration, it did qualify for a local county declaration and as such qualifies for potential funding from the State's Disaster Relief Account. A copy of the cost estimates of repairs and a copy of the actual expenditures the county experienced with the repairs completed is attached to this request.

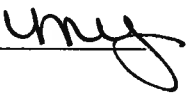
On July 10, 2015 the Division of Emergency Management, on behalf of Douglas County, notified the Clerk of the Board of Examiners and the Legislative Counsel Bureau of the counties intent to Request Funding from the Nevada DRA.

On July 24, 2015, and in accordance with NRS 353.2753, a copy of the draft Damage Assessment including a description of damages and estimate of the cost of repairs was forwarded to DEM. On September 4, 2015 the County submitted its formal letter of Intent to Request Funds from the Disaster Relief Account to the Division in accordance with the 60-day requirement stated in NRS 353.2755.

Pursuant to NRS 353.2755(3)(a), the county is provided 18 months (to January 8, 2017) from the date that the governing body determined the event constituted a disaster, to complete its full application to the DRA. On December 7, 2016 the Division approved an extension of time to March 8, 2017 for the County to complete its DRA application. On February 8, 2017 the county made a second request for an extension of time due to difficulties experienced in collecting necessary cost of repairs information and providing that information to the Department of Taxation. That second request was approved by the Division on February 9, 2017 and was approved to May 7, 2017. The county was able to complete its full application within that deadline and has identified \$463,327.58 in qualifying DRA expenditure in response to the 2015 Flooding Events.

Statutory Authority:

**NRS 353.2705 – NRS 353.2771**

REVIEWED: 
ACTION ITEM: _____



STATE OF NEVADA  
DEPARTMENT OF TAXATION

Web Site: <http://tax.nv.gov>

1550 College Parkway, Suite 115  
Carson City, Nevada 89706-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

RENO OFFICE  
4600 Kietzke Lane  
Building L, Suite 235  
Reno, Nevada 89502  
Phone: (775) 687-9999  
Fax: (775) 688-1303

BRIAN SANDOVAL  
Governor  
JAMES DEVOLLD  
Chair, Nevada Tax Commission  
DEONNE E. CONTINE  
Executive Director

LAS VEGAS OFFICE  
Grant Sawyer Office Building, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada 89101  
Phone: (702) 486-2300 Fax: (702) 486-2373

HENDERSON OFFICE  
2550 Paseo Verde Parkway, Suite 180  
Henderson, Nevada 89074  
Phone: (702) 486-2300  
Fax: (702) 486-3377

August 9, 2017

Mr. James Wells, Director  
Governor's Finance Office  
209 East Musser Street  
Carson City, NV 89701

RECEIVED

AUG 18 2017

Re: Disaster Relief Application  
Douglas County Flash Flood – July 2015

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

Dear Director Wells:

The Department of Taxation has received the Douglas County (County) application for financial relief from the State Disaster Relief Fund from your office. This application is for reimbursement of certain expenses that resulted in the Flash Floods that occurred during July 2015.

The County request from the State Disaster Relief Fund is for \$231,663.79. This amount represents 50% of the eligible total cost incurred by the County of \$463,327.58 for cleanup costs of clearing and repairing roads, culverts and retention basins. The County, with assistance from the START Team, determined the extended event did not meet the eligibility requirements for FEMA's declaration and was not warranted. Additionally NDEM requested assistance from the Small Business Administration (SBA) to conduct joint federal state, and local damage assessments to the homes in Douglas, Storey, and Washoe, and it was determined that Nevada does not meet SBA declaration criteria. Additionally the study determined Douglas County was impacted the most and they were the only County to request funding assistance from the Disaster Relief Fund.

In the Department's review of the application, several things stand out when determining the financial status of the County. The following bullet points touch on these factors:

- The assessed value declined 24% between FY09 and FY15.
- Since 2013, the operating tax rate has been limited to the current \$1.168 as they are constrained by the statutory \$3.66 limit.
- Although the County's General Fund ending fund balance appears to be healthy, approximately \$2 million is attributed to developer contributions and can only be used for specific areas for future road repair.
- Douglas County has deferred maintenance and necessary vehicle replacements to ensure the manpower and financial resources were available for flood clean up and road repair.

The hard economic times have been difficult on Douglas County, and even though some signs of recovery are present, it will take time due to the operating tax rate restricted by the maximum operating tax rate. Therefore the Department recommends approval of Douglas County's request from the State Disaster Relief fund for \$231,663.79.

If you have any questions regarding this matter, please call Kelly Langley at 775-684-2073.

Sincerely,

Deonne E. Contine  
Executive Director

DEC:kl



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>

June 30, 2017

James R. Wells, Director  
Governor's Finance Office  
Budget Division  
209 E. Musser St.  
Carson City, NV 89701

Rick Combs, Director  
Legislative Counsel Bureau  
Fiscal Analysis Division  
401 S. Carson St.  
Carson City, NV 89701

Dear Director Wells and Director Combs:

Subject: Full Application to Request Funding from the Nevada Disaster Relief Account (DRA) – Douglas County Flash Flooding July 2015

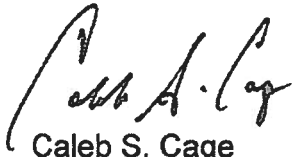
Please accept this as formal notification of Douglas County's request for a grant from the DRA for reimbursement of a portion of the expenditures incurred in responding to, and recovering from, the July 2015 flood events.

Douglas County declared a local emergency, and in turn, requested assistance from the State of Nevada. The Nevada Division of Emergency Management (DEM) provided technical assistance to multiple jurisdictions by conducting an assessment of damages related to the July 2015 flood events. The Division determined from the assessment that the event for Douglas County constituted a local disaster.

The full application supporting the County's request seems to include the information necessary for the State Board of Examiners and the Interim Finance Committee to act upon the request. The County has spent \$463,327.58 in response and recovery costs as a result of the flood events.

Thank you and should you have any questions or need additional information in order to make a recommendation, please contact Justin Luna at (775) 687-0304.

Best regards,



Caleb S. Cage  
Chief and Homeland Security Advisor

Enclosures:

DEM Written Report of Damages (Technical Assistance and Preliminary Damage Assessment Report)  
Douglas County Notice of intent letter  
Douglas County Full application with supporting documentation

CC: Caroline Chieffo – Douglas County Finance Division, Senior Accountant  
James M. Wright – Department of Public Safety, Director  
Janet Murphy – Governor's Finance Office, Budget Division, Deputy Director  
Jim Rodriguez – Governor's Finance Office, Budget Division, Budget Analyst  
Kristen Kolbe – Legislative Counsel Bureau, Fiscal Analysis Division, Program Analyst  
Cindy Jones – Legislative Counsel Bureau, Fiscal Analysis Division, Assembly Fiscal Analyst  
Mark Krmptotic – Legislative Counsel Bureau, Fiscal Analysis Division, Senate Fiscal Analyst  
Kelly Langley – Department of Taxation, Budget Analyst

## Douglas County – DRA Request - 2015 Floods – Expenditures Submittal Correspondence

From: Justin Luna  
To: Jim Rodriguez  
Cc:  
Subject: FW: 2015 Flood Application - Douglas County

Message  Item 15.pdf (3 MB)  Items 1-9 Excluding 5.pdf (735 KB)  Items 11-13.pdf (88 KB)  Items 16-25.pdf (1 MB)

As requested. Let me know if you need anything else. Thanks, Justin

---

**From:** Chieffo, Caroline [<mailto:CChieffo@douglasnv.us>]  
**Sent:** Tuesday, May 02, 2017 3:04 PM  
**To:** Justin Luna  
**Cc:** Moore, Vicki  
**Subject:** 2015 Flood Application - Douglas County

Hi Justin,

I will be sending another email with Item 10. We are currently missing Item 5, I will forward it to you as soon as I get it. Please let me know if you need additional information.  
Thank you for your help,

*Caroline Chieffo*

**Senior Accountant**  
**Douglas County Finance Division**  
1594 Esmeralda Ave  
Minden NV 89423  
Ph: 775-783-6451 Fax: 775-782-6271

**Douglas County – DRA Request - 2015 Floods – Application Submittal Correspondence**

**From:** Justin Luna  
**Sent:** Thursday, November 02, 2017 10:33 AM  
**To:** Jim Rodriguez  
**Subject:** FW: Request of Extension of Time to File Application from the State Disaster Relief Account - Douglas County July 2015 floods

Jim,

No cover letter was received to formalize Douglas' application submission. Below is an email history showing the beginning of the process to submit their full application. I will forward a separate email that shows the first submissions later in the day on May 2, which includes the submission for Item #6. Please let me know if you need any other information.

Thanks, Justin

**From:** Justin Luna  
**Sent:** Tuesday, May 02, 2017 10:41 AM  
**To:** 'Chieffo, Caroline'; Moore, Vicki  
**Subject:** RE: Request of Extension of Time to File Application from the State Disaster Relief Account - Douglas County July 2015 floods

Email will be fine depending on the file size, or you can send in multiple emails also. Let's try that way first. Thanks

**From:** Chieffo, Caroline [<mailto:CChieffo@douglasnv.us>]  
**Sent:** Tuesday, May 02, 2017 10:19 AM  
**To:** Justin Luna; Moore, Vicki  
**Subject:** RE: Request of Extension of Time to File Application from the State Disaster Relief Account - Douglas County July 2015 floods

Hi Justin,

Do you need a physical copy or can we email it to you?

I am clearing Vicki's review points right now. I can email you when I'm done or I can deliver it to Carson City.

Please let me know.

*Caroline Chieffo*

**Senior Accountant**  
**Douglas County Finance Division**  
1594 Esmeralda Ave  
Minden NV 89423  
Ph: 775-783-6451 Fax: 775-782-6271

**From:** Justin Luna [<mailto:justin.luna@dps.state.nv.us>]  
**Sent:** Monday, May 01, 2017 12:08 PM

**Item 1.**

**Douglas County, Nevada**

**On July 8 and 9, 2015 Douglas County experienced flash floods which caused damage to infrastructure. As of December 31, 2016 the County has spent \$463,327.58 in cleanup costs for clearing and repairing roads, cleaning culverts, cleaning retention basins, etc.**

Item 6

Douglas County, Nevada

page 1 of 4

<u>Date</u>	<u>Vendor</u>	<u>Invoice</u>	<u>Work Performed</u>	<u>Cost</u>	<u>% Complete</u>
7/17/2015	Crockett Enterprises	522	Haul Dirt from Washouts Johnson Lane	400.00	100
7/13/2015	Ahern Rentals	14908310-1	Equipment Rental - Pump, Cent, Trash 4"	462.58	100
7/15/2015	Western Nevada Supply	16316259	24X20' GAL 16 GA Culvert	522.00	100
8/8/2015	Summit Plumbing	53211	17 Hours - VAC Con Truck - Johnson Lane Area	4,250.00	100
8/12/2015	Carson City Landfill	10252484	Landfill tip fee	127.02	100
7/30/2015	A & A Construction		Trucking and Cleanup of the Johnson Lane Ditch from Vicky to Detention Basin S. of Wildhorse	58,843.50	100
8/24/2015	Artistic Fence	5035	40' 15" 16GA Culvert	540.90	100
8/27/2015	Summit Plumbing	53471	34 Hours - VAC Con Truck - Johnson Lane Area	8,500.00	100
9/4/2015	Summit Plumbing	53479	14 Hours - VAC Con Truck - Johnson Lane Area	3,500.00	100
9/23/2015	Crockett Enterprises	544	Excavate, Fill and Compact Nye Road shoulders in flood damaged wash out area	4,110.00	100
8/4/2015	Crockett Enterprises	20#1	Flood Cleanup & channel repair at Johnson Lane & Vicky Way area & rip-rap of channel leading into the new gablon structure	25,926.48	100
8/3/2015	Summit Plumbing	52828	Attempted to Camera Culvert Lines & cleaned with Hydro	900.00	100
7/31/2015	Summit Plumbing	52829	Hydro flushed storm culverts & road crossings on Stephanie, East Valley, and surrounding areas	16,187.50	100
8/26/2015	Crockett Enterprises	20#2	Flood Cleanup & channel repair at Johnson Lane & Vicky Way area & rip-rap of channel leading into the new gablon structure	10,082.52	100
9/10/2015	Crockett Enterprises		Interest on retention	0.05	100
7/13/2015	Bing Materials	150312	Concrete Sand and Cartage	182.94	100
8/2/2015	Dinsmore Excavating	26	Backhoe work, cleanup at Johnson Lane Fire Station	3,144.92	100
8/21/2015	Do Co Procurement	Albert	Meals related to flood (Subway, Talldragger) July 9, July 10	142.21	100
8/21/2015	Do Co Procurement	Braga	Meals related to flood (Pizza Factory, Subway) July 8, July 17	105.05	100
8/3/2015	American Cleaning Corporation	38	Deep Cleaning at Station 6	1,150.00	100
9/18/2015	Dinsmore Excavating	39	Load Boulders, Backhoe work, Cobbles with delivery Station 6	2,476.20	100
				<u>141,553.87</u>	
			Internal Labor costs from pages 2-4	111,636.02	100
			Internal Equipment Costs from pages 2-4	210,137.69	100
			<b>Total Flood Expense</b>	<u><b>463,327.58</b></u>	

Note: All costs are for cleanup and debris removal. No mitigation projects are included in these costs.

<u>Road:</u>	<u>Labor Cost:</u>	<u>Equipment Cost</u>
Ada Place	41.10	140.62
Amber Rose Dr	4,454.91	10,202.94
Amber Way	37.39	71.25
Barber Way	176.76	452.40
Benton Circle, North	74.77	142.50
Benton Circle, South	74.77	142.50
Bitterbrush Court	167.69	300.00
Blue Bird Road	46.82	83.75
Bollen Circle	807.80	1,843.72
Borda Way	334.93	603.75
Brentwood Court	132.90	222.50
Buckeye Road	37.39	71.25
Buckwheat Court	111.81	200.00
Business Parkway	420.11	729.36
Butterfly Lane	66.44	111.25
Calle Del Sol #1	239.68	428.75
Canal Drive	279.52	500.00
Centennial Drive	99.92	190.19
Centerville Lane	489.86	986.25
Chiquita Circle	1,528.53	3,722.66
Choke Cherry Court	46.82	83.75
Chowbuck Road	2,148.29	5,224.13
Claire Court	42.13	91.80
Crockett Lane	123.69	221.25
Crowne Way	595.11	1,706.76
Currant Court	139.76	250.00
Davis Court	334.40	769.94
Dennis St #2	484.78	966.00
Dina Court	74.36	162.00
Dino Court	54.53	118.80
Diorite Road	128.89	280.80
District 9 Comprehensive Road Work	27,463.16	31,203.50
Downs Court	887.67	1,682.60
Downs Drive (A/C G) #1	1,169.84	1,908.00
Downs Drive at Kaleb Ct	545.93	1,420.45
Downs Drive, East	279.16	656.00
East Valley (A) #1 Lindsay south to Stephanie	1,001.07	2,094.51
East Valley (B) #1 Stephanie Way south to Downs	3,115.82	7,727.24
East Valley (C) Downs south to Johnson Lane	676.88	1,886.77
East Valley (E) Pinochle south to Sunrise Pass	2,791.60	6,450.00

Item 6  
Douglas County, Nevada  
pg 3 of 4

East Valley (G) #2 Sandra Lane So to Stockyard	419.28	750.00
Esaw St	3,151.31	7,508.50
Esther Way	304.21	869.82
Fish Springs Road	1,458.20	3,550.00
Fremont/North of JL	337.14	676.00
Fricke Court	42.13	91.80
Fuller Avenue	1,206.00	2,957.54
Gloria Way	664.23	1,673.84
Golconda Drive	343.48	601.80
Goodnight Court	485.26	1,108.00
Gordon Ave	1,066.67	2,405.49
Gray Court	46.82	83.75
Helman Drive	139.76	250.00
Heron Cove Court	37.39	71.25
High Pointe Court	183.59	576.43
Hiko Court	79.66	142.50
Horsebush Court	55.91	100.00
Indian Trail Road	406.48	885.60
Jackie Lane	983.09	1,863.58
Jacks Valley Road	567.13	1,022.50
Janelle Court	92.94	166.25
Jewel Circle	139.76	250.00
Jo Lane	186.58	333.75
Johnson Lane	15,621.20	24,999.06
Jones Street	620.87	1,251.44
Kaleb Court	470.43	967.81
Kayne Ave	674.86	1,676.25
Kim Place	651.45	1,570.54
Lillian Court	74.36	162.00
Lindsay Lane	751.68	2,141.48
Log Cabin Road	141.85	253.75
Lombardy Road	37.39	71.25
Mac Drive	344.98	748.00
Mackay Way #2	118.40	402.50
Melborn Way	445.20	1,302.10
Mica Drive (paved)	62.12	117.50
Mottsville Lane	279.52	500.00
North Santa Barbara Drive	271.94	748.00
Nowlin Road	311.04	533.92
Nye Drive #1	618.48	1,391.20
Nye Drive #2	139.76	250.00
Nye Drive #3	84.30	281.55
Old Barn Road	111.81	200.00
Orchard Road	111.50	212.50



## Item 6

Douglas County, Nevada

Pg 4 of 4

Pamela Place	2,263.65	4,141.77
Pamela Place, Downs to Stephanie	2,012.40	4,485.46
Pinenut Road #1	79.66	142.50
Porter Drive	404.10	748.00
Rabbitbrush Drive	92.94	166.25
Russell Way	247.63	473.45
Saltbush Court	79.68	142.50
Saratoga Street #1	1,179.22	2,513.86
Sawmill Rd #1	37.39	71.25
Scoti Lane	66.44	111.25
Sheridan Lane	590.37	1,259.00
Shirley Street	154.60	312.50
Skyline Drive	1,818.06	4,457.52
Solitude Lane	223.61	400.00
South Santa Barbara Drive	644.63	1,424.25
Squires (new) #2	518.04	1,587.66
Squires Street #1	922.68	1,586.00
Squires Street #2	2,538.06	5,060.62
Stephanie Way	8,004.33	19,637.81
Stewart Avenue	855.89	2,025.50
Sunset Court	55.91	100.00
Sunshine Road	163.99	557.50
Sylvia Lane	606.58	1,257.16
Tedsen Lane	186.58	333.75
Tenabo Lane	320.06	572.50
Thirsty Magoo Court	51.48	150.50
Topsy Lane (West of Hwy 395)	140.09	265.00
Tucke Court	49.56	108.00
Vista Grande Boulevard (North)	155.29	293.75
Wade Street #1	218.36	118.00
Wagner Court	37.39	71.25
West High Pointe Court	145.29	362.06
Wild Iris Court	92.94	166.25
Wild Onion Court	111.81	200.00
Wildflower Court	111.81	200.00
Wildhorse Lane	123.29	421.88
Willow Creek Lane	265.06	443.75
<b>Grand Total</b>	<b>111,636.02</b>	<b>210,137.69</b>

**Item 2**

**Douglas County, Nevada**

**Funding being requested is a grant for repair or replacement of roads, streets, bridges, water control facilities, public buildings, public utilities, recreational facilities or parks; emergency measures undertaken to save lives, protect public health or safety or property; or not more than 50% of any grant match the local government must provide to obtain a grant from a federal disaster assistance agency.**



---

## BOARD OF COMMISSIONERS

1594 Esmeralda Avenue, Minden, Nevada 89423

Lawrence A. Werner  
COUNTY MANAGER  
775-782-9821

**COMMISSIONERS:**  
Barry Penzel, CHAIRMAN  
Steven Thaler, VICE-CHAIRMAN  
Nancy McDermid  
Larry Walsh  
Dave Nelson

---

### MEMORANDUM

**To:** James Wells, Director, State of Nevada, Governor's Finance Office

**From:** Vicki Moore, Chief Financial Officer *mw*

**Date:** November 2, 2017

**Re:** Douglas County's 2015 Flood Application

---

In accordance with the County's Disaster Relief Account application submitted on May 2, 2017, Douglas County is respectfully requesting grant assistance with the 2015 Flood Application for flash flooding that occurred on July 8 and 9 of 2015. During this flood event, Douglas County experienced flash flooding that caused significant amounts of damage to property and infrastructure, both public and private and threatened the lives of Douglas County residents. On July 8, 2015, the Douglas County Board of County Commissioners declared a State of Emergency in Douglas County as a result of the storms.

Douglas County incurred costs of \$463,327.58 for cleanup and debris removal of this flood event. Attached please find a detailed list of the costs as they were presented in the flood application. The detail includes a list of costs Douglas County incurred by hiring outside contractors to aid in the cleanup efforts as well as internal labor and equipment costs.



## BOARD OF COMMISSIONERS

1594 Esmeralda Avenue, Minden, Nevada 89423

Lawrence A. Werner  
COUNTY MANAGER  
775-782-9821

COMMISSIONERS:  
Doug N. Johnson, CHAIRMAN  
Nancy McDermid, VICE-CHAIRWOMAN  
Greg Lynn  
Barry Penzel  
Steven Thaler

**RECEIVED**

**FEB 13 2017**

**DIVISION OF  
EMERGENCY MANAGEMENT**

February 8, 2017

Caleb S Cage  
Chief and Homeland Security Advisor  
Nevada Division of Emergency Management  
2478 Fairview Drive  
Carson City, NV 89701

RE: Request an Extension of Time to File Application from the State Disaster Relief Account

Dear Mr. Cage,

This letter is to request an additional extension of time to file a formal application on behalf of Douglas County for the Johnson Lane July 8, 2015 Flood Cleanup and Restoration Project in Douglas County, Nevada. Douglas County previously filed a Notice of Intent to Apply and was granted until January 8, 2017 to file a formal application with our documented request for relief. On December 7, 2016 we requested and were granted an extension to file until March 8, 2017.

As you are aware, several areas within Douglas County experienced flood damage, primarily focused in the Johnson Lane area of the Carson Valley. As a result of the floods, numerous public facilities and infrastructure experienced significant damage. Our finance department has been working with public works to compile our expenses and complete the application but our finance department has experienced ongoing staff vacancies which have impeded our ability to complete the application.

We respectfully request an additional 60 day extension to May 7, 2017, to complete all of the documentation required to submit a full and complete application. We are in the process of hiring additional staff to fill our vacancies. By delaying our application we will have a more complete financial picture to report.

Thank you for consideration of this request. If you have any questions or require further documentation, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lawrence A. Werner', with a long horizontal flourish extending to the right.

Lawrence A. Werner  
County Manager

CC: Vicki Moore, Interim Chief Financial Officer  
Rick Martin, Recovery Manager  
Suz Coyote, PA Officer  
Justin Luna, Administrative Services Officer

Mailing Address: P.O. Box 218, Minden, NV 89423

## **Douglas County – DRA Request - 2015 Floods – Extension #2 – DEM Approval**

---

**From:** Justin Luna  
**Sent:** Tuesday, February 14, 2017 11:03 AM  
**To:** James R. Wells; 'director@lcb.state.nv.us'  
**Cc:** James Wright; Jackie Muth; Caleb S. Cage; Janet E. Murphy; Jim Rodriguez; 'Kolbe, Kristen'; 'Mark.Krmpotic@lcb.state.nv.us'; 'Cindy.Jones@lcb.state.nv.us'; Kelly Langley; Sheri Brueggemann; Jim Dibasilio; James L. Walker; Kelli Anderson  
**Subject:** FW: Request fo Extension of Time to File Application from the State Disaster Relief Account - Douglas County July 2015 floods

For your reference, an additional extension to the submission deadline has been approved for Douglas County's application to the Disaster Relief Account (see email below and attached request). Please let us know if you have any questions or need additional information.

Thank you, Justin

**From:** Justin Luna  
**Sent:** Tuesday, February 14, 2017 11:00 AM  
**To:** Chieffo, Caroline  
**Cc:** Moore, Vicki; Caleb S. Cage; James L. Walker; Kelli Anderson; Susan Coyote  
**Subject:** RE: Request fo Extension of Time to File Application from the State Disaster Relief Account - Douglas County July 2015 floods

Ms. Chieffo,

On behalf of Chief Cage, I am writing to let you know the request for an additional 60-day extension to file your completed application to the Disaster Relief Account is granted pursuant to authority granted to the Chief through NRS 353.2755.3.a. As requested in the letter you provided, an additional extension of 60 days moves the new due date to May 7, 2017. Please do not hesitate to reach out to us if anything changes or if you need further assistance on this application request in the future.

Thank you,

Justin Luna  
Administrative Services Officer

Division of Emergency Management  
& Homeland Security, State of Nevada  
2478 Fairview Drive  
Carson City, NV 89701

Office (775) 687-0304  
[justin.luna@dps.state.nv.us](mailto:justin.luna@dps.state.nv.us)

**Website:** <http://dem.nv.gov/>

**Follow us on Twitter at:** @NVEmergencyMgmt

**Find us on Facebook:** <https://www.facebook.com/NDEMDHS>



*"Nevada's Essential Emergency and Disaster Coordinating Partner."*

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responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, copying, or distribution of this information is Strictly Prohibited. If you have received this message by error, please notify the sender immediately to arrange for return or destruction of these documents.™.

**From:** Caleb S. Cage  
**Sent:** Tuesday, February 14, 2017 10:45 AM  
**To:** Chieffo, Caroline  
**Cc:** Moore, Vicki; Susan Coyote; Justin Luna  
**Subject:** RE: Request fo Extension of Time to File Application from the State Disaster Relief Account

Thank you. You will be hearing from Justin Luna in my office shortly.

Caleb

Caleb S. Cage  
Chief and Homeland Security Advisor  
DPS [Division of Emergency Management](#)  
775-687-0300  
[cscage@dps.state.nv.us](mailto:cscage@dps.state.nv.us)

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**From:** Chieffo, Caroline [<mailto:CChieffo@douglasnv.us>]  
**Sent:** Tuesday, February 14, 2017 10:24 AM  
**To:** Caleb S. Cage  
**Cc:** Moore, Vicki; Richard Martin; Susan Coyote; Justin Luna  
**Subject:** Request fo Extension of Time to File Application from the State Disaster Relief Account

Dear Mr. Cage,

A signed hard copy of the attached letter was mailed to your office on Friday requesting an additional extension to file our application from the State Disaster Relief Account.  
Please let me know if you have any questions.

Thank you,

*Caroline Chieffo*

**Senior Accountant**  
**Douglas County Finance Division**  
1594 Esmeralda Ave  
Minden NV 89423  
Ph: 775-783-6451 Fax: 775-782-6271



## BOARD OF COMMISSIONERS

1594 Esmeralda Avenue, Minden, Nevada 89423

Lawrence A. Werner  
COUNTY MANAGER  
775-782-9821

**COMMISSIONERS:**  
Doug N. Johnson, CHAIRMAN  
Nancy McDermid, VICE-CHAIRWOMAN  
Greg Lynn  
Barry Penzel  
Steven Thaler

December 7, 2016

Caleb S Cage  
Chief and Homeland Security Advisor  
Nevada Division of Emergency Management  
2478 Fairview Drive  
Carson City, NV 89701

RE: Request an Extension of Time to File Application from the State Disaster Relief Account

Dear Mr. Cage,

This letter is to request an extension of time to file a formal application on behalf of Douglas County for the Johnson Lane July 8, 2015 Flood Cleanup and Restoration Project in Douglas County, Nevada. Douglas County previously filed a Notice of Intent to Apply and was granted until January 8, 2017 to file a formal application with our documented request for relief.

As you are aware, several areas within Douglas County experienced flood damage, primarily focused in the Johnson Lane area of the Carson Valley. As a result of the floods, numerous public facilities and infrastructure experienced significant damage. Our finance department has been working with public works to compile our expenses and complete the application but our finance department has experienced ongoing staff vacancies which have impeded our ability to complete the application.

We respectfully request a 60 day extension to March 8, 2017, to complete all of the documentation required to submit a full and complete application. We have just completed our fiscal year 2016 audit which has freed up our finance department staff. Our FY2016 CAFR will be approved by our board on December 15, 2016. By delaying our application we will have a more complete financial picture to report.



Thank you for consideration of this request. If you have any questions or require further documentation, please let me know.

Sincerely,

A handwritten signature in black ink, consisting of a large, stylized initial 'L' followed by a long, horizontal, wavy line that tapers to the right.

Lawrence A. Werner  
County Manager

CC: Vicki Moore, Interim Chief Financial Officer  
Rick Martin, Recovery Manager  
Suz Coyote, PA Officer  
Justin Luna, Administrative Services Officer

Mailing Address: P.O. Box 218, Minden, NV 89423

## **Douglas County – DRA Request - 2015 Floods – Extension #1 – DEM Approval**

---

**From:** Justin Luna

**Sent:** Thursday, December 08, 2016 10:49 AM

**To:** James R. Wells; 'director@lcb.state.nv.us'

**Cc:** James Wright; Jackie Muth; Caleb S. Cage; Janet E. Murphy; Jim Rodriguez; 'Kolbe, Kristen'; 'Mark.Krmpotic@lcb.state.nv.us'; 'Cindy.Jones@lcb.state.nv.us'; Kelly Langley; Sheri Brueggemann; Jim Dibasilio; James L. Walker; Richard Martin

**Subject:** FW: Request for Extension of Time to File Application from the State Distaster Relief Account

For your reference, an extension to the submission deadline has been approved for Douglas County's application to the Disaster Relief Account (see email below and attached request). Please let us know if you have any questions or need additional information.

Thank you,

Justin Luna  
Administrative Services Officer

Division of Emergency Management  
& Homeland Security, State of Nevada  
2478 Fairview Drive  
Carson City, NV 89701

Office (775) 687-0304  
[justin.luna@dps.state.nv.us](mailto:justin.luna@dps.state.nv.us)

**Website:** <http://dem.nv.gov/>

**Follow us on Twitter at:** @NVEmergencyMgmt

**Find us on Facebook:** <https://www.facebook.com/NDEMDHS>



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**From:** Caleb S. Cage

**Sent:** Thursday, December 08, 2016 10:32 AM

**To:** Chieffo, Caroline

**Cc:** Justin Luna; Richard Martin; Susan Coyote; Moore, Vicki

**Subject:** RE: Request for Extension of Time to File Application from the State Distaster Relief Account

Ms. Chieffo,

Thank you for the note.

The request for a 60-day extension to file your completed application to the Disaster Relief Account is granted pursuant to authority granted to me through NRS 353.2755.3.a. Your extension deadline is March 8, 2017, as requested in the letter you provided. Please do not hesitate to reach out to me if anything changes or if you need further assistance on this application request in the future.

All very best,

Caleb

Caleb S. Cage  
Chief and Homeland Security Advisor  
DPS [Division of Emergency Management](#)  
775-687-0300  
[cscage@dps.state.nv.us](mailto:cscage@dps.state.nv.us)

*"Nevada's Essential Emergency and Disaster Coordinating Partner."*

**From:** Chieffo, Caroline [<mailto:CChieffo@douglasnv.us>]  
**Sent:** Thursday, December 08, 2016 10:08 AM  
**To:** Caleb S. Cage  
**Cc:** Justin Luna; Richard Martin; Susan Coyote; Moore, Vicki  
**Subject:** Request for Extension of Time to File Application from the State Disaster Relief Account

Dear Mr. Cage,

Douglas County would like to request a 60 day extension of time to file our application from the State Disaster Relief Account.

I have attached a letter from our County Manager, Lawrence A Werner.

Please let me know if you have any questions.

Thank you,

*Caroline Chieffo*

**Senior Accountant**  
**Douglas County Finance Division**  
1594 Esmeralda Ave  
Minden NV 89423  
Ph: 775-783-6451 Fax: 775-782-6271

Brian Sandoval  
Governor



James M. Wright  
Director

Caleb S. Cage  
Chief

**Nevada Division of Emergency Management  
Homeland Security**

2478 Fairview Drive  
Carson City, Nevada 89701

Telephone: (775) 687-0300 • Fax: (775) 687-0322 • <http://dem.state.nv.us/>

September 17, 2015

James R. Wells, Director  
Governor's Finance Office  
Budget Division  
209 E. Musser St.  
Carson City, NV 89701

Rick Combs, Director  
Legislative Counsel Bureau  
Fiscal Analysis Division  
401 S. Carson St.  
Carson City, NV 89701

Dear Director Wells and Director Combs:

**Subject: Letter of Intent to Request Funding from the Nevada Disaster Relief Account (DRA) – Douglas County Flash Flooding July 3-July 11, 2015**

This is formal notice that Douglas County intends to submit a full application to the DRA for reimbursement of expenditures incurred in responding to, and recovering from, the July 2015 flood events.

July 8, 2015, the Douglas County Board of County Commissioners adopted Resolution #2015R-038, Declaration of an Emergency Due to Flash Flooding. Preliminary cost estimates to repair damage to Douglas County's public infrastructure, including debris removal, due to the July 2015 flood events total approximately \$2.2 million.

July 8, 2015, Douglas and other affected counties requested from the Division a damage assessment of the affected areas. The State Technical Assistance Response Team (START) deployed July 9, 2015. The Division notified the Board of Examiners of the request July 10, 2015 via email.

The Division provided technical assistance to multiple counties by conducting an assessment of damages related to the July 2015 flood events. Prescribed by regulation NRS 353.2753, a draft report including a description of damages, including estimates of the costs to repair was submitted to the Chief of the Division July 24, 2015 (see attached report). The Division determined the event for Douglas County constituted a local disaster and submitted the draft report to Douglas County. The other counties have not submitted an intent to apply to the Disaster Relief Account.

These figures are preliminary estimates of the costs incurred to date as a result of responding to the July 2015 flood events in Douglas County as well as the damage recovery. Actual costs for reimbursement cannot be finalized until all work is complete. The Division is committed to

Page 2  
September 15, 2015

continue to work closely with Douglas County in refining the true costs for the submission of its final application for funding under the DRA.

The enclosed letter of intent was submitted by Douglas County on September 4, 2015 in accordance with the 60-day submission deadline specified in NRS 353.2755. Based on the above-mentioned declaration date, and in accordance with NRS 353.2755(9)(a), Douglas County has up to 18 months, (January 8, 2017) for the submission of the complete application.

Once Douglas County determines the total expenses, a full DRA application will be submitted to the Division and the Department of Taxation for review. The Division will review the application package for eligibility and compliance within NRS 353.2755, and then will submit the application and its recommendations to the State Board of Examiners and to the Fiscal Analysis Division of the Legislative Counsel Bureau.

Thank you and should you have any questions, please contact Susan Coyote at (775) 687-0319 or Rick Martin at (775) 687-0306.

Best regards,



Caleb S. Cage  
Chief and Homeland Security Advisor

SCoyote/cm

**Enclosures:** Douglas County Letter of Intent to Request Disaster Relief Funding  
Douglas County Notice of Intent Form  
Douglas County Commissioners Board Agenda Action Sheet  
Resolution #2015R-038 Douglas County Declaration of an Emergency  
State Technical Assistance Draft Preliminary Damage Assessment Report

**CC:** James M. Wright – Department of Public Safety, Director  
Jackie Muth – Department of Public Safety, Deputy Director  
Janet Murphy – Governor's Finance Office, Budget Division, Deputy Director  
Jim Rodriguez – Governor's Finance Office, Budget Division, Budget Analyst  
Jennifer Ouellette – Legislative Counsel Bureau, Fiscal Analysis Division, Program Analyst



## BOARD OF COMMISSIONERS

1594 Esmeralda Avenue, Minden, Nevada 89423

James R. Nichols  
COUNTY MANAGER  
775-782-9821

**COMMISSIONERS:**  
Doug N. Johnson, CHAIRMAN  
Nancy McDermid, VICE-CHAIRWOMAN  
Greg Lynn  
Lee Bonner  
Barry Penzel

September 3, 2015

Caleb S. Cage  
Chief and Homeland Security Advisor  
Nevada Division of Emergency Management  
2478 Fairview Drive  
Carson City, NV 89701

Re: Notice of Intent to Request Disaster Relief Funding

Dear Mr. Cage,

This letter serves as Douglas County's written notice of intent to request funding from the State Disaster Relief Account, pursuant to NRS 354.2755 for the damages incurred to public infrastructure that resulted from the July 2015 flash flooding events in Douglas County.

Under the NRS, the County's governing board must determine that the event constituted a disaster. Attached is Resolution No. 2015R-038, adopted on July 8, 2015 by the Douglas County Board of Commissioners. The County understands that it must submit an application with all supporting financial information and documentation to the State Department of Taxation within eighteen months of the date of this written notification for consideration of disaster relief funding.

Sincerely,

Doug N. Johnson, Chairman  
Douglas County Board of Commissioners

CC: James R. Nichols, County Manager  
Christine Vuletich, Assistant County Manager/Chief Financial Officer

Mailing Address: P.O. Box 218, Minden, NV 89423

Item 3 Douglas County, Nevada

APPROVED JULY 8, 2015  
BOCC

PG 1 of 2

**RESOLUTION #2015R-038  
DECLARATION OF AN EMERGENCY  
DUE TO FLASH FLOODING**

WHEREAS, Douglas County has experienced unexpected severe lightning storms and heavy rain resulting in flash flooding that has caused or has the potential to cause significant amounts of damage to property and infrastructure, both public and private, and has threatened the lives of Douglas County residents; and

WHEREAS, Douglas County government does not have sufficient resources to handle a flash flood of this magnitude; and

WHEREAS, the State of Nevada and the U.S. government have the necessary resources to assist in preventing future damage from the flood and to protect the property and residents of Douglas County; and

WHEREAS, NRS Chapters 244 and 414 provide the statutory authority for an emergency declaration by the Douglas County Board of Commissioners; and

***NOW THEREFORE LET IT BE RESOLVED*** that the Douglas County Board of Commissioners hereby declares that a State of Emergency exists in Douglas County due to the flash flood(s) and resulting damage that threatens the health, safety, welfare and property of Douglas County residents.

The Douglas County Board of Commissioners requests that the Governor investigate this flash flood and declare that a State of Emergency exists in Douglas County. The Board of Commissioners also requests that the Governor provide state assistance, including but not limited to, provision of all available resources, as deemed necessary, to stem the flooding, to assist with damage assessment and recovery. Douglas County requests that the Governor contact Nevada's Congressional delegation to solicit their assistance in obtaining federal aid for this flash flooding and resulting damage if deemed necessary.

///

///

///

Item 3  
Douglas County, Nevada  
Pg 2 of 2

**This Declaration of Emergency Due To Flooding adopted this 8th day of July, 2015 by  
the following vote:**

VOTE: Ayes: Commissioner Bryan Lynch  
[Signature]  
Fancy McDermid  
[Signature]  
Doug N. Johnson

Nays: Commissioner None  
\_\_\_\_\_  
\_\_\_\_\_

Absent: Commissioner None  
\_\_\_\_\_

Doug N. Johnson  
Doug N. Johnson, Chair  
Douglas County Board of Commissioners

ATTEST: Kathy Leavel  
Douglas County Clerk



# LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	GAMING CONTROL BOARD – ENFORCEMENT DIVISION	HOWARD RANCHES, LLC	\$145,820
	<b>Lease Description:</b>	This is a lease renewal to extend the existing lease.	
	<b>Term of Lease:</b>	03/01/2018 – 02/28/2025	Located in Elko
2.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH – RURAL CLINICS	LANDER COUNTY	\$33,600
	<b>Lease Description:</b>	This is a relocation lease which allows the agency to co-locate with the County as well as provide other Health and Human services to the community. It also includes 2 days of daytime janitorial services.	
	<b>Term of Lease:</b>	12/01/2017 – 11/30/2019	Located in Battle Mountain
3.	DEPARTMENT OF VETERAN SERVICES	LUZON INVESTORS, LLC	\$461,090
	<b>Lease Description:</b>	This is a relocation lease to accommodate new staff which could not be met by the current lease and also includes tenant improvements.	
	<b>Term of Lease:</b>	02/01/2018 – 03/31/2023	Located in Reno

For Budget Division Use Only	
Reviewed by:	<i>[Signature]</i>
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: State of Nevada Gaming Control Board  
 Enforcement Division  
 P.O. Box 8003  
 Carson City, Nevada 89702  
 Mary Ashley 775-684-7701 Fax: 775-687-5817 mashley@gcb.nv.gov

Remarks: Leasing services negotiated this lease renewal within current market rates.

Exceptions/Special notes:

2. Name of Lessor: Howard Ranches, LLC

3. Address of Lessor: 195 Mountain City Highway, Unit 3  
 Elko, Nevada 89801

4. Property contact: Gerri Beitia  
 775-934-5447 dgbeitia@gmail.com

5. Address of Lease property: 557 West Silver Street, Suites 107 and 207  
 Elko, Nevada 89801

a. Square Footage:  Rentable  Usable 1,075 ✓

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$1,677.65	12	\$20,131.80	March 1, 2018 - February 28, 2019	\$1.56
2% \$1,711.20	12	\$20,534.40	March 1, 2019 - February 29, 2020	\$1.59
0% \$1,711.20	12	\$20,534.40	March 1, 2020 - February 28, 2021	\$1.59
2% \$1,745.43	12	\$20,945.16	March 1, 2021 - February 28, 2022	\$1.62
0% \$1,745.43	12	\$20,945.16	March 1, 2022 - February 28, 2023	\$1.62
2% \$1,780.34	12	\$21,364.08	March 1, 2023 - February 29, 2024	\$1.66
0% \$1,780.34	12	\$21,364.08	March 1, 2024 - February 28, 2025	\$1.66

Increase %

c. Total Lease Consideration: 84 \$145,819.08

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

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

f. Term: Seven (7) 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: 4061 ✓

6. Purpose of the lease: To house the Gaming Control Board

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 29 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                      Date

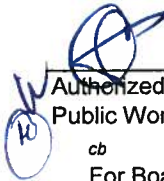
For Public Works Information:

**8. State of Nevada Business License Information:**

a. Nevada Business ID Number:	<u>NV20001072185</u>	Exp:	<u>7/31/2018</u>	5
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>T27009476</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

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:	10/2/17 nk
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Health and Human Services  
 Division of Public and Behavioral Health  
 Rural Clinics  
 4150 Technology Way, Suite 300  
 Carson City, Nevada 89706  
 Sophia LaBranch 775.684.5915 Fax: 775.684.4211 smlabbranch@health.nv.gov

Remarks: This relocation allows the agency to co-locate with the County as well as provide other Health and Human services to the community. This relocation created a savings of \$0.23 per square foot, based on renewal rates at the current location.

Exceptions/Special notes: 2 day, daytime janitorial

2. Name of Lessor: Lander County

3. Address of Lessor: 50 State Route 305 South  
 Battle Mountain, Nevada 89820

4. Property contact: Keith Westengard  
 775.635.5595 Fax: 775.635.3334 kwestengard@landercountynv.org

5. Address of Lease property: 825 North 2nd Street  
 Battle Mountain, Nevada 89820

a. Square Footage:  Rentable  
 Usable 2,794

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$1,400.00	12	\$16,800.00	December 1, 2017 - November 30, 2018	\$0.50
0% \$1,400.00	12	\$16,800.00	December 1, 2018 - November 30, 2019	\$0.50

Increase %

c. Total Lease Consideration: 24 \$33,600.00

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: Two (2) 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: 3648

6. Purpose of the lease: To house the Division of Public and Behavioral Health/Rural Clinics

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: \$1,635.00 Furnishings: \$0.00 Data/Phones: TBD

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SEP 29 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

Christina D. Haduik 9/25/17  
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>Exempt</u>	Exp:							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"/>				
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>T40262000</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] 9-21-17  
Authorized Signature Date  
Public Works Division  
ll/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:	<i>KOR</i>
Reviewed by:	<i>10/13/17</i>
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Nevada Department of Veteran Services  
5460 Reno Corporate Drive, Suite 131  
Reno, Nevada 89511  
Amy Garland  
775.825.9750 fax 775.688.1656 garlanda@veterans.nv.gov

Remarks: Leasing Services negotiated this full service relocation, which increases the space by 1,845 square feet, to accommodate new staff, the current space is not sufficient to support the existing, additional, contract & volunteer staff. The relocation includes tenant improvements consisting of: new carpet, paint, demo built-ins, build out suite as per floor plan.

Exceptions/Special notes: The Lessor is willing to abate 2 months of rent to assist with relocation costs and will null & void the current lease.

2. Name of Lessor: Luzon Investors, LLC

3. Address of Lessor: c/o Nevada Commercial Services  
5455 Kietzke Lane  
Reno, Nevada 89511

4. Property contact: Dresden Diehl  
775-737-7308 fax: 775-851-3667 Ddiehl@NCSReno.com

5. Address of Lease property: 6630 McCarran Boulevard, Building C, Suite 204  
Reno, Nevada 89509

a. Square Footage:  Rentable  Usable 4,082

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Approximate cost per square foot
\$0.00	2	\$0.00	2/1/18 3/31/18 Month 1 - Month 2 anticipated February 1, 2018	\$0.00
\$7,503.39	12	\$90,040.68	4/1/18 Month 3 - Month 14	\$1.84
0% \$7,503.39	12	\$90,040.68	Month 15 - Month 26	\$1.84
3% \$7,728.49	12	\$92,741.88	Month 27 - Month 38	\$1.89
0% \$7,728.49	12	\$92,741.88	Month 39 - Month 50	\$1.89
3% \$7,960.35	12	\$95,524.20	Month 51 - Month 62	\$1.95

Increase %

c. Total Lease Consideration: 62 \$461,089.32 *3/31/23*

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, Two (2) Months

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: \$2.01 - \$2.10 - Reno Area

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

m. Lease will be paid for by Agency Budget Account Number: 2560 / 2561 / 2564

6. Purpose of the lease: To house the Department of Veteran Services

7. This lease constitutes:

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

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

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OCT 11 2017

**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: 3000 - additional sq-footage from outreach programs in BPA 2504 (non-executive budget account)

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

Amber Garland 10/10/17  
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20161464542</u>	Exp:	<u>8/31/2018</u>	20
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 Contractor's 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>T32004393</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

 \_\_\_\_\_ 10.11.17  
 Authorized Signature Date  
 Public Works Division

# For Board of Examiners  YES  NO

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ACCURATE BUILDING MAINTENANCE, LLC	FEE: BUILDING RENT INCOME REVENUE	\$135,000	
	Contract Description:	This is the second amendment to the original contract which continues ongoing janitorial services for the Grant Sawyer Office Building in Las Vegas. This amendment extends the termination date from November 30, 2017 to May 31, 2018 and increases the maximum amount from \$1,023,629 to \$1,158,629 to provide sufficient time for the Purchasing Division to revise and implement its new Janitorial Services Request for Proposal contracting process and procedures, and to cover the additional costs of services for the extended period of time.				
	Term of Contract:	08/31/2013 - 05/31/2018	Contract # 14658			
2.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ACCURATE BUILDING MAINTENANCE, LLC	FEE: BUILDING RENT INCOME REVENUE	\$72,000	
	Contract Description:	This is the fourth amendment to the original contract which provides janitorial services to the East Sahara Avenue Department of Motor Vehicles facility. This amendment extends the termination date from November 30, 2017 to May 31, 2018 and increases the maximum amount from \$409,572 to \$481,572 to provide sufficient time for the Purchasing Division to revise and implement its new Janitorial Services Request for Proposal contracting process and procedures, and to cover the additional costs of services for the extended period of time.				
	Term of Contract:	08/31/2013 - 05/31/2018	Contract # 14657			
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	BILL J. GLASSCOCK DBA ECONOMY WINDOW CLEANERS	FEE: BUILDING RENT INCOME REVENUE	\$16,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing window and carpet cleaning services for state-owned buildings in the Carson City and Reno areas. This amendment increases the maximum amount from \$45,000 to \$61,000 due to extreme winter weather and repair needs, which resulted in additional cleaning for all windows and buildings in the Northern Nevada region.				
	Term of Contract:	09/14/2014 - 09/13/2018	Contract # 15953			



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ENTERPRISE JANITORIAL, INC.	FEE: BUILDING RENT INCOME REVENUE	\$45,694	
	Contract Description:	This is the first amendment to the original contract which continues ongoing janitorial services for the Galletti Way Department of Motor Vehicles facility. This amendment increases the maximum amount from \$49,544 to \$91,387 to provide sufficient time for the Purchasing Division to revise and implement its new Janitorial Services Request for Proposal contracting process and procedures, and to cover the additional costs of services for the extended period of time.				
		Term of Contract:	09/01/2017 - 08/31/2018	Contract # 19153		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	XCEL MAINTENANCE SERVICES, INC.	FEE: BUILDING RENT INCOME REVENUE	\$48,600	
	Contract Description:	This is the second amendment to the original contract which continues ongoing janitorial services for the West Flamingo Department of Motor Vehicles facility. This amendment extends the termination date from November 30, 2017 to May 31, 2018 and increases the maximum amount from \$446,280 to \$494,880 to provide sufficient time for the Purchasing Division to revise and implement its new Janitorial Services Request for Proposal contracting process and procedures, and to cover the additional costs of services for the extended period of time.				
		Term of Contract:	08/31/2013 - 05/31/2018	Contract # 14654		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	XCEL MAINTENANCE SERVICES, INC.	FEE: BUILDING RENT INCOME REVENUE	\$5,250	
	Contract Description:	This is the second amendment to the original contract which continues ongoing janitorial services for the Buildings and Grounds facility in Las Vegas. This amendment will extend the termination dates from November 30, 2017 to May 31, 2018 and increase the maximum amount from \$47,960 to \$53,210 to provide sufficient time for the Purchasing Division to revise and implement its new Janitorial Services Request for Proposal contracting process and procedures, and to cover the additional costs of services for the extended period of time.				
		Term of Contract:	08/31/2013 - 05/31/2018	Contract # 14653		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - CCSN - NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC. DBA H&K ARCHITECTS	AGENCY FUNDS	\$2,850,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the University of Nevada Reno William N. Pennington Engineering Building CIP project to include continued engineering and architectural design services through 100 percent construction documents, bidding and construction administration and design activities for the addition of a 200 seat auditorium: CIP Project 17-C06; SPWD Contract No. 111381.				
		Term of Contract:	11/14/2017 - 06/30/2020	Contract # 19261		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	HOUGLAND PILS, INC. DBA HPC CONSULTING ENGINEERS	BONDS	\$87,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the southern Desert Regional Center Security System Installation CIP project to include preparation plans, security lighting design, power connections, surveillance and access control designs for the installation of card access controls, cameras and security lighting: CIP Project No. 17-M21; SPWD Contract No. 111387.				
		Term of Contract:	11/14/2017 - 06/30/2019	Contract # 19254		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	PENTA BUILDING GROUP, LLC	BONDS	\$145,524	Professional Service
	Contract Description:	This is a new contract to provide Owner-Construction Manager at Risk Pre-Construction Services for the southern Desert Correctional Center Housing Unit 8 Renovation CIP project, to include constructability and cost analyses, bid development and evaluation, and constructability and value engineering: CIP Project No. 17-C12; SPWD Contract No. 111368.				
		Term of Contract:	11/14/2017 - 06/30/2021	Contract # 19228		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	ARRINGTON WATKINS ARCHITECTS, LLC	BONDS	\$1,099,363	
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Southern Desert Correctional Center Advance Planning CIP project, to include advance planning through construction documents and plans examination for two prototypical "T" style housing units: CIP Project No. 17-P06; SPWD Contract No. 111379.				
	Term of Contract:	11/14/2017 - 06/30/2021	Contract # 19351			
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - CIP PROJECTS - NON-EXEC	RAYMOND P. CROOK DBA RPC ROOF CONSULTING	BONDS	\$61,850	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center, Building #8, Visitor Center and Education Building Re-Roof CIP project to include bid documents, pre-bid walk-through, construction quality assurance services, final roof inspection and document recording services: CIP Project No. 17-S01; SPWD Contract No. 111352.				
	Term of Contract:	11/14/2017 - 06/30/2019	Contract # 19255			
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - CIP PROJECTS - NON-EXEC	RESOURCE CONCEPTS, INC.	HIGHWAY	\$78,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Carson City Department of Motor Vehicles Pavement Maintenance and Construction CIP project, to include initial survey and base mapping, improvement plans and construction documents, drainage study, and part-time construction administration services: CIP Project: 17-S05h; SPWD Contract No. 111385.				
	Term of Contract:	11/14/2017 - 06/30/2021	Contract # 19286			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC. DBA H&K ARCHITECTS	OTHER: SPECIAL LICENSE PLATE REVENUE	\$62,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nine Mile Ranch Building Rehabilitation Programming & Preservation Evaluation CIP project: CIP Project: 18-A005; SPWD Contract No. 111374.				
		Term of Contract:	11/14/2017 - 09/30/2021	Contract # 19290		
14.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS-TOURISM	GLOBAL MARKETING & SALES, INC.	OTHER: LODGING TAX	\$500,000	
	Contract Description:	This is a new contract to provide ongoing representation to promote Nevada tourism in Latin America. Services will include sales, marketing, public relations, sales mission/trade show/familiarization tour participation, media planning/buying, brochure development and in-country industry partner outreach.				
		Term of Contract:	11/14/2017 - 06/30/2019	Contract # 19316		
15.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - DATA COMMUNICATIONS AND NETWORK ENGINEERING	CARSON CITY	OTHER: REVENUE	\$52,789	
	Contract Description:	This is a new revenue interlocal agreement that continues to provide Internet access for Carson City through the SilverNet network.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19303		
16.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	NGP BLUE MOUNTAIN I, LLC	OTHER: REVENUE	\$150,195	
	Contract Description:	This is a new revenue contract that continues to provide DS1 circuits and rack space at Winnemucca Mountain in Humboldt County.				
		Term of Contract:	07/01/2017 - 06/30/2021	Contract # 19302		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	ADL DATA SYSTEMS, INC.	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$54,500	Sole Source
	Contract Description:	This is a new contract to continue to provide an electronic medical records software system to meet federal reporting requirements. This contract must run concurrently with the awarded vendor under Request for Proposal 3418 to allow the new vendor the needed time to implement the new electronic health records system without interruption of services.				
		Term of Contract:	10/01/2017 - 01/31/2018	Contract # 19339		
18.	300	DEPARTMENT OF EDUCATION - ASSESSMENTS AND ACCOUNTABILITY	REGENTS OF THE UNIVERSITY OF CALIFORNIA DBA UCSC SILICON VALLEY	FEDERAL	\$9,164,376	
	Contract Description:	This is a new contract to provide the Complete Assessment System. The Smarter Balanced complete assessment package includes summative, interim and formative assessments in English Language Arts and Mathematics for grades 3rd through 8th.				
		Term of Contract:	11/14/2017 - 06/30/2021	Contract # 19313		
19.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	21ST CENTURY STUDENT SUPPORT SERVICES	FEDERAL	\$235,460	Sole Source
	Contract Description:	This is the fourth amendment to the original contract which continues ongoing technical assistance, training and data reviews to local school districts and community-based organizations that receive funding under the 21st Century Community Learning Center program for the purpose of collecting data under federal funding regulations. This amendment extends the termination date from November 30, 2017 to November 30, 2019, and increases the maximum amount from \$200,000 to \$435,460 due to the continued need for these services.				
		Term of Contract:	10/01/2015 - 11/30/2019	Contract # 17198		
20.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	TRANSACT COMMUNICATIONS, LLC DBA CAYEN SYSTEM, LLC	FEDERAL	\$57,644	Exempt
	Contract Description:	This is the sixth amendment to the original contract which provides annual maintenance and support of the Cayen After School 21 statewide system and up to 60 sites in support of the Nevada 21st Century Community Learning Centers Program. This amendment extends the termination date from November 30, 2017 to November 30, 2019 and increases the maximum amount from \$133,198 to \$190,842 due to the continued need for these services.				
		Term of Contract:	03/12/2013 - 11/30/2019	Contract # 13995		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - STATE LIBRARY	FUTTERMAN AND ASSOCIATES, INC. DBA CIVICTECHNOLOGIES	FEDERAL	\$120,000	Sole Source
	Contract Description:	This is a new contract to provide ongoing hosting, support, training and information services to library director inquiries regarding Community Connect / Nevada State Data Initiative.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19297		
22.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA SCHOOL OF MEDICINE	OTHER: REVENUE	\$2,480,854	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which 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. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$4,500,000 to \$6,980,854 due to a change in payment methodology.				
		Term of Contract:	07/01/2016 - 06/30/2022	Contract # 17672		
23.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - ADMINISTRATION	DEPARTMENT OF HEALTH AND HUMAN SERVICE - AGING AND DISABILITY SERVICES DIVISION	FEDERAL	\$215,681	
	Contract Description:	This is a new interlocal agreement to provide targeted case management services in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.				
		Term of Contract:	01/01/2017 - 06/30/2021	Contract # 19399		
24.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	CARSON CITY OBO CARSON CITY FIRE DEPARTMENT	OTHER: COUNTY 35.3% FEDERAL 64.7%	\$3,598,853	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides Certified Public Expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. This amendment increases the maximum amount from \$1,501,544 to \$5,100,397 due to the increased need for these services.				
		Term of Contract:	10/01/2015 - 06/30/2018	Contract # 18138		

# 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 - MEDICAID	CITY OF MESQUITE OBO MESQUITE FIRE AND RESCUE	OTHER: COUNTY 35.3% FEDERAL 64.7%	\$115,832	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides Certified Public Expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. This amendment increases the maximum amount from \$938,562 to \$1,054,394 due to the increased need for these services.				
	Term of Contract:	10/01/2015 - 06/30/2018	Contract # 18499			
26.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	CITY OF NORTH LAS VEGAS OBO NORTH LAS VEGAS FIRE DEPARTMENT	OTHER: COUNTY 35.3% FEDERAL 64.7%	\$29,447,522	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 # 19277			
27.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	NORTH LAKE TAHOE FIRE PROTECTION DISTRICT	OTHER: COUNTY 35.3% FEDERAL 64.7%	\$89,712	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides Certified Public Expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. This amendment increases the maximum amount from \$1,752,130 to \$1,841,842 due to the increased need for these services.				
	Term of Contract:	10/01/2015 - 06/30/2018	Contract # 18503			
28.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	STOREY COUNTY FIRE PROTECTION DISTRICT	OTHER: COUNTY 35.3% FEDERAL 64.7%	\$256,288	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides Certified Public Expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. This amendment increases the maximum amount from \$76,288 to \$332,576 due to the increased need for these services.				
	Term of Contract:	10/01/2015 - 06/30/2018	Contract # 18560			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	TAHOE DOUGLAS FIRE PROTECTION DISTRICT	OTHER: COUNTY 35.3% FEDERAL 64.7%	\$270,627	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides Certified Public Expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. This amendment increases the maximum amount from \$34,224 to \$304,851 due to the increased need for these services.				
		Term of Contract:	10/01/2015 - 06/30/2018	Contract # 18599		
30.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS	GENERAL	\$632,400	
	Contract Description:	This is a new interlocal agreement that continues ongoing psychiatric treatment services for outpatient clients at the Henderson satellite clinic. Services include initial assessments, progress appointments, referral and medication management in an outpatient setting.				
		Term of Contract:	07/17/2017 - 06/30/2019	Contract # 19271		
31.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - HEALTH FACILITIES HOSPITAL LICENSING	AITHENT, INC.	GENERAL 33% FEDERAL 67%	\$201,000	
	Contract Description:	This is the fourth amendment to the original contract which provides ongoing implementation of a comprehensive, web-based licensing and regulatory system for health facilities, clinical laboratories, child care facilities, food handling establishments, dietitians, music therapists, emergency medical services, medical marijuana establishments and users and other entities within the Division. This amendment increases the maximum amount from \$1,941,850 to \$2,142,850 to expand the current web-based licensing system to include the Behavioral Health Prevention and Treatment Account.				
		Term of Contract:	03/11/2014 - 03/31/2018	Contract # 15307		
32.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	CHURCHILL COUNTY	OTHER: REVENUE	\$123,548	
	Contract Description:	This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the state's community health nurses.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19287		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	LANDER COUNTY	OTHER: REVENUE	\$91,582	
	Contract Description:	This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the state's community health nurses.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19289		
34.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	NYE COUNTY	OTHER: REVENUE	\$173,636	
	Contract Description:	This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the state's community health nurses.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19298		
35.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	PERSHING COUNTY	OTHER: REVENUE	\$92,086	
	Contract Description:	This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the state's community health nurses.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19279		
36.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	WHITE PINE COUNTY	OTHER: REVENUE	\$63,490	
	Contract Description:	This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the state's community health nurses.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19274		
37.	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	\$167,811	
	Contract Description:	This is a new interlocal agreement to provide ongoing telemedicine services to children and adolescents through the Fellows at the School of Medicine.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19291		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
38.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORT SERVICES - ADMINISTRATION	DELOITTE CONSULTING, LLP	GENERAL 10% FEDERAL 90%	\$10,000,195	
	Contract Description:	This is the eighteenth amendment to the original contract which continues development and implementation of the Health Care Reform Eligibility Engine mandated by the Affordable Care Act of 2010. This amendment extends the termination date from December 31, 2017 to June 30, 2021, increases the maximum amount from \$56,254,797.35 to \$66,254,992.00, revises Attachment AA - Deliverable Payment Schedule and incorporates the change orders for the Access Nevada Modernization Project, the Web Application Vulnerability Assessment and the Interface Modernization Project.				
	Term of Contract:	07/01/2012 - 06/30/2021	Contract # 13439			
39.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - JUVENILE JUSTICE SERVICES	CASELOADPRO	GENERAL	\$2,283,403	Sole Source
	Contract Description:	This is a new contract to provide data sharing services between the counties and state youth facilities as recommended by the Council of State Governments' Justice Center.				
	Term of Contract:	11/14/2017 - 06/30/2025	Contract # 19280			
40.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	ALLPRO SERVICES, LLC	GENERAL	\$89,027	
	Contract Description:	This is the second amendment to the original contract to provide exterior and interior painting on state-owned buildings in Las Vegas. This amendment increases the maximum amount from \$148,584 to \$237,610.80 for deferred maintenance projects at the Desert Willow Treatment Center.				
	Term of Contract:	07/01/2014 - 06/30/2018	Contract # 15417			
41.	651	DEPARTMENT OF PUBLIC SAFETY - HIGHWAY PATROL	INSEEGO NORTH AMERICA, LLC	HIGHWAY 50% OTHER: FORFEITURE FUNDS 50%	\$102,500	
	Contract Description:	This is the first amendment to the original contract which provides a turnkey solution to validate the operational merits of the Proof of Concept phase of the Mobile Data Computer (MDC) project. The vendor will provide the consulting services and recommendations for configuring the system. This amendment increases the maximum amount from \$28,000 to \$130,500 to continue engineering of the MDC's and changes the vendor name to inseeGo North America, LLC.				
	Term of Contract:	12/11/2014 - 10/31/2018	Contract # 16172			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
42.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	KRNV, LLC	FEE: 25% SPORTSMEN 25% UPLAND GAME STAMP FEDERAL 50%	\$440,000	
		Contract Description: This is a new contract to provide wildlife photo and video services statewide on an as needed basis. Term of Contract: 11/14/2017 - 11/13/2021 Contract # 19264				
43.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	RADIOACTIVE PRODUCTIONS	FEE: 25% SPORTSMEN 25% UPLAND GAME STAMP FEDERAL 50%	\$440,000	
		Contract Description: This is a new contract to provide wildlife photo and video services statewide on an as needed basis. Term of Contract: 11/14/2017 - 11/13/2021 Contract # 19265				
44.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	TIMOTHY L. TORELL - TIM'S TURQUOISE & GEMS DBA DWI PRODUCTS	FEE: 25% SPORTSMEN 25% UPLAND GAME STAMP FEDERAL 50%	\$440,000	
		Contract Description: This is a new contract to provide wildlife photo and video services statewide on an as needed basis. Term of Contract: 11/14/2017 - 11/13/2021 Contract # 19266				
45.	707	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE LANDS - PROTECT LAKE TAHOE - NON-EXEC	DESIGN WORKSHOP, INC.	BONDS	\$562,226	
		Contract Description: This is a new contract for design development, construction documentation and construction observation of the Spooner Frontcountry Recreational improvement project. Term of Contract: 11/14/2017 - 12/31/2020 Contract # 19350				

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
46.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - AIR QUALITY	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA , RENO	FEE: PERMIT	\$305,000	
	Contract Description:	This is the first amendment to the original contract which provides air quality related environmental regulatory assistance and outreach to small businesses within the jurisdiction of the agency without threat of regulatory intervention. This amendment extends the termination date from December 31, 2017 to December 31, 2019 and increases the maximum amount from \$73,000 to \$378,000 due to the continued need for these services.				
		Term of Contract:	07/01/2017 - 12/31/2019	Contract # 18725		
47.	740	DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL DEVELOPMENT BONDS	COLLEEN PLATT DBA PLATT LAW GROUP	VOLUME CAP TRANSFER FEES	\$45,000	Exempt
	Contract Description:	This is a new contract to provide legal counsel including, without limitation, reviewing draft bond documents for the issuance of bonds by the Director.				
		Term of Contract:	11/14/2017 - 09/30/2019	Contract # 19378		
48.	749	DEPARTMENT OF BUSINESS AND INDUSTRY - ATHLETIC COMMISSION	FRANCISCO J. SOTO	FEE: ATHLETIC COMMISSION GATE 90% OTHER: AMATEUR BOXING PROGRAM TICKET SURCHARGE 10%	\$40,000	Exempt
	Contract Description:	This is a new contract to provide Chief Inspector services during weigh-ins and events.				
		Term of Contract:	07/01/2016 - 06/30/2018	Contract # 18997		
49.	800	DEPARTMENT OF TRANSPORTATION - TRANSPORTATION ADMINISTRATION	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL	HIGHWAY 26% DPS FORFEITURE FUNDS 26% FEDERAL 48%	\$1,032,482	
	Contract Description:	This is a new interlocal agreement to complete the data collection equipment upgrade to improve data collection and analysis.				
		Term of Contract:	11/14/2017 - 06/30/2019	Contract # 19345		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
50.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY – SPECIAL FUND	EMCOR SERVICES DBA MESA ENERGY SYSTEMS	OTHER: ESD SPECIAL FUND	\$59,856	
	Contract Description:	This is a new contract that provides heating, ventilation and air conditioning maintenance services at the St. Louis facility located in Las Vegas.				
		Term of Contract:	11/14/2017 - 10/31/2019	Contract # 19306		

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>14658</b>	Amendment Number: <b>2</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ACCURATE BUILDING MAINTENANCE, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>ACCURATE BUILDING MAINTENANCE, LLC</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>4435 W SUNSET RD SUITE 1</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-4321</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ronald L. Finken 702-497-6255</b>
	Vendor No.: <b>T81039103</b>
	NV Business ID: <b>NV19991074849</b>

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 %	<b>X</b>	Fees	<b>100.00 % Building Rent Income Revenue</b>
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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **11/30/2017**

Contract term: **4 years and 274 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

**This is the second amendment to the original contract which continues ongoing janitorial services for the Grant Sawyer Office Building in Las Vegas. This amendment extends the termination date from November 30, 2017 to May 31, 2018 and increases the maximum amount from \$1,023,629 to \$1,158,629 to provide sufficient time for the Purchasing Division to revise and implement its new Janitorial Services Request for Proposal contracting process and procedures, and to cover the additional costs of services for the extended period of time.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$978,629.60	\$978,629.60	\$978,629.60	Yes - Action
a. Amendment 1:	\$45,000.00	\$45,000.00	\$45,000.00	Yes - Info
2. Amount of current amendment (#2):	\$135,000.00	\$135,000.00	\$180,000.00	Yes - Action
3. New maximum contract amount:	\$1,158,629.60			
and/or the termination date of the original contract has changed to:	05/31/2018			

#### 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	10/04/2017 07:03:34 AM
Division Approval	ssands	10/04/2017 07:03:48 AM
Department Approval	ssands	10/04/2017 07:03:53 AM
Contract Manager Approval	ssands	10/04/2017 07:03:59 AM

Budget Analyst Approval  
BOE Agenda Approval

jrodrig9  
pnicks

10/09/2017 18:38:07 PM  
10/11/2017 09:07:38 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: <b>14657</b>	Amendment Number: <b>4</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ACCURATE BUILDING MAINTENANCE, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>ACCURATE BUILDING MAINTENANCE, LLC</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>3062 SHERIDAN ST SUITE 1</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89102-7819</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ronald L. Finken 702-497-6255</b>
	Vendor No.: <b>T81039103</b>
	NV Business ID: <b>NV19991074849</b>

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 %	<b>X</b>	Fees		<b>100.00 % Building Rent Income Revenue</b>
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 **12/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **11/30/2017**

Contract term: **4 years and 274 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

**This is the fourth amendment to the original contract which provides janitorial services to the East Sahara Avenue Department of Motor Vehicles facility. This amendment extends the termination date from November 30, 2017 to May 31, 2018 and increases the maximum amount from \$409,572 to \$481,572 to provide sufficient time for the Purchasing Division to revise and implement its new Janitorial Services Request for Proposal contracting process and procedures, and to cover the additional costs of services for the extended period of time.**

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
c. Amendment 3:	\$40,000.00	\$40,000.00	\$89,000.00	Yes - Action
2. Amount of current amendment (#4):	\$72,000.00	\$72,000.00	\$72,000.00	Yes - Action
3. New maximum contract amount:	\$481,572.00			

## 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	10/11/2017 07:08:15 AM
Division Approval	ssands	10/11/2017 07:08:21 AM
Department Approval	ssands	10/11/2017 07:08:26 AM
Contract Manager Approval	ssands	10/11/2017 07:08:31 AM
Budget Analyst Approval	jrodrig9	10/12/2017 11:51:39 AM
BOE Agenda Approval	pnicks	10/16/2017 08:13:27 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>15953</b>	Amendment Number: <b>1</b>	
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>BILL J. GLASSCOCK DBA ECONOMY WINDOW CLEANERS</b>	Contractor Name: <b>BILL J. GLASSCOCK DBA ECONOMY WINDOW CLEANERS</b>
Agency Code: <b>082</b>	Address: <b>ECONOMY WINDOW CLEANERS</b>	<b>PO BOX 3255</b>
Appropriation Unit: <b>1349-12</b>	City/State/Zip: <b>STATELINE, NV 89449</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>775/588-3860</b>	Vendor No.: <b>T80967431</b>
If "No" please explain: <b>Not Applicable</b>	NV Business ID: <b>NV20101458334</b>	

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 %	<b>X</b>	Fees	<b>100.00 % Building Rent Income Revenue</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **ASD #1669734**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/14/2014**

Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/13/2018**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Windows/Carpet Clean**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing window and carpet cleaning services for state-owned buildings in the Carson City and Reno areas. This amendment increases the maximum amount from \$45,000 to \$61,000 due to extreme winter weather and repair needs, which resulted in additional cleaning for all windows and buildings in the Northern Nevada region.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$45,000.00	\$45,000.00	\$45,000.00	Yes - Info
2. Amount of current amendment (#1):	\$16,000.00	\$16,000.00	\$61,000.00	Yes - Action
3. New maximum contract amount:	\$61,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The need to keep windows clean and the need to keep carpets clean and sanitary.**

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? 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 contractor is one of multiple contractors on file for this services per SAM 0338.0. Each contractor will have the opportunity to bid on available jobs.

d. Last bid date: 06/01/2014 Anticipated re-bid date: 06/01/2018

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:

9/14/2010 - 09/13/2014 - Buildings and Grounds - 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: 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	ddav12	09/12/2017 10:16:48 AM
Division Approval	ddav12	09/12/2017 10:16:56 AM
Department Approval	ddav12	09/12/2017 10:17:05 AM
Contract Manager Approval	ddav12	09/12/2017 11:43:04 AM
Budget Analyst Approval	jrodrig9	09/22/2017 11:52:38 AM
BOE Agenda Approval	pnicks	09/22/2017 11:58:40 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>19153</b>	Amendment Number: <b>1</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ENTERPRISE JANITORIAL, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>ENTERPRISE JANITORIAL, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>PO BOX 19913</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-691-2939</b>
	Vendor No.: <b>T32003728</b>
	NV Business ID: <b>NV20141642364</b>

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 %	<b>X</b>	Fees	100.00 %	<b>Building Rent Income Revenue</b>
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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **08/31/2018**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **JANITORIAL SERVICES**

5. Purpose of contract:

**This is the first amendment to the original contract which continues ongoing janitorial services for the Galletti Way Department of Motor Vehicles facility. This amendment increases the maximum amount from \$49,544 to \$91,387 to provide sufficient time for the Purchasing Division to revise and implement its new Janitorial Services Request for Proposal contracting process and procedures, and to cover the additional costs of services for the extended period of time.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$45,693.93	\$45,693.93	\$45,693.93	Yes - Info
2. Amount of current amendment (#1):	\$45,693.93	\$45,693.93	\$91,387.86	Yes - Action
3. New maximum contract amount:	\$91,387.86			

#### 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):

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/15/2017 07:50:09 AM
Division Approval	ssands	09/15/2017 07:50:15 AM
Department Approval	ssands	09/15/2017 07:50:20 AM
Contract Manager Approval	ssands	09/15/2017 07:50:27 AM
Budget Analyst Approval	jrodrig9	09/18/2017 23:12:19 PM
BOE Agenda Approval	pnicks	09/22/2017 13:19:11 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: **14654** Amendment Number: **2**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **XCEL MAINTENANCE SERVICES, INC.**

Agency Code: **082** Contractor Name: **XCEL MAINTENANCE SERVICES, INC.**

Appropriation Unit: **1349-12** Address: **8920 COLORFUL PINES AVE.**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89143-4403**

If "No" please explain: **Not Applicable** Contact/Phone: **Kathia Winchell 702-341-9235**

Vendor No.: **T81103343**

NV Business ID: **NV20021426879**

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 %	<b>X</b>	Fees	<b>100.00 % Building Rent Income Revenue</b>
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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **11/30/2017**

Contract term: **4 years and 274 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

**This is the second amendment to the original contract which continues ongoing janitorial services for the West Flamingo Department of Motor Vehicles facility. This amendment extends the termination date from November 30, 2017 to May 31, 2018 and increases the maximum amount from \$446,280 to \$494,880 to provide sufficient time for the Purchasing Division to revise and implement its new Janitorial Services Request for Proposal contracting process and procedures, and to cover the additional costs of services for the extended period of time.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$421,980.00	\$421,980.00	\$421,980.00	Yes - Action
a. Amendment 1:	\$24,300.00	\$24,300.00	\$24,300.00	Yes - Info
2. Amount of current amendment (#2):	\$48,600.00	\$48,600.00	\$72,900.00	Yes - Action
3. New maximum contract amount:	\$494,880.00			
and/or the termination date of the original contract has changed to:	05/31/2018			

**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 five 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:

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	10/04/2017 08:06:44 AM
Division Approval	ssands	10/04/2017 08:06:51 AM
Department Approval	ssands	10/04/2017 08:06:57 AM
Contract Manager Approval	ssands	10/04/2017 08:07:04 AM

Budget Analyst Approval  
BOE Agenda Approval

jrodrig9  
pnicks

10/09/2017 18:36:52 PM  
10/11/2017 15:56:18 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>14653</b>	Amendment Number: <b>2</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>XCEL MAINTENANCE SERVICES, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>XCEL MAINTENANCE SERVICES, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>8920 COLORFUL PINES AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89143-4403</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kathia Winchell 702-341-9235</b>
	Vendor No.: <b>T81103343</b>
	NV Business ID: <b>NV20021426879</b>

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 %	<b>X</b>	Fees	100.00 % <b>Building Rent Income Revenue</b>
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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **11/30/2017**

Contract term: **4 years and 274 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

**This is the second amendment to the original contract which continues ongoing janitorial services for the Buildings and Grounds facility in Las Vegas. This amendment will extend the termination dates from November 30, 2017 to May 31, 2018 and increase the maximum amount from \$47,960 to \$53,210 to provide sufficient time for the Purchasing Division to revise and implement its new Janitorial Services Request for Proposal contracting process and procedures, and to cover the additional costs of services for the extended period of time.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$46,960.00	\$46,960.00	\$46,960.00	Yes - Info
a. Amendment 1:	\$1,000.00	\$1,000.00	\$47,960.00	No
2. Amount of current amendment (#2):	\$5,250.00	\$6,250.00	\$53,210.00	Yes - Action
3. New maximum contract amount:	\$53,210.00			
and/or the termination date of the original contract has changed to:	05/31/2018			

#### 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 five buildings in Las Vegas for Buildings and Grounds 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:  
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	10/10/2017 14:55:26 PM
Division Approval	ssands	10/10/2017 14:55:31 PM
Department Approval	ssands	10/10/2017 14:55:35 PM

Contract Manager Approval  
Budget Analyst Approval  
BOE Agenda Approval

ssands  
jrodrig9  
pnicks

10/10/2017 14:55:40 PM  
10/12/2017 13:01:29 PM  
10/16/2017 08:09:43 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: **19261**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>HERSHENOW &amp; KLIPPENSTEIN ARCHITECTS, INC. DBA H&amp;K ARCHITECTS</b>
Agency Code: <b>082</b>	Contractor Name: <b>HERSHENOW &amp; KLIPPENSTEIN ARCHITECTS, INC. DBA H&amp;K ARCHITECTS</b>
Appropriation Unit: <b>1510-67</b>	Address: <b>dba H&amp;K ARCHITECTS</b>
Is budget authority available?: <b>Yes</b>	<b>5485 RENO CORPORATE D STE 100</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>RENO, NV 89511-2262</b>
	Contact/Phone: <b>775-332-6640</b>
	Vendor No.: <b>T80984709</b>
	NV Business ID: <b>NV19941047730</b>

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 %	<b>X</b> Other funding	<b>100.00 % Agency Funds</b>

Agency Reference #: **111381**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

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 228 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 University of Nevada Reno William N. Pennington Engineering Building CIP project to include continued engineering and architectural design services through 100 percent construction documents, bidding and construction administration and design activities for the addition of a 200 seat auditorium: CIP Project 17-C06; SPWD Contract No. 111381.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,850,000.00**

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 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:

Oxoby, Robbie, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	09/15/2017 13:26:18 PM
Division Approval	Imars1	09/15/2017 13:26:21 PM
Department Approval	Imars1	09/15/2017 13:26:25 PM
Contract Manager Approval	Imars1	09/15/2017 13:26:29 PM
Budget Analyst Approval	jrodrig9	09/18/2017 23:26:38 PM
BOE Agenda Approval	pnicks	09/22/2017 12:58:55 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: **19254**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>HOUGLAND PILS, INC. DBA HPC CONSULTING ENGINEERS</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>HOUGLAND PILS, INC. DBA HPC CONSULTING ENGINEERS</b>
Appropriation Unit:	<b>1535-43</b>	Address:	<b>6280 South Valley View Blvd. Suite 416</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89118</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Karl Pils 702-685-8890
		Vendor No.:	T29039677
		NV Business ID:	NV20121298770

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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111387

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **1 year and 227 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the southern Desert Regional Center Security System Installation CIP project to include preparation plans, security lighting design, power connections, surveillance and access control designs for the installation of card access controls, cameras and security lighting: CIP Project No. 17-M21; SPWD Contract No. 111387.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$87,500.00**

Other basis for payment: 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:

2017 CIP

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:

Jon Foster, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	09/14/2017 11:18:14 AM
Division Approval	amarangi	09/14/2017 11:18:17 AM
Department Approval	amarangi	09/14/2017 11:18:21 AM
Contract Manager Approval	amarangi	09/14/2017 11:18:24 AM
Budget Analyst Approval	jrodrig9	09/18/2017 22:59:43 PM
BOE Agenda Approval	pnicks	09/22/2017 13:24:15 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: **19228**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>PENTA BUILDING GROUP, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>PENTA BUILDING GROUP, LLC</b>
Appropriation Unit: <b>1550-51</b>	Address: <b>181 E WARM SPRING RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89119-4101</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JEFF MILLS 702-614-1678</b>
	Vendor No.: <b>T29025775</b>
	NV Business ID: <b>NV20081225302</b>

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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111368

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

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 228 days**

4. Type of contract: **Contract**

Contract description: **CMAR Pre-Const**

5. Purpose of contract:

**This is a new contract to provide Owner-Construction Manager at Risk Pre-Construction Services for the southern Desert Correctional Center Housing Unit 8 Renovation CIP project, to include constructability and cost analyses, bid development and evaluation, and constructability and value engineering: CIP Project No. 17-C12; SPWD Contract No. 111368.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$145,524.00**

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:

John Darin, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	09/25/2017 13:11:00 PM
Division Approval	Imars1	09/25/2017 13:11:04 PM
Department Approval	Imars1	09/25/2017 13:11:08 PM
Contract Manager Approval	Imars1	09/25/2017 13:11:11 PM
Budget Analyst Approval	jrodrig9	09/27/2017 19:00:35 PM
BOE Agenda Approval	pnicks	10/04/2017 14:29:50 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: **19351**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ARRINGTON WATKINS ARCHITECTS, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>ARRINGTON WATKINS ARCHITECTS, LLC</b>
Appropriation Unit: <b>1558-45</b>	Address: <b>5240 N. 16TH STREET SUITE 101</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PHOENIX, AZ 85016-3214</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Peter Sangiorgio 602-279-4373</b>
	Vendor No.: <b>T29005651</b>
	NV Business ID: <b>NV20041116632</b>

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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111379

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

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 228 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 Advance Planning CIP project, to include advance planning through construction documents and plans examination for two prototypical "T" style housing units: CIP Project No. 17-P06; SPWD Contract No. 111379.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,099,363.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Leg Approved 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: **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:  
Darin, John, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	10/05/2017 12:50:24 PM
Division Approval	Imars1	10/05/2017 12:50:28 PM
Department Approval	Imars1	10/05/2017 12:50:32 PM
Contract Manager Approval	Imars1	10/05/2017 15:44:29 PM
Budget Analyst Approval	jrodrig9	10/09/2017 18:38:34 PM
BOE Agenda Approval	pnicks	10/11/2017 09:15:05 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: **19255**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>RAYMOND P. CROOK DBA RPC ROOF CONSULTING</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>RAYMOND P. CROOK DBA RPC ROOF CONSULTING</b>
Appropriation Unit:	<b>1585-43</b>	Address:	<b>RPC ROOF CONSULTING 14370 MOUNT SNOW DR RENO, NV 89511-9185</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89511-9185</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Ray Crook 775-853-7202
		Vendor No.:	T29013770
		NV Business ID:	NV20101198067

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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111352

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **1 year and 227 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 Northern Nevada Correctional Center, Building #8, Visitor Center and Education Building Re-Roof CIP project to include bid documents, pre-bid walk-through, construction quality assurance services, final roof inspection and document recording services: CIP Project No. 17-S01; SPWD Contract No. 111352.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$61,850.00**

Other basis for payment: 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 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:

Andrew Lutz, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	09/14/2017 11:38:56 AM
Division Approval	amarangi	09/14/2017 11:38:59 AM
Department Approval	amarangi	09/14/2017 11:39:01 AM
Contract Manager Approval	amarangi	09/14/2017 11:39:04 AM
Budget Analyst Approval	jrodrig9	09/18/2017 22:39:42 PM
BOE Agenda Approval	pnicks	09/22/2017 13:48:39 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: **19286**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>RESOURCE CONCEPTS, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>RESOURCE CONCEPTS, INC.</b>
Appropriation Unit: <b>1585-51</b>	Address: <b>340 N MINNESOTA ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89703-4152</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-883-1600</b>
	Vendor No.: <b>T12785100</b>
	NV Business ID: <b>NV19781005208</b>

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 %
<b>X Highway Funds</b>	<b>100.00 %</b>	Other funding	0.00 %

Agency Reference #: **111385**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

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 228 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 Carson City Department of Motor Vehicles Pavement Maintenance and Construction CIP project, to include initial survey and base mapping, improvement plans and construction documents, drainage study, and part-time construction administration services: CIP Project: 17-S05h; SPWD Contract No. 111385.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$78,500.00**

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:  
McENTEE, MARKUS, PROJECT MANAGER Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	09/22/2017 08:57:54 AM
Division Approval	Imars1	09/22/2017 08:57:58 AM
Department Approval	Imars1	09/22/2017 08:58:01 AM
Contract Manager Approval	Imars1	09/25/2017 10:30:37 AM
Budget Analyst Approval	jrodrig9	09/27/2017 16:58:07 PM
BOE Agenda Approval	pnicks	10/04/2017 14:37:46 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: **19290**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>DBA H+K ARCHITECTS</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>HERSHENOW &amp; KLIPPENSTEIN ARCHITECTS, INC. DBA H&amp;K ARCHITECTS</b>
Appropriation Unit:	<b>All Budget Accounts - Category 20</b>	Address:	<b>dba H+K ARCHITECTS 5485 RENO CORPORATE DR STE 100</b>
Is budget authority available?:	<b>No</b>	City/State/Zip:	<b>RENO, NV 89511-2262</b>
If "No" please explain: This is an agency funded CIP where the project design and construction 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 for the project will reside in agency Budget Account 4162, expenditure category 20, Insurance Recoveries.		Contact/Phone:	<b>775-332-6640</b>
		Vendor No.:	<b>T80984709</b>
		NV Business ID:	<b>NV19941047730</b>

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 %	<b>X</b> Other funding	<b>100.00 % Special License Plate Revenue</b>

Agency Reference #: 111374

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2021**

Contract term: **3 years and 320 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 Nine Mile Ranch Building Rehabilitation Programming & Preservation Evaluation CIP project: CIP Project: 18-A005; SPWD Contract No. 111374.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$62,000.00**

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 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?

No b. If "No", please explain:

doing business as

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:

Oxoby, Robbie, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	09/25/2017 10:07:19 AM
Division Approval	lmars1	09/25/2017 10:07:22 AM
Department Approval	lmars1	09/25/2017 10:07:25 AM
Contract Manager Approval	lmars1	09/25/2017 10:12:18 AM
Budget Analyst Approval	jrodrig9	09/27/2017 17:20:33 PM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19316**

Agency Name: <b>DTCA - DIVISION OF TOURISM</b>	Legal Entity Name: <b>GLOBAL MARKETING &amp; SALES, INC.</b>
Agency Code: <b>101</b>	Contractor Name: <b>GLOBAL MARKETING &amp; SALES, INC.</b>
Appropriation Unit: <b>1522-31</b>	Address: <b>1580 SAWGRASS CORPORATE PKWY STE 130</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SUNRISE, FL 33323</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>ALEX PACE 786-301-7771</b>
	Vendor No.: <b>T27041849</b>
	NV Business ID: <b>NV20171626928</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2019</b>

What is the source of funds that will be used to 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 %	<b>X</b> Other funding	<b>100.00 % LODGING TAX</b>

Agency Reference #: **RFP #3464 - AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **1 year and 227 days**

4. Type of contract: **Contract**

Contract description: **Latin Amer - Rep Off**

5. Purpose of contract:

**This is a new contract to provide ongoing representation to promote Nevada tourism in Latin America. Services will include sales, marketing, public relations, sales mission/trade show/familiarization tour participation, media planning/buying, brochure development and in-country industry partner outreach.**

6. NEW CONTRACT

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

Other basis for payment: **Monthly billing for all activities and costs incurred.**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism is tasked with developing a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions of Nevada. This contract focuses on the international traveler.

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

The state does not have employees located in Latin America to perform the necessary work as identified in the contract. Latin American representatives have direct knowledge of the industry, culture, language and traveler. They also have the Latin America industry contacts. Being in Latin America, the representatives are able to conduct sales calls, in office trainings, media visits, attend sales missions and shows more conveniently and at a reduced cost.

9. Were quotes or proposals solicited? **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):

Global Marketing & Sales Inc  
Imaginadora Marketing De Destinos E Eventos  
PR Latin America Inc  
Smart Strategic Marketing LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3464, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/18/2017 Anticipated re-bid date: 02/01/2021

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	amathies	09/29/2017 13:21:49 PM
Division Approval	amathies	09/29/2017 13:21:54 PM
Department Approval	amathies	09/29/2017 13:21:57 PM
Contract Manager Approval	amathies	09/29/2017 13:22:00 PM
Budget Analyst Approval	lfree1	10/09/2017 15:18:21 PM
BOE Agenda Approval	lfree1	10/09/2017 15:23:17 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: **19303**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>CARSON CITY</b>
Agency Code: <b>180</b>	Contractor Name: <b>CARSON CITY</b>
Appropriation Unit: <b>1386-00</b>	Address: <b>201 N CARSON ST STE 7</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89701-4264</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>ERIC VON SCHIMMELMANN 775/887-2160</b>
	Vendor No.: <b>T81027305</b>
	NV Business ID: <b>Not Applicable</b>

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 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

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 attached Revenue Contract with Carson City IT 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: **06/30/2019**  
Contract term: **1 year and 364 days**

4. Type of contract: **Revenue Contract**  
Contract description: **SilverNet Access**

5. Purpose of contract:

**This is a new revenue interlocal agreement that continues to provide Internet access for Carson City through the SilverNet network.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$52,789.44**  
Other basis for payment: SilverNet Access FY18 \$26,394.72, FY19 \$26,394.72

#### 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 Carson City IT Department for many years, 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	09/27/2017 13:12:06 PM
Division Approval	dbaughn	09/27/2017 13:12:11 PM
Department Approval	dbaughn	10/02/2017 10:05:27 AM
Contract Manager Approval	ascott	10/02/2017 10:09:17 AM
Budget Analyst Approval	cmurph3	10/03/2017 13:55:38 PM
BOE Agenda Approval	cmurph3	10/03/2017 13:57:57 PM
BOE Final Approval	Pending	



**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

September 26, 2017 June 09, 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 Carson City IT 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](mailto: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: **19302**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>NGP BLUE MOUNTAIN I, LLC</b>
Agency Code: <b>180</b>	Contractor Name: <b>NGP BLUE MOUNTAIN I, LLC</b>
Appropriation Unit: <b>1388-00</b>	Address: <b>15250 BLUE MOUNTAIN ROAD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>WINNEMUCCA, NV 89445</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>RICH MORRISON 775/786-4322</b>
	Vendor No.: <b>T29017560A</b>
	NV Business ID: <b>Not Applicable</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2021</b>

What is the source of funds that will be used to 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 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

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 attached Revenue Contract with NGP Blue Mountain I, LLC 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 & DS1**

5. Purpose of contract:

**This is a new revenue contract that continues to provide DS1 circuits and rack space at Winnemucca Mountain in Humboldt County.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,194.92**

Other basis for payment: Rack Rent FY18 \$2,133.16, FY19 \$2,133.16, FY20 \$2,133.16, FY21 \$2,133.16 and Circuit Rent FY18 \$38,409.24, FY19 \$34,417.68, FY20 \$34,417.68, FY21 \$34,417.68

#### 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 NGP Blue Mountain 1, LLC 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 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	dbaughn	09/27/2017 13:14:57 PM
Division Approval	dbaughn	09/27/2017 13:14:59 PM
Department Approval	dbaughn	10/02/2017 10:05:41 AM
Contract Manager Approval	ascott	10/02/2017 10:06:19 AM
Budget Analyst Approval	cmurph3	10/03/2017 13:25:51 PM
BOE Agenda Approval	cmurph3	10/03/2017 13:25:54 PM
BOE Final Approval	Pending	

**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

September 26, 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 NGP Blue Mountain I, LLC 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](mailto: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: **19339**

Agency Name: <b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name: <b>ADL DATA SYSTEMS, INC.</b>
Agency Code: <b>240</b>	Contractor Name: <b>ADL DATA SYSTEMS, INC.</b>
Appropriation Unit: <b>2561-26</b>	Address: <b>9 SKYLINE DRIVE, SUITE 4</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HAWTHORNE, NY 10532</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>David Pollack 914-591-1800</b>
	Vendor No.: <b>PUR0004293</b>
	NV Business ID: <b>NV20081113541</b>

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 %
<b>X</b> Federal Funds	<b>65.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.00 % Private/County</b>

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 11/2017

Retroactive? **Yes**

If "Yes", please explain

**The original contract (CETS 14076) expired prior to the October BOE meeting deadline due to a delay in receiving the agreement to extend from the vendor. Approval of this request will allow the Nevada State Veterans Home to remain compliant with mandated federal reporting requirements.**

3. Termination Date: **01/31/2018**

Contract term: **122 days**

4. Type of contract: **Contract**

Contract description: **Records and Billing**

5. Purpose of contract:

**This is a new contract to continue to provide an electronic medical records software system to meet federal reporting requirements. This contract must run concurrently with the awarded vendor under Request for Proposal 3418 to allow the new vendor the needed time to implement the new electronic health records system without interruption of services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$54,499.98**

Payment for services will be made at the rate of \$9,083.33 per month

Other basis for payment: Payable upon submission of invoice and approval of NDVS

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada State Veterans Home must comply with federal requirements for certified electronic medical records as they relate to the American Recovery and Reinvestment Act of 2009, which must be implemented by January of 2014.

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

There are no State employees in the agency that have the technical ability to perform this function.

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):

ADL Datat Systems  
Diya IT Solutions  
Libera, Inc

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

**Approval #: unknown**

**Approval Date: 11/02/2017**

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

ADL Data Systems, Inc. provided the best solution to the State at the best price.

d. Last bid date: 07/25/2012 Anticipated re-bid date: 01/01/2021

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:

Vendor was the provider of these services to NDVS from 2012 - 9/30/2017 and 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:

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	agarland	10/06/2017 10:38:14 AM
Division Approval	agarland	10/06/2017 10:38:17 AM
Department Approval	agarland	10/06/2017 10:38:20 AM
Contract Manager Approval	agarland	10/06/2017 10:38:25 AM
EITS Approval	lolso3	10/09/2017 16:29:14 PM
Budget Analyst Approval	dreynd2	10/12/2017 13:14:13 PM
BOE Agenda Approval	nhovden	10/13/2017 16:31:09 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL  
Governor



Nevada State Veterans Home  
100 Veterans Memorial Drive  
Boulder City, Nevada 89005  
(702) 332-6784 • Fax (702) 332-6762

Department of Veterans Services  
6900 N. Pecos Road, Room 1C237  
North Las Vegas, Nevada 89086  
(702) 224-6025 • Fax (702) 224-6927

STATE OF NEVADA

**NEVADA DEPARTMENT OF VETERANS SERVICES**

6880 S. McCarran Blvd, Bldg A Suite 12  
Reno, Nevada 89509  
(775) 688-1653 • Fax (775) 688-1656

Northern Nevada  
Veterans Memorial Cemetery  
P.O. Box 1919  
Fernley, Nevada 89408  
(775) 575-4441 • Fax (775) 575-5713

Southern Nevada  
Veterans Memorial Cemetery  
1900 Veterans Memorial Drive  
Boulder City, Nevada 89005  
(702) 486-5920 • Fax (702) 486-5923

**MEMORANDUM**

**TO:** Debi Reynolds, Budget Division

**FROM:** Joseph Theile, Management Analyst II

**DATE:** October 4, 2017

**SUBJECT:** Request for Retroactive Approval – ADL Data Systems, Inc. (CETS 19339)

---

The Department of Veterans Services respectfully requests this contract be made retroactive to 10/1/2017. The original contract (CETS 14076) expired prior to the October BOE meeting deadline due to a delay in receiving the agreement to extend from the vendor. Approval of this request will allow the Nevada State Veterans Home to remain compliant with mandated federal reporting requirements. Also attached is the Contract Extension Justification and Request Form, approval number 202 from State Purchasing.

Thank you for your time and courtesy with this request and should you have any questions or comments, please do not hesitate to let me know.

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*

<b>Purchasing Use Only:</b>	
<b>Approval#:</b>	

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	<b>State Agency:</b>	<i>Nevada Department of Veterans Services</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Joseph Theile</i>	<i>775-825-9752</i>	<i>theilej@veterans.nv.gov</i>

<b>Vendor Information: ADL DATA SYSTEMS, INC.</b>		
<b>1b</b>	<b>Identify Vendor:</b>	<i>PUR0004293</i>
	<b>Contact Name:</b>	<i>David Pollock</i>
	<b>Address:</b>	<i>9 Skyline Drive Hawthorne, NY 10532</i>
	<b>Telephone Number:</b>	<i>914-591-1800</i>
	<b>Email Address:</b>	<i>david@adldata.com; olindam@adldata.com</i>

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

<b>Contract Information:</b>			
<b>1d</b>	<b>Is this a new Contract?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	<b>Amendment:</b>	#	
	<b>CETS:</b>	#19339	

<b>1e</b>	<b>Term:</b>			
	<b>One (1) Time Purchase:</b>	<input type="checkbox"/>		
	<b>Contract:</b>	<b>Start Date:</b>	<i>10/01/2017</i>	<b>End Date:</b>

<b>1f</b>	<b>Funding:</b>	
	<b>State Appropriated:</b>	
	<b>Federal Funds:</b>	<i>65%</i>
	<b>Grant Funds:</b>	
	<b>Other (Explain):</b>	<i>35% Private/County</i>

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	<i>\$54,499.98</i>



2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>The vendor will continue to provide an electronic medical records software system to meet federal reporting requirements.</i>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<i>The vendor has been the E-Health Record service provider for the Agency and the Agency must overlap service with the two vendors to allow the new vendor the needed time to implement the electronic health records system without interruption of services.</i>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>The service was competitively solicited and a new vendor was awarded under RFP 3418; however, the Agency must overlap service with the two vendors to allow the new vendor the needed time to implement the electronic health records system without interruption of services.</i>

5	<b>Were alternative services or commodities evaluated? Check One.</b> Yes: <input checked="" type="checkbox"/> No: <input 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>An extensive RFP 3418 was issued through the State Purchasing Office and a vendor was selected in full compliance with State contracting rules and regulations.</i>
	b. <i>If not, why were alternatives not evaluated?</i>

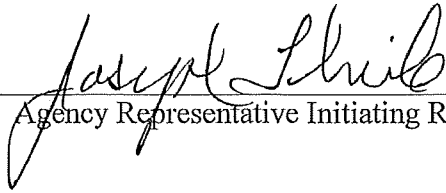
6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</b>			Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	
	a. <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>03/12/2013</i>	<i>9/30/2017</i>	<i>\$316,500</i>	<i>Electronic Health Records provider</i>	<i>RFP</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>The Nevada State Veterans Home would no longer be in compliance with mandated federal reporting requirements that require the use of an Electronic Health Records System.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>The service was competitively solicited and a new vendor was awarded under RFP 3418; however, the Agency must overlap service with the two vendors to allow the new vendor the needed time to implement the electronic health records system without interruption of services. The pricing is consistent with amount charged by vendor during previous contract</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.</i>				

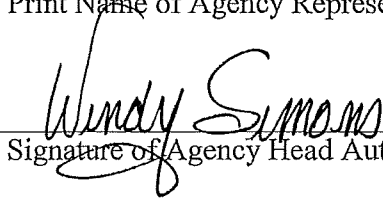
By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.



Agency Representative Initiating Request

Joseph Theile, Grants and Contracts Manager  
Print Name of Agency Representative Initiating Request

11/02/2017  
Date



Signature of Agency Head Authorizing Request

Wendy Simons, Deputy Director of Health and Wellness  
Print Name of Agency Head Authorizing Request

11/02/2017  
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

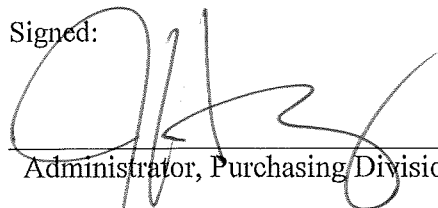
Print Name of Representative Providing Review

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

11-2-2017  
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: **19313**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b> Agency Code: <b>300</b> Appropriation Unit: <b>2697-45</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: Regents of the University of California DBA UCSC Silicon Valley Contractor Name: <b>Regents of the University of California DBA UCSC Silicon Valley</b> Address: <b>UCSC Silicon Valley Campus 3175 Bowers Ave. Santa Clara, CA 95054</b> City/State/Zip: <b>Santa Clara, CA 95054</b> Contact/Phone: Lynda M. Rogers, Ed.D. 408-450-4970 Vendor No.: T29018953 NV Business ID: Gov't 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 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	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 **11/14/2017**  
 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 228 days**

4. Type of contract: **Interlocal Agreement**  
 Contract description: **SBAC Membership**

5. Purpose of contract:

**This is a new contract to provide the Complete Assessment System. The Smarter Balanced complete assessment package includes summative, interim and formative assessments in English Language Arts and Mathematics for grades 3rd through 8th.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$9,164,376.40**  
 Other basis for payment: \$2,291,094.10 each fiscal year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

In 2010 Nevada joined the Smarter Balanced Assessment Consortium (SBAC), a state led consortium working to develop assessments in line with the new standards. Nevada has worked with SBAC to develop new standards since 2010. This contract is necessary in order to obtain access to the Assessments that Nevada participated in developing as a Governing State within the consortium.

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

State employees do not have access to the Assessments provided under this agreement. The Nevada Department of Education does not have the resources or expertise necessary to develop the computer adaptive assessment model.

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?

In accordance with NRS 277.180 the agency has contracted with the Regents of the University of California, UCSC Silicon Valley Campus.

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 Education #16204 from 12/9/2014-7/1/2017 - work 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 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:

Peter Zutz, ADAM Administrator Ph: 775-687-9166

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccalla	09/28/2017 11:54:07 AM
Division Approval	amccalla	09/28/2017 11:54:11 AM
Department Approval	amccalla	09/28/2017 11:54:15 AM
Contract Manager Approval	ablackwe	09/28/2017 12:08:28 PM
Budget Analyst Approval	knielsen	10/20/2017 12:21:29 PM
BOE Agenda Approval	sbrown	10/20/2017 15:18:43 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: <b>17198</b>	Amendment Number: <b>4</b>	
	Legal Entity Name: <b>21st Century Student Support Services</b>	
Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Contractor Name: <b>21st Century Student Support Services</b>	
Agency Code: <b>300</b>	Address: <b>4829 Eaglewood Court</b>	
Appropriation Unit: <b>2712-64</b>	City/State/Zip: <b>Reno, NV 89502</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>Vicki Bolton 775-771-3168</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>T29017537</b>	
	NV Business ID: <b>NV20081291076</b>	

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2015**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **11/30/2017**

Termination Date:

Contract term: **4 years and 61 days**

4. Type of contract: **Contract**

Contract description: **System Support**

5. Purpose of contract:

**This is the fourth amendment to the original contract which continues ongoing technical assistance, training and data reviews to local school districts and community-based organizations that receive funding under the 21st Century Community Learning Center program for the purpose of collecting data under federal funding regulations. This amendment extends the termination date from November 30, 2017 to November 30, 2019, and increases the maximum amount from \$200,000 to \$435,460 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:	\$40,047.00	\$40,047.00	\$40,047.00	Yes - Info
a. Amendment 1:	\$42,223.00	\$42,223.00	\$82,270.00	Yes - Action
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$117,730.00	\$117,730.00	\$117,730.00	Yes - Action
2. Amount of current amendment (#4):	\$235,460.00	\$235,460.00	\$235,460.00	Yes - Action
3. New maximum contract amount:	\$435,460.00			
and/or the termination date of the original contract has changed to:	11/30/2019			

## II. JUSTIFICATION

7. What conditions require that this work be done?

The federal funding for 21st Century programs (Title IV, Part B) requires the state to submit detailed information (utilization rates, goals, objectives, participation, etc.) related to services provided by the programs funded by the state. In order to have the data accurate, it is necessary to provide technical assistance and training to the programs on an ongoing basis.

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

The Cayen System is the data collection process Nevada uses to obtain the information required by the United States Department of Education to evaluate the effectiveness of the 21st Century programs. The input of data into the Cayen System requires detailed knowledge of that system which neither NDE nor any other state agency possess.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Solicitation Waiver #160802D was approved 10/6/2017. This vendor was the only applicant. Additionally, the vendor has experience in providing technical assistance and training to the programs.

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:

Nevada Department of Education 8/14/2012 through 9/30/2015 and current contract #17198. The quality of services provided 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:

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	09/28/2017 09:48:50 AM
Division Approval	amccalla	09/28/2017 09:48:59 AM
Department Approval	amccalla	09/28/2017 09:49:03 AM
Contract Manager Approval	ablackwe	10/12/2017 10:01:40 AM
Budget Analyst Approval	knielsen	10/12/2017 10:06:23 AM
BOE Agenda Approval	sbrown	10/18/2017 14:29:41 PM





<b>Purchasing Use Only:</b>	
Approval#:	160802 D

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency:	Department of Education	
	Contact Name and Title	Phone Number	Email Address
	TeQuia Barrett	702-486-7953	tbarrett@doe.nv.gov

<b>Vendor Information:</b>	
Identify Vendor:	21 <sup>st</sup> Century Student Support Services
Contact Name:	Vicki Bolton
Address:	4829 Eaglewood Ct., Reno, NV 89502
Telephone Number:	775-771-3168
Email Address:	vbolton@21stcss.com

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	
	Professional Service Exemption:	XX

<b>Contract Information:</b>			
<b>1d</b>	Is this a new Contract?	Yes	No
	Amendment:	#4	XX
	CETS:	#17198	

<b>1e</b>	<b>Term:</b>				
	One (1) Time Purchase:				
	Contract:	Start Date:	12/1/17	End Date:	11/30/19

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	XX
	Grant Funds:	
	Other (Explain):	

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	\$235,460.00

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>The contract provides technical assistance, training and Cayen data reviews to local school districts and community-based organizations that receive funding under NDE's 21<sup>st</sup> Century Community Learning Center program for the purpose of collecting data as required under federal funding regulations for the year. 21<sup>st</sup> Century Student Support Services has provided the manuals, training and review of the Cayen data systems for the past 9 years for Nevada programs.</i>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<i>The Federal funding for 21<sup>st</sup> Century programs (Title IV Part B) requires that the state submits detailed information (utilization rates, goals, objectives participation, data, etc.) related to services provided by programs funded by the state. In order to obtain accurate data, it is necessary to provide technical assistance and training to the sub-grantees on an ongoing basis. The Nevada Department of Education has worked with the 21<sup>st</sup> Century Student Support Services to provide this training annually to schools and agencies that receive 21<sup>st</sup> Century grant funds from the state. The training has been customized with the assistance of NDE staff to ensure its alignment with the state and federal guidelines, student academic needs and performance outcomes annually.</i>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>Since 2007 and in collaboration with the department, the 21<sup>st</sup> Century Student Support Services team has provided this training annually to schools and agencies that receive 21<sup>st</sup> Century grant funds from the state. The training has been customized to ensure alignment with the state and federal guidelines for programs and student academic needs and performance outcomes. NDE is still in the process of exploring the use of a current statewide database system (Infinite Campus) to include the collection of the data for the 21<sup>st</sup> Century programs. However, this will require detailed testing of the systems capabilities and compatibilities with the new Federal APR system, which is anticipated to begin during the 2017 -2018 school year and did not occur as previously planned in 2016-2017. The process may take up to two years to complete.</i>

5	<b>Were alternative services or commodities evaluated? Check One.</b>	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>21<sup>st</sup> Century Student Support Services has provided the manuals, training and review of the Cayen data systems for the past 9 years for Nevada programs. The services are critical to the department providing technical assistance and training to programs in order to meeting federal requirements and guidelines in alignment with the new federal reporting system. NDE is in the process of exploring the use of a current state database system (Infinite Campus) to include the collection of the data for the 21<sup>st</sup> Century programs. However, this will require detailed testing of the systems capabilities and compatibilities with the new Federal APR system, which is anticipated to begin during the 2016 -2017 school year.</i>			

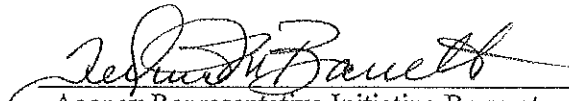
6	Has the agency purchased this service or commodity in the past? Check One. <i>Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers must accompany this request.</i>			Yes:	X	No:	
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP, RFQ, Waiver)		
	10/1/16	11/30/17	\$200,000.00	Continue services for annual technical assistance, training and monitoring of afterschool programs.	RFP- last year of previously approved RFP		
	10/1/15	9/30/16	\$82,270.00	Annual technical assistance, training and monitoring of afterschool programs.	RFP		
			\$				
			\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>Denial of the waiver request may result in a federal non-compliance designation for the state and cause the federal funding to be placed on hold and/or terminated for Nevada's 21<sup>st</sup> Century Community Learning Center program.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>The prior RFP was issued in 2012 with only response was received. There were no additional responses to provide services.</i>

9	Will this purchase obligate the State to this vendor for future purchases? Check One.	Yes:	XX	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	<i>All future purchases will be based on the state and federal program requirements and/or changes to the data collection process. Currently NDE is exploring additional internal process to streamline the data collection process and technical assistance, as well as requesting additional internal staff during the upcoming legislation in order to increase the state's capacity in providing these services to programs.</i>				

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

  
Agency Representative Initiating Request

TeQuia Barrett  
Print Name of Agency Representative Initiating Request

8-25-17  
Date

  
Signature of Agency Head Authorizing Request

Brett Barley  
Print Name of Agency Head Authorizing Request

8.28.17  
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

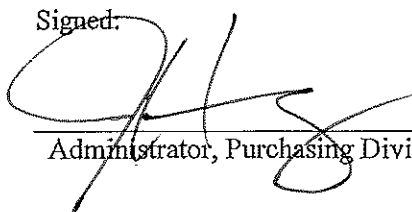
Print Name of Representative Providing Review

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

10-6-2017  
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: <b>13995</b>	Amendment Number: <b>6</b>	
Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>TRANSACT COMMUNICATIONS, LLC DBA CAYEN SYSTEM, LLC</b>	Contractor Name: <b>TRANSACT COMMUNICATIONS, LLC DBA CAYEN SYSTEM, LLC</b>
Agency Code: <b>300</b>	Address: <b>7100 W Center St</b>	
Appropriation Unit: <b>2712-64</b>	City/State/Zip: <b>Milwaukee, WI 53210-1123</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>Joe Cayen 414-257-9400</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>T29032006</b>	
	NV Business ID: <b>NV20171337464</b>	

To what State Fiscal Year(s) will the contract be charged? **2013-2020**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	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 **03/12/2013**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **11/30/2017**

Termination Date:  
Contract term: **6 years and 264 days**

4. Type of contract: **Contract**  
Contract description: **Federal Reports/Eval**

5. Purpose of contract:

**This is the sixth amendment to the original contract which provides annual maintenance and support of the Cayen After School 21 statewide system and up to 60 sites in support of the Nevada 21st Century Community Learning Centers Program. This amendment extends the termination date from November 30, 2017 to November 30, 2019 and increases the maximum amount from \$133,198 to \$190,842 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:	\$48,680.00	\$48,680.00	\$48,680.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$48,680.00	No
b. Amendment 2:	\$0.00	\$0.00	\$48,680.00	No
c. Amendment 3:	\$27,140.00	\$27,140.00	\$75,820.00	Yes - Action
d. Amendment 4:	\$26,259.00	\$26,259.00	\$26,259.00	Yes - Info
e. Amendment 5:	\$31,119.00	\$31,119.00	\$57,378.00	Yes - Action
2. Amount of current amendment (#6):	\$57,644.00	\$57,644.00	\$57,644.00	Yes - Action
3. New maximum contract amount:	\$190,842.00			

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

11/30/2019

## II. JUSTIFICATION

7. What conditions require that this work be done?

The United States Department of Education (USDOE) Requires certain data be provided as part of the 21st Annual Performance Report (PPICs) in a specific format, Cayan AS21 masses the information from the 60 programs in order to meet the various requirements and then uploads this information into Federal data contractor, AIR.

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

Due to the small staff size assigned to work with Elementary and secondary Education, the consultants who handle the programs included in this contract, also handle a minimum of three other programs as well. Due to the workload assigned to NDE staff, there is not enough time to complete these assignments, and no other state agency has the required background knowledge and/or expertise.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Per State Purchasing Administrator Jeff Haag, a solicitation waiver is not required for ongoing licensing, maintenance and/or support for a system already purchased/installed and in use by the state. A copy of this email is attached to the contract amendment.

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	amccalla	09/28/2017 09:57:45 AM
Division Approval	amccalla	09/28/2017 09:57:49 AM
Department Approval	amccalla	09/28/2017 09:57:54 AM
Contract Manager Approval	ablackwe	10/10/2017 08:46:05 AM
Budget Analyst Approval	knielsen	10/12/2017 10:09:57 AM
BOE Agenda Approval	sbrown	10/18/2017 14:27:12 PM



<b>Purchasing Use Only:</b>	
Approval #:	207

## CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

<b>1</b>	<b>Agency Contact Information -- Note: Copy(s) will be sent to only the contact(s) listed below:</b>			
	State Agency:	Department of Education		
	Contact Name(s) and Titles:	TeQuia Barrett		
	Telephone Number(s):	702-486-7953		
	Email Address(s):	tbarrett@doe.nv.gov		

<b>2</b>	<b>Contractor Information:</b>			
	Contractor:	Cayen Systems, LLC		
	Contact Name:	Joe Cayen		
	Address:	7100 W. Center Street		
	Phone Number:	414-257-9400		
	Email Address:	joe@cayen.net		

<b>3</b>	<b>Ongoing relationship disclosure -- List all previous contract information:</b>				
	Procurement method:	Waiver			
	CETS #:	13995			
	Contract "not to exceed amount":	\$			
	Contract term:	Start date:	03/12/2013	End date:	11/30/2017
		mm/dd/yy		mm/dd/yy	
	CETS #:				
Contract "not to exceed amount":					
	Start date:		End date:		
	mm/dd/yy		mm/dd/yy		

<b>4</b>	<b>Procurement method used to award the current contract:</b>	
	RFP, solicitation # if applicable:	
	Quote, solicitation # if applicable:	
	Waiver, provide number:	121207
	Other:	

<b>5</b>	<b>Current contract information:</b>			
	CETS #:13995			
	Initial contract "not to exceed amount":	\$48,680.00		
	Contract term:	Start date:	3/12/2013	End date:
	mm/dd/yy		mm/dd/yy	



<b>Amendment information – List all previously approved amendments:</b>				
<b>Amd #:</b>	<b>Brief synopsis of what amendment accomplished:</b>	<b>Change in “not to exceed” amount:</b>	<b>Change in end date: mm/dd/yy</b>	
<b>6</b>	<i>1</i>	<i>No Cost Extension</i>	<i>\$0</i>	<i>10/30/2014</i>
	<i>2</i>	<i>No Cost Extension</i>	<i>\$0</i>	<i>10/30/2014</i>
	<i>3</i>	<i>Increases the amount of the contract and total number of sites to provide 21<sup>st</sup> Century data collection services for DOE reporting of the entire school year.</i>	<i>Adds \$ for a total amount of \$75,820.00</i>	<i>11/30/2015</i>
	<i>4</i>	<i>Extend contract for one year and increase dollar amount to provide continued services, including the addition of online electronic teacher survey and updates to align with new federal system , for data collection and reporting of the federal APR requirements.</i>	<i>Adds \$26,259.00 for a total amount of \$102,079.00</i>	<i>11/30/2015</i>
	<i>5</i>	<i>Extend contract for one year and increase dollar amount to provide continued services, including the addition of online electronic teacher survey and updates to align with new federal system , for data collection and reporting of the federal APR requirements.</i>	<i>Adds \$31,119.00 for a total amount of \$133,198.00</i>	<i>11/30/2017</i>

<b>Proposed amendment information:</b>				
<b>Amd #:</b>	<b>Brief synopsis of what the requested amendment will accomplish</b>	<b>Change in “not to exceed” amount:</b>	<b>Change in end date: mm/dd/yy</b>	
<b>7</b>	<i>6</i>	<i>Continue services for up to 2 years due to the delay in reviewing and transitioning to a statewide data collection system with Infinite Campus. Additional time is necessary for adequate time to review/customize the required data points, testing and conducting of a pilot phase prior to rollout of a full implementation. The amendment also allows the state to increase number of school sites served due to the receipt of additional federal grant funds to allocate for the fiscal year.</i>	<i>\$190,839.00</i>	<i>11/30/2019</i>

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

The United States Department of Education requires submission of certain data as part of the annual report for 21<sup>st</sup> Century Community Learning Center programs. Cayen has collected and housed this data each year, in the required format for Nevada's programs, in order to meet this requirement and submit the data for the federal report. NDE is requesting to extend the services for one year to continue collecting the data in the current format for federal reporting. During this time, NDE will explore the use of other statewide data collection systems, such as Infinite Campus, to verify the alignment with/to the new federal APR system and for consolidated use in the future, if applicable.

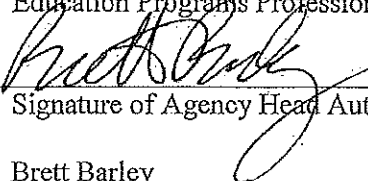
9 **What are the potential consequences to the State if the contract extension request is denied?**  
The Nevada Department of Education will fail to collect the required data in a manner consistent to the federal program guidelines for the 21<sup>st</sup> Century programs. All school staff working in programs will require additional technical assistance and training to manually collect the program data in accordance to meeting state and federal requirements of receive the grant funds. This will immediately increase the need for additional internal staff.

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

TeQuia Barrett  
Education Programs Professional

8-25-17  
Date

  
\_\_\_\_\_  
Signature of Agency Head Authorizing Request

Brett Barley  
Deputy Superintendent of Student Achievement

8.28.17  
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

10-6-2017  
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: **19297**

Agency Name: <b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b> Agency Code: <b>332</b> Appropriation Unit: <b>2891-12</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>FUTTERMAN AND ASSOCIATES, INC. DBA CIVICTECHOLOGIES</b> Contractor Name: <b>FUTTERMAN AND ASSOCIATES, INC. DBA CIVICTECHOLOGIES</b> Address: <b>DBA CIVICTECHOLOGIES 17700 KAREN DR ENCINO, CA 91316-3707</b> City/State/Zip: <b>ENCINO, CA 91316-3707</b> Contact/Phone: <b>MARC FUTTERMAN 818/881-2400</b> Vendor No.: <b>T27032419</b> NV Business ID: <b>NV20131221976</b>
---	--

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 2578753

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

**A contract amendment to the existing contract (CETS #14205) was delayed due to NSLAPR's uncertainty that the contractor would complete the original scope by the end of the contract on 6/30/17. After NSLAPR consulted with the AG Office & ASD, additional time to complete project was approved. By the time the existing contract scope was completed, the contract already expired. Thus, a new contract for maint & support is being requested effective July 1, 2017, to ensure no gap in services.**

3. Termination Date: **06/30/2019**

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

4. Type of contract: **Contract**

Contract description: **Maintenance & Support**

5. Purpose of contract:

**This is a new contract to provide ongoing hosting, support, training and information services to library director inquiries regarding Community Connect / Nevada State Data Initiative.**

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$60,000.00 per year

Other basis for payment: A fixed rate of \$60,000 to be invoiced annually on June 1, with payment due in full within 30 days of each invoice date.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The information provided will give the State Library and Archives a tool to carry out its responsibilities identified in NRS 378.081 which will not only benefit the library community, but also to agencies of the state, political subdivisions, planning groups and other agencies and organizations in planning and providing service to the citizens of Nevada at the local and statewide levels.

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 nor the software to do this kind of 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: **Sole Source Contract (As Approved by Chief of Purchasing)**  
**Approval #: 17105**  
**Approval Date: 10/06/2017**

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:

Jeff Kintop, Administrator Ph: 775-684-3410

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	10/09/2017 16:03:15 PM
Division Approval	amarangi	10/09/2017 16:03:18 PM
Department Approval	amarangi	10/09/2017 16:03:20 PM
Contract Manager Approval	amarangi	10/09/2017 16:03:23 PM
Budget Analyst Approval	hfield	10/18/2017 10:06:15 AM
BOE Agenda Approval	cmurph3	10/19/2017 12:06:38 PM
BOE Final Approval	Pending	



Brian Sandoval  
Governor



Patrick Cates  
Director

Jeffrey M. Kintop  
Division Administrator

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Nevada State Library, Archives and Public Records*  
100 N. Stewart Street | Carson City, NV 89701  
Phone: (775) 684-3313 | TDD: (775) 687-8338 | Fax: (775) 684-3311

Memorandum

Date: September 5, 2017

To: Board of Examiners

From: Jeffrey M. Kintop, Administrator  
Nevada State Library, Archives & Public Records

RE: Contract with Futterman/Civic Technologies

I am seeking a **new** contract with Futterman/CIVICTechnologies, with a retro start date of July to ensure no gap in services since the prior contract expired 6/30/17, and we cannot amend an already expired contract. The request for a contract renewal was delayed because we were not certain the contractor would complete the scope of the contract services by the end of the contract. After consulting with the Attorney General's Office and ASD's contract manager, we gave him time to complete the project and agreed to pay the remainder of the contract. The work was completed too late to make the BOE deadline for the September meeting. Subsequently, the deadline for the September BOE was 8/8/17, and with the \$120K request being submitted on 8/4/17, there was not enough time to get this on the September BOE.

In 2013, the contractor created a website for 41 libraries in the state of Nevada to use population and library use statistics for planning for library collections and programs. NSLAPR pays for the service with Federal funding from the Institute of Museums and Library Services. The contract was renewed to add statewide reading level data from the Department of Education, expand the reporting capability and provide training documentation and webinars. The contractor has been maintaining site since the completion of the contracted work and the library directors want us to continue funding this statistical resource under our Public Library Statistics Grant.

Please let me know if you have any questions.



<b>Purchasing Use Only:</b>	
Approval#:	171005

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency:	Nevada State Library, Archives and Public Records	
	Contact Name and Title	Phone Number	Email Address
	Jeffrey Kintop, Division Administrator	775-684-3410	jkintop@admin.nv.gov
	Tammy Westergard, Assistant Administrator	775-684-3324	twestergard@admin.nv.gov
	Alexa Marangi, Management Analyst I	775-684-0243	aemarangi@admin.nv.gov

0241

<b>Vendor Information:</b>	
Identify Vendor:	Futterman and Associates dba CIVICTechnologies
Contact Name:	Marc Futterman
Address:	17700 Karen Drive, Encino, CA 91316-3707
Telephone Number:	818-881-2400; Toll Free: 888-606-7600
Email Address:	support@civicttechnologies.com

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

<b>Contract Information:</b>			
Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No
CETS:			

<b>1e Term:</b>			
One (1) Time Purchase:	<input type="checkbox"/>		
Contract:	Start Date:	07/01/2017	End Date: 06/30/2019

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

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	\$120,000

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

2 CIVICTechnologies, Inc. will geocode existing library cardholders and provide maps of current library user and non-user populations for all public library jurisdictions in the state, using their CommunityConnect software. They will utilize market segmentation databases, as well as local Nevada integrated library application system databases to map market segments in the local library member service areas. They, along with local library personnel will identify the issues of highest interest and concern for further data gathering and analysis. Local library staff members will be trained on how to utilize available tools and data to determine who and who they are not serving, and the library service needs of Nevada residents. With improved user data and current information on interests and behaviors of residents in the library service area, staff of each of Nevada's local library jurisdictions will be able to more effectively use their funding to tailor collection development, programs, and communications for and with the citizens of Nevada. This project will cover 21 public library service areas (population totaling 1,224,209) in the 17 counties in Nevada with the exception of Las Vegas Clark County Library District which has already implemented the project for their service area in Clark County. The original contract, including Amendment #1 expired before an Amendment #2 could be processed. However, this new request (would have been Amendment #2 to the original contract) will continue the work to build upon the existing CommunityConnect software investment by maintaining, supporting, training, and responding to NSLAPR/local library director inquiries.

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

3 This purchase provides a unique opportunity to identify un-served or underserved populations within the state and to provide libraries the information they need to improve customer service among library users. Libraries will be able to tailor their services to match detailed information about customer preferences. CommunityConnect is a software-as-a-service application that uses data and maps to specifically find new customers, increase services, target literacy resources, compare service areas, undertake market research, and understand market segment preferences and characteristics. CommunityConnect combines (1) national market segmentation data (Tapestry by Esri) and (2) demographic data with (3) geographic information systems (GIS) mapping technology and (4) integrated library system (ILS) data to assist library staff understand patrons, neighborhoods and service areas, and community conditions that impact library service strategies related to collections, programs, technology, facilities, marketing, and outreach. CommunityConnect integrates all sources into one seamless analysis producing products that all users are able to immediately utilize. The contractor has been maintaining the site since the completion of the original contract and the library directors want NSLAPR to continue funding this statistical resource under the Public Library Statistics Grant.

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

4 In order to have a complete picture for the entire state, it is imperative that information obtained is in the same format and content element as the Las Vegas Clark County Library District information. The information provided will give the State Library and Archives a tool to carry out its responsibilities identified in NRS 378.081 which will not only be of benefit to the library community, but also to agencies of the State, political subdivisions, planning groups and other agencies and organizations in planning and providing service to the citizens of Nevada at the local and statewide levels.

5	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	<input checked="" type="checkbox"/>	No:	<input 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>				
The closest types of service to CommunityConnect are consulting services, not a software-as-service application. Two contacts were made with library systems currently implementing the product including the King County Library System in Issaquah, Washington, and the Denver Public Library. In a conversation with Bill Ptacek, Director of the King County Library System, they found that they were only					



able to gather independent clusters of data from the county demographer, the Census Bureau, and their local library system. Based on the research by both the King County Library System and the Denver Public Library, analyzing and mapping these independent clusters of information would require additional consulting services. They found only one other system, Orange Boy, which does not provide the unique analysis feature of CommunityConnect. The CommunityConnect product pulls all the data from multiple sources (national market segmentation data (Tapestry by Esri), demographic data including Census, geographic information systems (GIS) mapping technology and ILS data) and the software does the analysis, not additional library staff members or consultants. The software documents and compares all changes in the data. The CommunityConnect product allowed all 1,200 King County Library staff to run their own reports without dependence on outside consultants. Market segmentation data is expensive and was not easily available for the libraries. It is about consumer behavior, not demographics. It is one of the most fundamental strategic marketing concepts: grouping people (with the willingness, purchasing power, and the authority to buy) according to their similarity in several dimensions related to a product under consideration. The better the segments chosen for targeting by a particular organization, the more successful the organization. The objectives are accurately predicting the needs of customers and improve the profitability and delivery of services, in this case library services. A conversation with Shirley Amore, City Librarian, Denver Public Library, reiterated the uniqueness of the CommunityConnect product in utilizing market segmentation data which they would otherwise have to be purchased separately and it would not be tied to their integrated library system and its patron circulation data.

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

6	<b>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.</b>			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>		
	05/31/17	06/30/17	229,680	Market research	Waiver #130101A		
05/14/13	05/31/17	\$215,750	Market research	Waiver #130101			

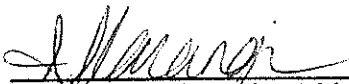
7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	If this waiver request is denied, there will not be an accurate, uniform picture of all the local library jurisdictions throughout the State of Nevada. If this waiver for the new contract (would be Amendment #2 to the original contract if contract did not expire) is denied, the maintenance, support, training and responses from vendor regarding inquiries from NSLAPR/local library directors will not be available.

8	<b>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?</b>
	The same level of analysis provided by the CommunityConnect product would require the use of separate individual consulting and product services to develop and/or take data from (1) the US Census Bureau, (2) local statisticians and demographers, (3) the state demographer, (4) GIS systems, (5) local library information systems, as well as (6) the purchase of separate business database information about market segmentation. Analyzing these disparate resources using multiple products and generating an easily accessible service usable by all library

staff in all public library jurisdictions in the state would incur an additional layered-on cost to the cost of the individual products and services. CommunityConnect combines all resources and services in one product.

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

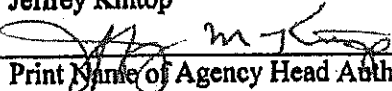
By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

  
 Agency Representative Initiating Request

Alexa Marangi  
 Print Name of Agency Representative Initiating Request

9/19/17  
 Date

Signature of Agency Head Authorizing Request

Jeffrey Kintop  
  
 Print Name of Agency Head Authorizing Request

9/19/17  
 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

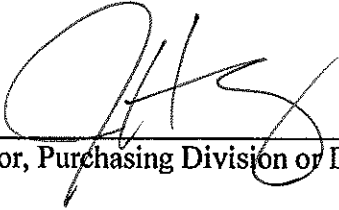
Print Name of Representative Providing Review

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:



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Administrator, Purchasing Division or Designee

10-6-2017  
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: **17672** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Board of Regents NSHE OBO University of Nevada School of Medicine**

Agency Code: **403** Contractor Name: **Board of Regents NSHE OBO University of Nevada School of Medicine**

Appropriation Unit: **3157-00** Address: **Pennington Medical Education Bldg. 332**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89557**

If "No" please explain: **Not Applicable** Contact/Phone: **775-784-6001**

Vendor No.:

NV Business ID: **Governmental Entity**

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**

Anticipated BOE meeting date **09/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **6 years**

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

Contract description: **UNSOM**

5. Purpose of contract:

**This is the first amendment to the original revenue interlocal agreement which 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. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$4,500,000 to \$6,980,854 due to a change in payment methodology.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$4,500,000.00	\$4,500,000.00	\$4,500,000.00	Yes - Action
2. Amount of current amendment (#1):	\$2,480,854.00	\$2,480,854.00	\$2,480,854.00	Yes - Action
3. New maximum contract amount:	\$6,980,854.00			
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?

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?

**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 in contract 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 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	mlewi7	07/21/2017 10:53:03 AM
Division Approval	mlewi7	07/21/2017 10:53:06 AM
Department Approval	jkolenut	09/27/2017 10:04:31 AM
Contract Manager Approval	cmoriart	09/29/2017 08:47:30 AM
Budget Analyst Approval	drey nol2	10/03/2017 12:05:08 PM
BOE Agenda Approval	nhovden	10/03/2017 13:57:17 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: **19399**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Department of Health and - Aging and Disability Services Division
Agency Code:	<b>403</b>	Contractor Name:	<b>Department of Health and - Aging and Disability Services Division</b>
Appropriation Unit:	<b>3158-11</b>	Address:	<b>3416 Goni Rd STE D-132</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Carson City, NV 89706</b>
If "No" please explain:	Not Applicable	Contact/Phone:	7756874210
		Vendor No.:	
		NV Business ID:	Governmental Entity

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

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 11/2017

Retroactive? **Yes**

If "Yes", please explain

**This interlocal agreement requires a retroactive start date to ensure that TCM services are reimbursed for the allowed period of time.**

3. Termination Date: **06/30/2021**

Contract term: **4 years and 180 days**

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

Contract description: **TCM**

5. Purpose of contract:

**This is a new interlocal agreement to provide targeted case management services 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: **\$215,681.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Targeted Case Management Services are provided per the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.

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

State employees are providing 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?

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 of Health Care Financing and Policy has contracted with the Aging and Disability Services Division and 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsisc1	10/18/2017 11:27:51 AM
Division Approval	ecreceli	10/19/2017 09:23:19 AM
Department Approval	valpers	10/19/2017 09:27:09 AM
Contract Manager Approval	cmoriart	10/19/2017 13:08:21 PM
Budget Analyst Approval	bwooldri	10/20/2017 15:17:59 PM
BOE Agenda Approval	nhovden	10/20/2017 15:33:32 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:** October 20, 2017  
**TO:** Bessie Wooldridge, Executive Branch Budget Officer 1  
**FROM:** Jason Kolenut, Administrative Services Officer, DHCFP  
**RE:** Aging and Disability Services

---

This memorandum requests that the above subject contract be approved for a retroactive start date effective January 1, 2017. This contract is a result of recent collaboration between the Agencies identifying Medicaid reimbursable services back to January 1, 2017 as allowed in the State of Nevada Medicaid State Plan and the Nevada Medicaid Services Manual.



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>18138</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Carson City OBO Carson City Fire Department</b>
Agency Code: <b>403</b>	Contractor Name: <b>Carson City OBO Carson City Fire Department</b>
Appropriation Unit: <b>3243-24</b>	Address: <b>777 South Stewart Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89701</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-283-7209</b>
	Vendor No.:
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2016-2018</b>

What is the source of funds that will be used to 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 %
<b>X</b> Federal Funds	<b>64.70 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.30 % County</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2015**  
 Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved 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 the first amendment to the original interlocal agreement which provides Certified Public Expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. This amendment increases the maximum amount from \$1,501,544 to \$5,100,397 due to the increased need for these services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,501,544.00	\$1,501,544.00	\$1,501,544.00	Exception
2. Amount of current amendment (#1):	\$3,598,853.00	\$5,100,397.00	\$5,100,397.00	Yes - Action
3. New maximum contract amount:	\$5,100,397.00			

#### 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	09/21/2017 09:43:00 AM
Division Approval	jkolenut	10/02/2017 13:39:08 PM
Department Approval	jkolenut	10/02/2017 13:40:06 PM
Contract Manager Approval	cmoriart	10/09/2017 12:03:59 PM
Budget Analyst Approval	drey nol2	10/11/2017 16:03:45 PM
BOE Agenda Approval	nhovden	10/13/2017 17:16:45 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: **18499** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **City of Mesquite OBO Mesquite Fire and Rescue**

Agency Code: **403** Contractor Name: **City of Mesquite OBO Mesquite Fire and Rescue**

Appropriation Unit: **3243-24** Address: **10 East Mesquite Boulevard**

Is budget authority available?: **Yes** City/State/Zip: **Mesquite, NV 89027**

If "No" please explain: **Not Applicable** Contact/Phone: **702-346-2690**

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 %
<b>X</b> Federal Funds	<b>64.70 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.30 % County</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2015**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2018**

Termination Date:

Contract term: **2 years and 273 days**

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

Contract description: **Emergency Transp.**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides Certified Public Expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. This amendment increases the maximum amount from \$938,562 to \$1,054,394 due to the increased need for these services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$938,562.00	\$938,562.00	\$938,562.00	Exception
2. Amount of current amendment (#1):	\$115,832.00	\$1,054,394.00	\$1,054,394.00	Yes - Action
3. New maximum contract amount:	\$1,054,394.00			

#### 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	09/21/2017 09:58:05 AM
Division Approval	jkolenut	10/02/2017 13:26:35 PM
Department Approval	jkolenut	10/02/2017 13:27:36 PM
Contract Manager Approval	cmoriart	10/09/2017 12:33:50 PM
Budget Analyst Approval	drey nol2	10/11/2017 15:55:43 PM
BOE Agenda Approval	nhovden	10/13/2017 17:19:42 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: **19277**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	City of North Las Vegas OBO North Las Vegas Fire Department
Agency Code:	<b>403</b>	Contractor Name:	<b>City of North Las Vegas OBO North Las Vegas Fire Department</b>
Appropriation Unit:	<b>3243-24</b>	Address:	<b>404 Losee Road</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>North Las Vegas, NV 89030</b>
If "No" please explain:	Not Applicable	Contact/Phone:	702-633-1102
		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 %
<b>X</b> Federal Funds	<b>64.70 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.30 % County</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2015**

Anticipated BOE meeting date 11/2017

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: **\$29,447,522.00**

#### 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	09/20/2017 16:32:27 PM
Division Approval	jkolenut	10/02/2017 13:22:53 PM
Department Approval	jkolenut	10/02/2017 13:22:56 PM
Contract Manager Approval	cmoriart	10/09/2017 12:49:08 PM
Budget Analyst Approval	drey nol2	10/11/2017 16:10:57 PM
BOE Agenda Approval	nhovden	10/13/2017 17:11:06 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  
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Telephone (775) 684-3676 • Fax (775) 687-3893  
<http://dhcfp.nv.gov>

## MEMORANDUM

**Date:** September 20, 2017  
**TO:** Debi Reynolds, Budget Analyst IV  
**FROM:** Ambra Reed, Certified Contract Manager DHCFP  
**RE:** North Las Vegas Fire Department

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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 CONTRACT

1. Contract Number: **18503** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **North Lake Tahoe Fire Protection District**

Agency Code: **403** Contractor Name: **North Lake Tahoe Fire Protection District**

Appropriation Unit: **3243-24** Address: **866 Oriole Way**

Is budget authority available?: **Yes** City/State/Zip: **Incline Village, NV 89451**

If "No" please explain: **Not Applicable** Contact/Phone: **775-831-0351**

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 %
<b>X</b> Federal Funds	<b>64.70 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.30 % County</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2015**

Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2018**

Termination Date:

Contract term: **2 years and 273 days**

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

Contract description: **Emergency Transp.**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides Certified Public Expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. This amendment increases the maximum amount from \$1,752,130 to \$1,841,842 due to the increased need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,752,130.00	\$1,752,130.00	\$1,752,130.00	Exception
2. Amount of current amendment (#1):	\$89,712.00	\$1,841,842.00	\$1,841,842.00	Yes - Action
3. New maximum contract amount:	\$1,841,842.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Fire District performs 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	09/21/2017 09:29:52 AM
Division Approval	jkolenut	10/02/2017 13:18:49 PM
Department Approval	jkolenut	10/02/2017 13:18:58 PM
Contract Manager Approval	cmoriart	10/09/2017 12:39:33 PM
Budget Analyst Approval	drey nol2	10/11/2017 16:00:01 PM
BOE Agenda Approval	nhovden	10/13/2017 17:18:23 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **18560** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Storey County Fire Protection District**

Agency Code: **403** Contractor Name: **Storey County Fire Protection District**

Appropriation Unit: **3243-24** Address: **PO Box 603**

Is budget authority available?: **Yes** City/State/Zip: **Virginia City, NV 89440**

If "No" please explain: **Not Applicable** Contact/Phone: **775-847-0954**

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 %
<b>X</b> Federal Funds	<b>64.70 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.30 % County</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2015**

Anticipated BOE meeting date: **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved 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 the first amendment to the original interlocal agreement which provides Certified Public Expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. This amendment increases the maximum amount from \$76,288 to \$332,576 due to the increased need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$76,288.00	\$76,288.00	\$76,288.00	Exception
2. Amount of current amendment (#1):	\$256,288.00	\$332,576.00	\$332,576.00	Yes - Action
3. New maximum contract amount:	\$332,576.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Fire District performs 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	09/21/2017 09:50:52 AM
Division Approval	jkolenut	10/02/2017 13:36:31 PM
Department Approval	jkolenut	10/02/2017 13:37:21 PM
Contract Manager Approval	cmoriart	10/09/2017 12:11:41 PM
Budget Analyst Approval	drey nol2	10/11/2017 15:44:50 PM
BOE Agenda Approval	nhovden	10/13/2017 17:22:47 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18599** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Tahoe Douglas Fire Protection District**

Agency Code: **403** Contractor Name: **Tahoe Douglas Fire Protection District**

Appropriation Unit: **3243-24** Address: **PO Box 919**

Is budget authority available?: **Yes** City/State/Zip: **Zephyr Cove, NV 89448**

If "No" please explain: **Not Applicable** Contact/Phone: **775-586-1573**

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 %
<b>X</b> Federal Funds	<b>64.70 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.30 % County</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2015**

Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved 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 the first amendment to the original interlocal agreement which provides Certified Public Expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. This amendment increases the maximum amount from \$34,224 to \$304,851 due to the increased need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$34,224.00	\$34,224.00	\$34,224.00	Yes - Info
2. Amount of current amendment (#1):	\$270,627.00	\$270,627.00	\$304,851.00	Yes - Action
3. New maximum contract amount:	\$304,851.00			

#### 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	09/21/2017 10:01:30 AM
Division Approval	jkolenut	10/02/2017 13:30:28 PM
Department Approval	jkolenut	10/02/2017 13:30:31 PM
Contract Manager Approval	cmoriart	10/09/2017 12:24:18 PM
Budget Analyst Approval	drey nol2	10/11/2017 15:49:30 PM
BOE Agenda Approval	nhovden	10/13/2017 17:21:11 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: **19271**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Board of Regents OBO -University of Nevada, Las Vegas
Agency Code:	<b>406</b>	Contractor Name:	<b>Board of Regents OBO -University of Nevada, Las Vegas</b>
Appropriation Unit:	<b>3161-08</b>	Address:	<b>School of Medicine, Box 453070 4505 S. Maryland Pkwy.</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89154-3070</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Brian Branman 702-895-1459
		Vendor No.:	D35000819
		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.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C16174

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/17/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **Yes**

If "Yes", please explain

**Due to the sudden and unexpected resignation of our current Henderson Clinic psychiatrist, little more than one month was available to obtain a qualified licensed practitioner of psychiatry. Psychiatrists are uniquely difficult positions to fill and UNLV School of Medicine agreed to step in and provide temporary services while State recruitment efforts could be accomplished. Services were continued so as not to interrupt treatment services for current Henderson Clinic clients.**

3. Termination Date: **06/30/2019**Contract term: **1 year and 348 days**4. Type of contract: **Interlocal Agreement**Contract description: **Psychiatric Services**

5. Purpose of contract:

**This is a new interlocal agreement that continues ongoing psychiatric treatment services for outpatient clients at the Henderson satellite clinic. Services include initial assessments, progress appointments, referral and medication management in an outpatient setting.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$632,400.00**

Payment for services will be made at the rate of \$155.00 per hour

Other basis for payment: \$155.00 per clinical hour

**II. JUSTIFICATION**

7. What conditions require that this work be done?

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

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

There are currently not enough psychiatrists on staff or in the State system to meet all of the needs of Southern Nevada Adult Mental Health Services.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. 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 often provide 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:

Leon Ravin, Medical Director Ph: 702-238-4967

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	09/21/2017 10:56:46 AM
Division Approval	rmorse	09/21/2017 10:56:49 AM
Department Approval	jkolenut	09/21/2017 10:59:33 AM
Contract Manager Approval	rmorse	09/22/2017 08:29:57 AM
Budget Analyst Approval	nhovden	09/27/2017 10:55:26 AM
BOE Agenda Approval	nhovden	09/27/2017 10:55:28 AM
BOE Final Approval	Pending	

**BRIAN SANDOVAL**  
*Governor*

STATE OF NEVADA

**CODY L. PHINNEY, MPH**  
*Administrator*

**RICHARD WHITLEY, MS**  
*Director*



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

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

**July 14, 2017**

**MEMORANDUM**

**TO:** *Nikki Hovden  
Budget Analyst  
Budget Division*

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

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

**SUBJECT:** **REQUEST FOR RETROACTIVE START DATE OF CONTRACT –Board of Regents – UNLV  
(CETS #19271)**

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Due to the sudden and unexpected resignation of our current Henderson Clinic psychiatrist, little more than one month was available to obtain a qualified licensed practitioner of psychiatry. Psychiatrists are uniquely difficult positions to fill and UNLV School of Medicine agreed to step in and provide temporary services while State recruitment efforts could be accomplished. Services were continued so as not to interrupt treatment services for current Henderson Clinic clients. Therefore, we request a retroactive start date of July 17, 2017.

Current providers are being counseled on appropriate time frames for notification of termination of employment or services.

Thank you for your consideration in this matter.

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: <b>15307</b>	Amendment Number: <b>4</b>
Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>Aithent, Inc.</b>
Agency Code: <b>406</b>	Contractor Name: <b>Aithent, Inc.</b>
Appropriation Unit: <b>3216-19</b>	Address: <b>19 Fulton St. Ste. 408</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>New York, NY 10038-2123</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>ayu@aithent.com 212-725-7646</b>
	Vendor No.: <b>T32002745</b>
	NV Business ID: <b>NV20141059063</b>

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.

<input checked="" type="checkbox"/> General Funds	<b>33.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>67.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 14294

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 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years and 21 days**

4. Type of contract: **Contract**

Contract description: **One-Stop System**

5. Purpose of contract:

**This is the fourth amendment to the original contract which provides ongoing implementation of a comprehensive, web-based licensing and regulatory system for health facilities, clinical laboratories, child care facilities, food handling establishments, dietitians, music therapists, emergency medical services, medical marijuana establishments and users and other entities within the Division. This amendment increases the maximum amount from \$1,941,850 to \$2,142,850 to expand the current web-based licensing system to include the Behavioral Health Prevention and Treatment Account.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$1,279,000.00	\$1,279,000.00	\$1,279,000.00	Yes - Action
a. Amendment 1:	\$180,000.00	\$180,000.00	\$180,000.00	Yes - Action
b. Amendment 2:	\$18,850.00	\$18,850.00	\$18,850.00	Yes - Info
c. Amendment 3:	\$464,000.00	\$464,000.00	\$482,850.00	Yes - Action
2. Amount of current amendment (#4):	\$201,000.00	\$201,000.00	\$201,000.00	Yes - Action
3. New maximum contract amount:	\$2,142,850.00			

## II. JUSTIFICATION

7. What conditions require that this work be done?

Current, manual licensing system does not meet the new law which requires the Division to make available the ability for individuals to submit forms electronically in a secure manner. Antiquated manual systems lead to inefficiencies, poor customer service, back log in work and inefficient revenue collection. The goal of the Health Division is to create a single-point of licensing access for Health Facilities, Clinical Laboratories, Child Care Facilities, Food Handling Establishments, Dietitians, Music Therapists, Emergency Medical Services (EMS) and other entities within the Health Division.

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

State employees lack the expertise and resources to perform the work.

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

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

Image Trend, Inc.  
Aithent, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3079, 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: 09/01/2017

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:

From 3/11/2014 to present with the original contract - performance 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	rmorse	10/03/2017 16:07:09 PM
Division Approval	rmorse	10/03/2017 16:07:13 PM
Department Approval	jkolenut	10/05/2017 08:54:04 AM
Contract Manager Approval	rmorse	10/05/2017 12:05:39 PM
EITS Approval	lolso3	10/09/2017 14:18:39 PM
Budget Analyst Approval	bwooldri	10/17/2017 11:53:35 AM
BOE Agenda Approval	nhovden	10/18/2017 16:33:03 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: **19287**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Churchill County
Agency Code:	<b>406</b>	Contractor Name:	<b>Churchill County</b>
Appropriation Unit:	<b>3224-00</b>	Address:	<b>155 N. Taylor Street</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Fallon, NV 89406</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775-423-4092
		Vendor No.:	T81032440
		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 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

Agency Reference #: C 16124

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 revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.**

3. Termination Date: **06/30/2019**Contract term: **1 year and 364 days**4. Type of contract: **Interlocal Agreement**Contract description: **Family Services**

5. Purpose of contract:

**This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the state's community health nurses.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$123,548.00**

Payment for services will be made at the rate of \$4,731.17 per month

Other basis for payment: Plus \$10,000 in the event of infectious disease outbreaks.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to 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:

The state and counties provide services to each other on a continuous basis - 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	09/26/2017 17:35:44 PM
Division Approval	chadwic1	09/26/2017 17:35:48 PM
Department Approval	jkolenut	09/27/2017 13:06:59 PM
Contract Manager Approval	rmorse	09/28/2017 11:53:29 AM
Budget Analyst Approval	bwooldri	10/06/2017 12:49:46 PM
BOE Agenda Approval	nhovden	10/13/2017 14:38:52 PM
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 25, 2017

**MEMORANDUM**

**TO:** **Nikki Hovden**  
*Budget Analyst*  
*Budget Division*

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

**FROM:** **Tina Gerber-Winn**  
*Agency Manager*  
*Community Health Services*

**SUBJECT:** **REQUEST FOR RETROACTIVE START DATE OF CONTRACT –Churchill County (CETS #19287)**

---

The Nevada Division of Public and Behavioral Health, Clinical Services Program, receives funding from the county to provide direct preventative healthcare, as well as referrals for medical services, to county residents.

This revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2017. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

Thank you for your consideration in this matter.

CC: Contract Unit  
Division of Public and Behavioral Health

Revised 5/17

Public Health: Working for a Safer and Healthier Nevada

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **19289**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Lander County
Agency Code:	<b>406</b>	Contractor Name:	<b>Lander County</b>
Appropriation Unit:	<b>3224-00</b>	Address:	<b>315 S. Humboldt Street</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Battle Mountain, NV 89820</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775-635-5738
		Vendor No.:	T40262000
		NV Business ID:	Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2019</b>		
What is the source of funds that will be used to 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 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>
Agency Reference #:	C 16126		

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 revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.**

3. Termination Date: **06/30/2019**Contract term: **1 year and 364 days**4. Type of contract: **Revenue Contract**Contract description: **Family Services**

5. Purpose of contract:

**This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the state's community health nurses.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$91,582.00**

Payment for services will be made at the rate of \$3,399.25 per month

Other basis for payment: Plus \$10,000 in the event of infectious disease outbreaks.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to 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:

The state and counties provide services to each other on a continuous basis - 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	09/26/2017 17:29:23 PM
Division Approval	chadwic1	09/26/2017 17:29:26 PM
Department Approval	jkolenut	09/27/2017 13:12:42 PM
Contract Manager Approval	slabranc	10/06/2017 12:52:56 PM
Budget Analyst Approval	bwooldri	10/06/2017 13:02:13 PM
BOE Agenda Approval	nhovden	10/13/2017 14:33:38 PM
BOE Final Approval	Pending	



**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*

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Carson City, NV 89706

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

September 25, 2017

**MEMORANDUM**

**TO:** **Nikki Hovden**  
*Budget Analyst*  
*Budget Division*

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

**FROM:** **Tina Gerber-Winn**  
*Agency Manager*  
*Community Health Services*

**SUBJECT:** **REQUEST FOR RETROACTIVE START DATE OF CONTRACT –Lander County (CETS #19289)**

---

The Nevada Division of Public and Behavioral Health, Clinical Services Program, receives funding from the county to provide direct preventative healthcare, as well as referrals for medical services, to county residents.

This revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2017. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

Thank you for your consideration in this matter.

CC: Contract Unit  
Division of Public and Behavioral Health

Revised 5/17

Public Health: Working for a Safer and Healthier Nevada

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19298**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>Nye County</b>
Agency Code: <b>406</b>	Contractor Name: <b>Nye County</b>
Appropriation Unit: <b>3224-00</b>	Address: <b>P.O. Box 1031</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Tonopah, NV 89049</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-482-8127</b>
	Vendor No.: <b>T80044560</b>
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2019</b>
What is the source of funds that will be used to 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 %	<b>X Other funding 100.00 % Revenue</b>
Agency Reference #: <b>C 16130</b>	

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 revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.**

3. Termination Date: **06/30/2019**

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

4. Type of contract: **Revenue Contract**

Contract description: **Family Services**

5. Purpose of contract:

**This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the state's community health nurses.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$173,636.00**

Payment for services will be made at the rate of \$6,818.17 per month

Other basis for payment: Plus \$10,000 in the event of infectious disease outbreaks.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to 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:

The state and counties provide services to each other on a continuous basis - 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	09/28/2017 12:14:42 PM
Division Approval	chadwic1	09/28/2017 12:14:44 PM
Department Approval	jkolenut	09/29/2017 07:59:50 AM
Contract Manager Approval	rmorse	10/02/2017 12:53:38 PM
Budget Analyst Approval	bwooldri	10/06/2017 12:43:39 PM
BOE Agenda Approval	nhovden	10/13/2017 14:35:57 PM
BOE Final Approval	Pending	

**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 28, 2017

**MEMORANDUM**

**TO:** **Nikki Hovden**  
*Budget Analyst*  
*Budget Division*

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

**FROM:** **Tina Gerber-Winn**  
*Agency Manager*  
*Community Health Services*

**SUBJECT:** **REQUEST FOR RETROACTIVE START DATE OF CONTRACT –Nye County (CETS #19298)**

---

The Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative healthcare, as well as referrals for medical services, to county residents.

This revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2017. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

Thank you for your consideration in this matter.

CC: Contract Unit  
Division of Public and Behavioral Health

Revised 5/17

Public Health: Working for a Safer and Healthier Nevada

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19279**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>Pershing County</b>
Agency Code: <b>406</b>	Contractor Name: <b>Pershing County</b>
Appropriation Unit: <b>3224-00</b>	Address: <b>Pershing County, Drawer E</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Lovelock, NV 89419</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-273-2208</b>
	Vendor No.: <b>T81041592D</b>
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2019</b>
What is the source of funds that will be used to 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 %	<b>X Other funding 100.00 % Revenue</b>
Agency Reference #: <b>C 16131</b>	

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 revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.**

3. Termination Date: **06/30/2019**

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

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

Contract description: **Family Services**

5. Purpose of contract:

**This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the state's community health nurses.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$92,086.00**

Payment for services will be made at the rate of \$3,420.25 per month

Other basis for payment: Plus \$10,000 in the event of infectious disease outbreaks.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to 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:

The state and counties provide services to each other on a continuous basis - 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	09/25/2017 14:11:49 PM
Division Approval	chadwic1	09/25/2017 14:11:52 PM
Department Approval	jkolenut	09/26/2017 09:02:31 AM
Contract Manager Approval	rmorse	09/26/2017 10:01:48 AM
Budget Analyst Approval	bwooldri	10/06/2017 12:48:10 PM
BOE Agenda Approval	nhovden	10/13/2017 14:41:19 PM
BOE Final Approval	Pending	

**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 25, 2017

**MEMORANDUM**

**TO:** **Nikki Hovden**  
*Budget Analyst*  
*Budget Division*

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

**FROM:** **Tina Gerber-Winn**  
*Agency Manager*  
*Community Health Services*

**SUBJECT:** **REQUEST FOR RETROACTIVE START DATE OF CONTRACT –Pershing County (CETS #19279)**

---

The Nevada Division of Public and Behavioral Health, Clinical Services Program, receives funding from the county to provide direct preventative healthcare, as well as referrals for medical services, to county residents.

This revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2017. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

Thank you for your consideration in this matter.

CC: Contract Unit  
Division of Public and Behavioral Health

Revised 5/17

Public Health: Working for a Safer and Healthier Nevada

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **19274**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	White Pine County
Agency Code:	<b>406</b>	Contractor Name:	<b>White Pine County</b>
Appropriation Unit:	<b>3224-00</b>	Address:	<b>801 Clark Street #5</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Ely, NV 89301</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775-289-3065
		Vendor No.:	T80971176
		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 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

Agency Reference #: C 16132

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 revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.**

3. Termination Date: **06/30/2019**Contract term: **1 year and 364 days**4. Type of contract: **Revenue Contract**Contract description: **Family Services**

5. Purpose of contract:

**This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the state's community health nurses.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$63,490.00**

Payment for services will be made at the rate of \$2,228.75 per month

Other basis for payment: Plus \$10,000 in the event of infectious disease outbreaks.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to 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:

The state and counties provide services to each other on a continuous basis - 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	09/22/2017 14:00:36 PM
Division Approval	chadwic1	09/22/2017 14:00:39 PM
Department Approval	jkolenut	09/25/2017 09:36:50 AM
Contract Manager Approval	rmorse	09/26/2017 10:47:05 AM
Budget Analyst Approval	bwooldri	10/06/2017 12:46:03 PM
BOE Agenda Approval	nhovden	10/13/2017 14:56:27 PM
BOE Final Approval	Pending	

**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 22, 2017

**MEMORANDUM**

**TO:** **Nikki Hovden**  
*Budget Analyst*  
*Budget Division*

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

**FROM:** **Tina Gerber-Winn**  
*Agency Manager*  
*Community Health Services*

**SUBJECT:** **REQUEST FOR RETROACTIVE START DATE OF CONTRACT –White Pine County (CETS #19274)**

---

The Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative healthcare, as well as referrals for medical services, to county residents.

This revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2017. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

Thank you for your consideration in this matter.

CC: Contract Unit  
Division of Public and Behavioral Health

Revised 5/17

Public Health: Working for a Safer and Healthier Nevada

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19291**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b> Agency Code: <b>406</b> Appropriation Unit: <b>3648-08</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>BOARD OF REGENTS-UNIVERSITY OF NEVADA, RENO</b> Contractor Name: <b>BOARD OF REGENTS-UNIVERSITY OF NEVADA, RENO</b> Address: <b>SCHOOL OF MEDICINE 1664 N. Virginia Str., M/S0332 Reno, NV 89557-0332</b> City/State/Zip: <b>Reno, NV 89557-0332</b> Contact/Phone: <b>775-784-6001</b> Vendor No.: <b>D35000816</b> NV Business ID: <b>Governmental Entity</b>
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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.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 16145

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 contract supports our needs for staffing Child and Adolescent Psychiatry Fellows in Rural Clinics. This agreement was delayed due to negotiations between UNSOM, Rural Clinics, and SNAMHS, discussing the addition of a similar program by the Las Vegas UNSOM program. Due to external events at the Las Vegas program they were not able to participate in this contract. We therefore request that this contract be accepted with a retroactive start date of July 1, 2017.**

3. Termination Date: **06/30/2019**

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

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

Contract description: **Telemedicine**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing telemedicine services to children and adolescents through the Fellows at the School of Medicine.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$167,810.80**

Payment for services will be made at the rate of \$83,905.40 per fiscal year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract allows DPBH and UNSOM to treat patients more efficiently utilizing teleconferencing equipment to quickly diagnose and treat patients.

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	10/02/2017 14:56:41 PM
Division Approval	chadwic1	10/02/2017 14:56:43 PM
Department Approval	jkolenut	10/04/2017 08:13:07 AM
Contract Manager Approval	rmorse	10/04/2017 09:48:36 AM
Budget Analyst Approval	nhovden	10/13/2017 14:18:53 PM
BOE Agenda Approval	nhovden	10/13/2017 14:18:57 PM
BOE Final Approval	Pending	

**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 27, 2017

**MEMORANDUM**

**TO:** **Nikki Hovden**  
*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 – UNR-UNSOM (CETS# 19291)**

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This contract supports our needs for staffing Child and Adolescent Psychiatry Fellows in Rural Clinics. This memorandum requests that the following Interlocal Contract be approved for a retroactive start date effective July 1, 2017. These agreements were delayed due to negotiations between UNSOM, Rural Clinics, and SNAMHS, discussing the addition of a similar program by the Las Vegas UNSOM program. Due to external events at the Las Vegas program they were not able to participate in this contract. We therefore request that this contract be accepted with a retroactive start date of July 1, 2017. As you know child and adolescent psychiatry is a critical shortage specialty in the State. Without the addition of this resource in this contract the Rural Clinics will have a critical shortage to provide child and adolescent services.

The negotiations included Dr. Ravin, Medical Program Coordinator of Behavioral Health programs for the State. Rural Clinics will implement the following to prevent future retroactive requests:

- Contract began three months prior to end of fiscal year. In the future any additions, or negotiations for additional services can be made as amendments to avoid any future delays.

If you have any future questions, please contact Greg Kitchingman at (775) 684-5023 or [gkitchingman@health.nv.gov](mailto:gkitchingman@health.nv.gov)

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: <b>13439</b>	Amendment Number: <b>18</b>	
	Legal Entity Name: <b>DELOITTE CONSULTING, LLP</b>	
Agency Name: <b>WELFARE AND SUPPORT SERVICES</b>	Contractor Name: <b>DELOITTE CONSULTING, LLP</b>	
Agency Code: <b>407</b>	Address: <b>4022 SELLS DR</b>	
Appropriation Unit: <b>3228-26</b>	City/State/Zip: <b>HERMITAGE, TN 37076-2903</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>615/882-7158</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>T27024237</b>	
	NV Business ID: <b>NV20081436471</b>	

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

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

<input checked="" type="checkbox"/>	General Funds	<b>10.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>90.00 %</b>	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 **07/01/2012**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2017**

Contract term: **9 years and 1 day**

4. Type of contract: **Contract**

Contract description: **HCR - Elig. Engine**

5. Purpose of contract:

**This is the eighteenth amendment to the original contract which continues development and implementation of the Health Care Reform Eligibility Engine mandated by the Affordable Care Act of 2010. This amendment extends the termination date from December 31, 2017 to June 30, 2021, increases the maximum amount from \$56,254,797.35 to \$66,254,992.00, revises Attachment AA - Deliverable Payment Schedule and incorporates the change orders for the Access Nevada Modernization Project, the Web Application Vulnerability Assessment and the Interface Modernization Project.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$24,761,639.35	\$24,761,639.35	\$24,761,639.35	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
d. Amendment 4:	\$0.00	\$0.00	\$0.00	No
e. Amendment 5:	\$0.00	\$0.00	\$0.00	No
f. Amendment 6:	\$0.00	\$0.00	\$0.00	No
g. Amendment 7:	\$2,492,728.00	\$2,492,728.00	\$2,492,728.00	Yes - Action
h. Amendment 8:	\$0.00	\$0.00	\$0.00	No
i. Amendment 9:	\$16,477,900.00	\$16,477,900.00	\$16,477,900.00	Yes - Action

j. Amendment 10:	\$656,800.00	\$656,800.00	\$656,800.00	Yes - Action
k. Amendment 11:	\$8,000,000.00	\$8,000,000.00	\$8,000,000.00	Yes - Action
l. Amendment 12:	\$0.00	\$0.00	\$0.00	No
m. Amendment 13:	\$47,840.00	\$47,840.00	\$47,840.00	Yes - Info
n. Amendment 14:	\$650,000.00	\$650,000.00	\$697,840.00	Yes - Action
o. Amendment 15:	\$0.00	\$0.00	\$0.00	No
p. Amendment 16:	\$2,167,890.00	\$2,167,890.00	\$2,167,890.00	Yes - Action
q. Amendment 17:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#18):	\$10,000,194.65	\$10,000,194.65	\$10,000,194.65	Yes - Action
3. New maximum contract amount:	\$66,254,992.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

## II. JUSTIFICATION

7. What conditions require that this work be done?

The Patient Protection and Affordable Care Act of 2010 (ACA) was signed into law. The Health Care Reform law mandates the creation of Health Benefit Exchanges that will allow consumers to access and evaluate plans from commercial insurers and to apply for health subsidy programs such as Medicaid and Children's Health Insurance Program (CHIP). Integrating the eligibility determination and enrollment processes for publicly-subsidized health coverage programs and providing seamless coordination between the Health Benefit Exchange, Medicaid and CHIP will be critical to providing a "one-stop shop" to coverage. The intent of the law is to allow an individual to supply a limited amount of information that can be used to determine whether he/she is eligible for coverage under any of the publicly-subsidized health coverage programs available in the State.

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 expertise to provide this service.

9. Were quotes or proposals solicited? Yes

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

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

Oracle  
UNISYS  
Deloitte Consulting  
IBM

b. Solicitation Waiver: **Not Applicable**

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

Vendor was chosen based on a weighted average of evaluation criteria as determined by an evaluation committee of five (5).

d. Last bid date: 12/20/2011 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:

Contractor was under contract with DWSS from January 2010 to February 2011 and from May 2011 to October 2011 and 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:  
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	jhoba2	10/05/2017 15:02:49 PM
Division Approval	bberry	10/06/2017 16:25:35 PM
Department Approval	jkolenut	10/10/2017 08:06:40 AM
Contract Manager Approval	sjon23	10/10/2017 09:48:21 AM
EITS Approval	lolso3	10/10/2017 12:24:43 PM
Budget Analyst Approval	nhovden	10/16/2017 16:44:08 PM
BOE Agenda Approval	nhovden	10/16/2017 16:44:41 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: **19280**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>CaseloadPRO</b>
Agency Code: <b>409</b>	Contractor Name: <b>CaseloadPRO</b>
Appropriation Unit: <b>1383-19</b>	Address: <b>4524 Salida Blvd. # 1315</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Salida, CA 95368</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Larry Stanton 1800686-1134</b>
	Vendor No.: <b>T29039808</b>
	NV Business ID: <b>NV20171644616</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2025**

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

<b>X</b> General Funds	<b>100.00 %</b>	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 **11/14/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **7 years and 229 days**

4. Type of contract: **Contract**

Contract description: **Data Share JJ**

5. Purpose of contract:

**This is a new contract to provide data sharing services between the counties and state youth facilities as recommended by the Council of State Governments' Justice Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,283,403.00**

Payment for services will be made at the rate of \$24,000.00 per month

Other basis for payment: for 90 months with a \$123,403 one-time start-up fee.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Council of State Governments (CSG) Justice Center conducted a comprehensive assessment of Nevada's juvenile justice system. One of the problems identified by CSG is the lack of a standardized data system. This will allow the State and counties to share tracked data for more accurate reporting of juvenile justice system performance, recidivism rates or other outcomes for youth.

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

The agency does not have the capability of developing this type of system.

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

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

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

Not Applicable

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

**Approval #: 170802**

**Approval Date: 08/22/2017**

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

This was the only vendor being used by the counties as well allowing communication between the Counties' and States' justice systems.

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:

LP

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 Dahlberg, Management Analyst III Ph: 702-486-5369

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	10/04/2017 11:42:55 AM
Division Approval	dkluever	10/10/2017 12:17:52 PM
Department Approval	jkolenut	10/10/2017 15:03:13 PM
Contract Manager Approval	sknigge	10/10/2017 15:29:12 PM
EITS Approval	lolso3	10/10/2017 16:53:24 PM
Budget Analyst Approval	drey nol2	10/12/2017 12:27:51 PM
BOE Agenda Approval	nhovden	10/17/2017 17:02:43 PM
BOE Final Approval	Pending	

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



Brian Sandoval  
 Governor  
 Patrick Cates  
 Director  
 Jeffrey Haag  
 Administrator

<b>Purchasing Use Only:</b>	
Approval#:	170802

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency: <u>HHS / Child &amp; Family Services</u>		
	Contact Name and Title	Phone Number	Email Address
	<u>Sharon Knigge, Management Analyst</u>	<u>775-684-7952</u>	<u>sharon.knigge@dcfs.nv.gov</u>
	<u>Leslie Bittleston, Social Services Chief</u>	<u>775-684-4448</u>	<u>lbittleston@dcfs.nv.gov</u>

<b>Vendor Information:</b>	
1b	Identify Vendor: <u>CaseloadPRO</u>
	Contact Name: <u>Larry Stanton</u>
	Address: <u>4524 Salida Blvd #1315, Salida, CA. 95368</u>
	Telephone Number: <u>1-800-686-1134 ext 122</u>
	Email Address: <u>l@caseloadpro.com</u>

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

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

<b>1e Term:</b>				
One (1) Time Purchase:	<input type="checkbox"/>			
Contract:	Start Date:	<u>Upon Approval</u>	End Date:	<u>06/30/2021 06/30/2025</u>

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

<b>1g Total Estimated Value of this Service Contract, Amendment or Purchase:</b>	
<u>\$1,131,403.00 Total Years 1-4 + \$1,152,000 Years 5-8 = \$2,283,403 Total Contract</u>	
<u>4 year contract with automatic renewal for an additional 4 years unless terminated.</u>	

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

*The Counsel of State Governments (CSG) Justice Center conducted a comprehensive assessment of Nevada's juvenile justice system.*

*One of the problems identified by CSG is the lack of a standardized data system. CSG describes the problem as "state and local agencies do not regularly or fully track juvenile justice system performance, recidivism rates, or other outcomes for youth, and lack the data structure and research capacity to analyze system performance and use data to guide policy, practice, and funding improvements". They recommended the State move to a data system that could "collect and report data regarding referral, risk and need, detention, decision/finding, supervision, residential placement, program, and service information for local juvenile probation agencies, and to include commitment/admission, risk and need, charge/offense/violation, disciplinary actions, program and service, residential placement, education, and revocation for youth correctional and parole services".*

*This contract would allow the State to develop a single data system. In essence, for a data system to do what the CSG recommended, it must be one system and must bridge the gap between county and state jurisdictions/areas of operation (see Bifurcation at a Glance) as kids enter the system with county and may end the system with the state. Much of the data on a youth is housed at the county level with county probation and detention departments and county courts. The State data begins when a youth is committed to a state correctional facility and re-entered into the community on parole.*

**2** *What makes one statewide data collection system even more important is the need to track recidivism. A youth, who is adjudicated anywhere in Nevada can be tracked and the State can begin looking at true recidivism rates. Further, the task of comparing data in one juvenile data system to one adult data system will further enhance the state's ability to measure recidivism, even as youth enter the adult system at age 18.*

*Lastly, the State is ultimately responsible for the gathering, analyzing, and reporting of juvenile justice system data, but without a mechanism to do so; this cannot and does not happen.*

**Bifurcation at a Glance:**

<b>County Operated</b>	<b>State Operated</b>
<b>Detention Centers</b> <ul style="list-style-type: none"> <li>• Jan Evans – Reno</li> <li>• Murphy Bernadini – Carson City</li> <li>• Teurman Hall – Fallon</li> <li>• Northeastern - Elko</li> <li>• Leighton Hall – Winnemucca</li> <li>• Las Vegas Detention Facility – Las Vegas</li> <li>• Douglas County Detention Facility - Stateline</li> </ul>	<b>State Youth Facilities (Correctional)</b> <ul style="list-style-type: none"> <li>• Nevada Youth Training Center (NYTC) - Elko</li> <li>• Caliente Youth Center (CYC) - Caliente</li> <li>• Summit View Youth Center (SYYC) – Las Vegas</li> </ul>
<b>Youth Probation Services</b>	<b>Youth Parole Services</b>
<b>Courts</b>	
<b>Police Departments</b>	

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

*CaseloadPRO is the leading vendor in this field, and are used by many organizations around the country. At the time the Counsel of State Governments met, several Nevada counties were in the process of updating their own case management systems and those counties all chose Caseload Pro as their vendor. The following counties have already converted and are currently utilizing CaseloadPRO: Clark, Carson City, Storey, Douglas, Lyon, and Humboldt. With this in mind, DCFS has pursued conversations with the counties who are still using their own systems, the three DCFS correctional facilities, and Youth Parole. All entities have agreed that it is in the best interest of the juvenile justice system to convert and commit to Caseload PRO in order to share data and all be on the same statewide data system. The counties have determined that it would be cost prohibitive at this point to change to a different case management system.*

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

*CaseloadPRO is currently used by several counties in the State. It is imperative that the State and all of the counties use the same service, otherwise the data would not be compatible with all users. It was the legislative intent to use CaseloadPRO per the language in the NEBS budget building system. In NEBS it was identified by name, and the amounts approved by the Legislature for year 1 and 2 were the exact amounts of the CaseloadPRO quote in the first two years. Because of the legislative intent the State was given several discounts as outlined in the quote. This includes a 20% discount on user fees from their advertised fee of \$37.50 per user/per month to \$30.00 per user/per month. Secondly, the State will receive a 15% discount in Training and a 20% discount in project management. However, the largest discount is noted in data conversion and set up. CaseloadPRO will give the State a 70% discount from \$998.00 per unit to \$298.50.*

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

5 a. *If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.*

*Yes, both the state and several counties have explored many options and have been provided with vendor demos. Since there were several counties who had the funding to meet the CSG recommendations to date they had the ability to test the systems and have determined CaseloadPRO was the best option available. One major factor in the determination is the fact that unlike most available platforms, CaseloadPRO is a criminal justice system specific case management platform and therefore is designed for this specific use.*

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

**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:  No:  X

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

Term Start and End Dates	Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)
	\$		

		\$	
		\$	
		\$	
		\$	

7 What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?  
*The State could potentially be obligated to use a case management service that is different from that of many of the counties. If this were to happen the data would not be compatible and those counties would not be able to report their details to the State, ultimately resulting in the State not being in compliance with the CSG recommendations. Under this scenario the system would also be almost useless as it wouldn't meet the needs as detailed in questions #2 above.*

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?  
*The State was given a substantial discount from the vendor's list price as outlined in the quote and detailed in question #4 above.*

9 Will this purchase obligate the State to this vendor for future purchases? Before selecting your answer, please review information included on Page 2, Section 9 of the instructions. Yes: X No:

a. *If yes, please provide details regarding future obligations or needs.*  
*The State would presumably be using the vendors system for the foreseeable future and would have monthly maintenance fees. This would go on until it was deemed that the system has reached the end of its useful life or there are better tools available elsewhere.*

*The CaseloadPRO system has many components to it. For example, it can record room checks with the use of a strip and a wand – once that wand hits the strip for the assigned youth, an update date and time is uploaded as a room check. It can keep track of youth who are on electronic monitoring 24/7 with the use of an area map and a beacon. Lastly, it has the capability to upload, send and receive drug testing.*

*The vendor may upgrade its system over time in order to offer additional services not currently offered. The cost for any additional services would be an increase in the monthly user fee. There would be no additional one-time costs, unless additional hardware is needed such as wands and strips for monthly room checks which would be separate purchases.*

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

Ross E. Armstrong

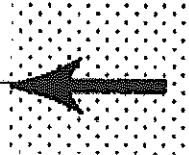
Print Name of Agency Representative Initiating Request

8/8/17

Date

Kelly C. Woodrudge

Signature of Agency Head Authorizing Request



Kelly C. Woodrudge

Print Name of Agency Head Authorizing Request

8/8/17

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

8-22-2017

Date

Section A1: Line Item Detail by GL

Budget Account: 1383 HHS-DCFS - JUVENILE JUSTICE SERVICES

The Juvenile Justice Program sub-grants funding to local units of government and private agencies for programs including removing juveniles from adult jails, keeping juvenile offenders separate from adult offenders, de-institutionalizing status offenders, reducing the disproportionate incarceration of minority offenders, specialized programs for Native American youth, and community-based delinquency prevention programs. This budget account supports the Social Services Chief who performs compliance and monitoring of jails and lockups; provides legislative support on juvenile justice bills; serves as Nevada's Juvenile Justice Specialist; supports the Juvenile Justice Commission; coordinates Juvenile Justice data collection and analysis; prepares monitoring and performance reports for the various grant programs including Grants Management System reporting on the Office of Juvenile Justice and Delinquency Prevention website; implements contracts; and serves as a general juvenile justice resource for county partners. The Chief supervises the PREA Coordinator (Program Officer III), a Program Officer I, and an Administrative Assistant II. Statutory Authority: NRS Chapter 62 and the Federal Juvenile Justice Act. Funding: State general fund appropriation (GL 2501) Federal Office of Juvenile Justice and Delinquency Prevention OJJDP Formula Grant (GL 3580), Title V Community Prevention Grant (GL 3582), Juvenile Accountability Block Grant (GL 3588), and Juvenile Accountability Block Grant Program Income in the form of quarterly Treasurer's Interest Distribution (GL 4326), and fines generated as a pass-thru from the Department of Taxation (GL 4157). [See Attachment]

Item No	Description	Actual Work Program 2015-2016	2016-2017	L01 Year 1 2017-2018	L01 Year 2 2018-2019
<b>E737</b>	<b>NEW PROGRAMS</b>				
	This request funds juvenile justice system improvements to reduce recidivism rates, improve other outcomes for youth in the juvenile justice system and ensure existing state and local resources are used more efficiently.				
<b>REVENUE</b>					
2501	APPROPRIATION CONTROL	0	0	1,017,000	483,000
	TOTAL REVENUES FOR DECISION UNIT E737	0	0	1,017,000	483,000
<b>EXPENDITURE</b>					
19	JJ REFORM				
7029	OPERATING SUPPLIES-I	0	0	50,000	50,000
	CSG#3 Adopt Validated Risk and Needs Assessments Statewide				
	This funding would be earmarked to pay for the ongoing operating costs of the assessment tools for DCFS and a portion of the costs for local probation agencies.				
7069	CONTRACTS - I	0	0	145,000	145,000
	CSG#5 DCFS Quality Assurance Manager and CSG#7 DCFS Research Analyst				
	This line item is for multiple DCFS contracted positions as detailed in the vendor schedule to cover Quality improvement of the Juvenile Justice Services and strengthen data capacity to improve system performance and accountability.				
7070	CONTRACTS - J	0	0	254,597	0
	CSG# 2 Contract with national expert to provide technical assistance and training to support statewide adoption, training, policy development and quality assurance.				
	CSG# 4 Build capacity within a local university or nonprofit to assist DCFS and local probation agencies with the adoption and implementation of evidence-based services.				
	CSG# 6 Training and technical assistance for DCFS and local probation agencies on the adoption and use of a validated service quality assessment tool.				
	This line item is for multiple vendor contracts as detailed in the vendor schedule.				
<b>7071</b>	<b>CONTRACTS - K</b>	0	0	267,403	288,000
	CSG#8 State and County system data improvements to comply with data reporting requirements to strengthen data capacity to improve system performance and accountability.				
	This line item is for a vendor contract to support CASELOAD Pro as detailed in the TIR and vendor services schedule.				
8270	SPECIAL EQUIPMENT >\$5,000	0	0	300,000	0
	CSG#1 This line item is to support the statewide adoption of uniform risk and needs assessment tools as detailed in the equipment schedule.				
	TOTAL FOR CATEGORY 19	0	0	1,017,000	483,000
	TOTAL EXPENDITURES FOR DECISION UNIT E737	0	0	1,017,000	483,000
	TOTAL REVENUES FOR BUDGET ACCOUNT 1383	0	0	1,017,000	483,000
	TOTAL EXPENDITURES FOR BUDGET ACCOUNT 1383	0	0	1,017,000	483,000



Schedule Selection B: Vendor Services Schedule

Budget Account: 1383 HHS-DCFS - JUVENILE JUSTICE SERVICES

Catg	GL Acct	Vendor Name	Actual Amt	Wrk Pgm Amt	Year 1 Amt	Year 2 Amt
B000	BASE					
10	7075	ANNE G HAYES DERMATOLOGY Tattoo removal contract awarded by Juvenile Justice Commission. [See Attachment]	570	0	570	570
10	7301	Coalition for Juvenile Justice	4,750	5,000	5,000	5,000
10	7301	Annual association dues for Juvenile Justice Commission.	150	225	225	225
10	7301	Nevada Association of Juvenile Justice Annual association dues	590	0	590	590
10	7302	Coalition for Juvenile Justice Annual conference registration fees	9,000	0	9,000	9,000
10	7302	Georgetown University Annual Youth in Custody training registration fees. Number of attendees vary annually.	9,319	0	9,319	9,319
10	7430	MHM Solutions Compliance monitoring contract. [See Attachment]	0	0	40,908	40,908
11	7060	TBD - PREA Consultant Training	16,357	0	0	0
17	7075	Joseph E Tomassone Discontinuing, category no longer in use; grant expired	3,950	0	0	0
17	7302	National Council of Juvenile Justice Discontinuing, category no longer in use; grant expired	26,750	0	0	0
50	7060	Interstate Fire Sales & Service Eliminate one-time contract for camera system installation	650	0	0	0
50	7302	Public Agency Training Council Eliminate one-time training class	72,086	5,225	65,612	65,612
<b>Total for Decision Unit: B000</b>						
E228		EFFICIENT AND RESPONSIVE STATE GOVERNMENT				
50	7075	Medical/Health Contracts	0	0	9,000	9,000
50	7302	Public Agency Training Council - Registration PUBLIC AGENCY TRAINING COUNCIL (FY16 Actual \$650) + PREA registration (UKN - Used FY16 Conference registration as best estimate \$295 [x2 people] = \$1,240 total)	0	0	1,240	1,240
<b>Total for Decision Unit: E228</b>						
E495		EXPIRING GRANT/PROGRAM				
11	7060	TBD - PREA Consultant Training	0	0	-40,908	-40,908
<b>Total for Decision Unit: E495</b>						
E737		NEW PROGRAMS				
19	7069	TBD - Contracted DCFS quality assurance manager (5) Improve the Quality of Juvenile of Justice Services - #5 This funding would be earmarked for a DCFS contracted quality assurance manager.	0	0	50,000	50,000
19	7069	TBD - Contracted DCFS research analyst (2) Strengthen Data Capacity to Improve System Performance and Accountability - #2	0	0	95,000	95,000

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>15417</b>	Amendment Number: <b>2</b>
Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>Allpro Services, LLC</b>
Agency Code: <b>409</b>	Contractor Name: <b>Allpro Services, LLC</b>
Appropriation Unit: <b>3646-07</b>	Address: <b>3674 N. Rancho Dr. Ste. 101</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89130</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-659-8900</b>
	Vendor No.: <b>T27034427</b>
	NV Business ID: <b>NV20111339463</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2015-2018</b>

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

<b>X</b>	General Funds	<b>100.00 %</b>	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 **07/01/2014**  
 Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2018**

Contract term: **4 years**

4. Type of contract: **Contract**  
 Contract description: **painting services**

5. Purpose of contract:

**This is the second amendment to the original contract to provide exterior and interior painting on state-owned buildings in Las Vegas. This amendment increases the maximum amount from \$148,584 to \$237,610.80 for deferred maintenance projects at the Desert Willow Treatment Center.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$80,000.00	\$80,000.00	\$80,000.00	Yes - Action
a. Amendment 1:	\$68,584.00	\$68,584.00	\$68,584.00	Yes - Action
2. Amount of current amendment (#2):	\$89,026.80	\$89,026.80	\$89,026.80	Yes - Action
3. New maximum contract amount:	\$237,610.80			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

It is important to maintain the finish, weather resistance and appearance of the buildings. Keeping the paint and stucco in good condition maintains the integrity of each building's structure. Additionally, many of the buildings of the West Charleston campus have not been painted since the buildings were originally constructed. The interior of Desert Willow has only been patch painted when maintenance staff have had to perform some repairs.

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

The current staff does not have the expertise to paint wide scale projects that involve numerous buildings. With their current workload, it would be difficult to complete these deferred maintenance projects within the fiscal year.

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):

Vegas Painters  
Allpro Services  
Brad Fischer Painting

b. Solicitation Waiver: **Not Applicable**

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

This vendor best meets the needs of the 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 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	prassie1	09/20/2017 14:31:08 PM
Division Approval	pcolegro	10/04/2017 16:37:18 PM
Department Approval	jkolenut	10/05/2017 14:48:20 PM
Contract Manager Approval	sknigge	10/09/2017 16:04:00 PM
Budget Analyst Approval	drey nol2	10/11/2017 16:27:38 PM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>16172</b>	Amendment Number: <b>1</b>
Agency Name: <b>DPS-HIGHWAY PATROL</b>	Legal Entity Name: <b>inseego North America, LLC</b>
Agency Code: <b>651</b>	Contractor Name: <b>inseego North America, LLC</b>
Appropriation Unit: <b>4713-43</b>	Address: <b>PO Box 2549</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Eugene, OR 97402</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ruben Soto 541-685-9045</b>
	Vendor No.:
	NV Business ID: <b>NV20141182474</b>

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 %
<b>X Highway Funds</b>	<b>50.00 %</b>	<b>X Other funding</b>	<b>50.00 % Forfeiture Funds</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/11/2014**

Anticipated BOE meeting date: 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **10/31/2018**

Contract term: **3 years and 324 days**

4. Type of contract: **Contract**

Contract description: **Mobile Data Computer**

5. Purpose of contract:

**This is the first amendment to the original contract which provides a turnkey solution to validate the operational merits of the Proof of Concept phase of the Mobile Data Computer (MDC) project. The vendor will provide the consulting services and recommendations for configuring the system. This amendment increases the maximum amount from \$28,000 to \$130,500 to continue engineering of the MDC's and changes the vendor name to inseego North America, LLC.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$28,000.00	\$28,000.00	\$28,000.00	Yes - Info
2. Amount of current amendment (#1):	\$102,500.00	\$102,500.00	\$130,500.00	Yes - Action
3. New maximum contract amount:	\$130,500.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Division advocates equipping field personnel with mobile data computers to increase organizational efficiency. Table PCs will be deployed with anticipated benefits in the form of reduced radio transmissions; improved officer and public safety; more accurate reporting of incidents; and consolidation of technical capabilities and devices.

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

There are no employees in the State with the background and experience necessary.

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?  
Other vendors did not meet or exceed required specifications for the project.

d. Last bid date: 10/01/2014 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:  
LLC

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

**No** b. If "No", please explain:

**Feeney Wireless, LLC is a subsidiary of RER Enterprises, Inc.**

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	06/15/2017 15:17:17 PM
Division Approval	nkephart	10/11/2017 14:17:26 PM
Department Approval	mcar2	10/11/2017 15:03:18 PM
Contract Manager Approval	mcar2	10/11/2017 15:06:10 PM
EITS Approval	lolso3	10/17/2017 15:09:49 PM
Budget Analyst Approval	jrodrig9	10/18/2017 20:38:49 PM
BOE Agenda Approval	myoun3	10/19/2017 09:21:10 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 Haag  
 Administrator

<b>Purchasing Use Only:</b>	
Approval#:	161106

### SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency:		
	Contact Name and Title	Phone Number	Email Address
	Lt. Harold Hughes II	775-684-7394 775-443-5492	hhughes@dps.state.nv.us
	Amy Scaffidi Contract Manager	775-684-4467	ascaffidi@dps.state.nv.us

<b>1b</b>	<b>Vendor Information:</b>	
	Identify Vendor:	Feeney Wireless
	Contact Name:	Ethan Ralston
	Address:	1505 Westec Drive, Eugene, OR 97402
	Telephone Number:	541-685-9045 x1214
	Email Address:	eralston@feeneywireless.com

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

<b>1d</b>	<b>Contract Information:</b>			
	Is this a new Contract?	Yes	No	<input checked="" type="checkbox"/>
	Amendment:	#1		
	CETS:	#16172		

<b>1e</b>	<b>Term:</b>				
	One (1) Time Purchase:	<input type="checkbox"/>			
	Contract:	Start Date:	12/11/2014	End Date:	10/31/2018

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	Funding partial 50% match from NDOT 50% Seizure

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>	
	Amendment 1 (\$150,000.00), Original Contract (\$28,000.00) Total (\$178,000.00)	

*Mobile  
Data  
Crossroads*

**2** **Provide a description of work/services to be performed or commodity/good to be purchased:**  
As a continuation from the MDC Pilot Program, Contractor will provide NetMotion and Feeney Wireless Crossroads, Internet of Things training and support for 479 each MDC units by remotely and onsite providing the following:  
(a) NetMotion Training (Remotely and Onsite)  
(b) Feeney Wireless Crossroads, Internet of Things Training (Remotely and Onsite)  
(c) Proper setup and maintenance of mobile devices for Feeney Wireless Crossroads, Internet of Things and NetMotion Diagnostics  
(d) Contractor will also provide additional onsite training and training documentation for 479 MDC units and will ensure all training objective are met.  
(e) Contractor will verify device and mounting installations onsite and make device setting changes if needed.

**3** **What are the unique features/qualifications required for this service or good that are not available from any other vendor:**  
Feeney Wireless (FW) has tremendous experience in supporting Public Sector accounts including network security requirement for CJIS, Two Factor Authentication, Mobile VPNs, and Security for a complete mobile data system.  
  
FW is the only vendor that manufactures the Skyus-X modem that is an integral part of the NHP MDC network, marrying the MDC tablet with the proper servers. This is accomplished by utilizing cellular and Wi-Fi connections while using NetMotion as the VPN. As a part of their service, they are required to setup all the devices to specifications that are unique to NHP, verify installations, make setting changes if needed during initial deployment, and support those devices after deployment. FW will also be required to provide training to NHP personnel in regards to those devices and provide training documentation.  
  
FW has unique diagnostic and tracking software for their CIRA GX440 and Skyus-X (Crossroads). FW will be required to add new devices to Crossroads and provide training to NHP personnel in its use. They will also be required to setup NetMotion diagnostic software and provide training for that as well. In addition, they will need to maintain both diagnostic software services to insure NHP MDC efficiency.

**4** **Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:**  
This service cannot be competitively bid because parts of software needed to perform the service work are only available through FW as the OEM. The Skyus-X and Crossroads diagnostic software being prime examples. FW is the only vendor that manufactures the Skyus-X modem and their services were used during the original NetMotion server setup at the beginning of MDC Project and also during the FY16 deployment. If the services were competitively bid out, we would have to work with multiple vendors which would not be optimal and efficient for NHP, as devices and services provided by other vendors would not be compatible with the existing system and equipment. If it could be made to be compatible, NHP employees would need to learn to use two different systems and employees trained and using equipment from the pilot program and the last deployment would need to be retrained. No other vendor will be able to provide training in regards to the Skyus-X or be able to evaluate installation and settings during FY17 deployment.



5	<b>Were alternative services or commodities evaluated? Check One.</b>		Yes:	<input checked="" type="checkbox"/>	No:	
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>					
	In 2014, during the pilot phase of the project, AT&T Cradle point was evaluated and priced. AT&T Cradle point had features that met some NHP expectations, but did not support NetMotion and NetMotion Diagnostics. AT&T does not sell or manufacture the CIRA GX440 or Skyus-X modem and does not have or can support Crossroads. Therefore they cannot, provide training in regards to Crossroads and NetMotion Diagnostics. No other vendor will be able to provide services for adding new Skyus-X devices to Crossroads or be able to support the software.					
	b. <i>If not, why were alternatives not evaluated?</i>					

6	<b>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.</b>				Yes:	<input checked="" type="checkbox"/>	No:	
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>							
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>		<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>		
	12/09/2014	10/31/2018	\$28,000.00	Contract# 16172		Informal		
			\$					
			\$					

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	No other vendor can provide constructive training and support for existing FW equipment and diagnostic software. Any other vendors would require new equipment, software and training which would not be in the best interest.

8	<b>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?</b>
	FW was contracted for the pilot phase of the project because they were the only ones that provided complete competitive pricing for all of the service and goods required to have a secure mobile data solution. Other bids turned in were incomplete. FW won the bid for goods for FY16 and now FY17. The amendment to contract is to finalize training in regards to their Skyus-X for new reasons and supporting diagnostic software.

	<p><b>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></b></p>	Yes:		No:	<b>X</b>
9	<p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p>				
	<p>By the end of the contract period enough NHP personnel will be trained and familiar enough with the Skyus-X and diagnostic software that no other training or deployment evaluation from FW will be required.</p>				
	<p>Until NHP begins an equipment replacement cycle, sometime in FY19, no new devices will need to be added to the two diagnostic services. New equipment and services will continue to be evaluated as technology is constantly changing.</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.

C. Still  
Agency Representative Initiating Request

Amy Scalfidi  
Print Name of Agency Representative Initiating Request

11-7-16  
Date

[Signature]  
Signature of Agency Head Authorizing Request

11-7-16

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:

[Signature]  
Administrator, Purchasing Division or Designee

11-7-2016  
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: **19264**

Agency Name: **DEPARTMENT OF WILDLIFE**  
 Agency Code: **702**  
 Appropriation Unit: **4464-15**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **KRNV, LLC**  
 Contractor Name: **KRNV, LLC**  
 Address: **1790 Vassar St.**  
 City/State/Zip: **Reno, NV 89502**  
 Contact/Phone: **Ryan Coleman 775/750-9618**  
 Vendor No.:  
 NV Business ID: **NV20151400598**

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 %	<b>X</b>	Fees	<b>50.00 %</b>	<b>25% Sportsmen &amp; 25% Upland Game Stamp</b>
<b>X</b> Federal Funds	<b>50.00 %</b>		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 18-21

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/13/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Video/Photo Services**

5. Purpose of contract:

**This is a new contract to provide wildlife photo and video services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$440,000.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will assist to educate and inform the public, sportsman and key influencers about all of NDOW's wildlife, safety and environmental missions and ongoing issues of any kind.

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

NDOW does not have the video equipment or the trained personnel to shoot or compile 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):

Tim Torell  
Radioactive Productions  
NEON Agency  
TKT Photography  
Montgomery Media Productions  
KARNV, LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3461, 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?

**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:

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:

Aaron Meier, Public Info Officer 2 Ph: 775/688-1998

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	09/18/2017 14:51:00 PM
Division Approval	tdoucett	10/05/2017 14:37:24 PM
Department Approval	eobrien	10/06/2017 12:50:50 PM
Contract Manager Approval	dwendell	10/09/2017 08:03:00 AM
Budget Analyst Approval	cpalme2	10/11/2017 13:53:58 PM
BOE Agenda Approval	cmurph3	10/11/2017 15:56:23 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: **19265**

Agency Name: **DEPARTMENT OF WILDLIFE**  
 Agency Code: **702**  
 Appropriation Unit: **4464-15**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **Radioactive Productions**  
 Contractor Name: **Radioactive Productions**  
 Address: **3909 S. Maryland Parkway Suite 206**  
 City/State/Zip: **Las Vegas, NV 89119**  
 Contact/Phone: **Enrique Villar-Mendez 702/235-2140**  
 Vendor No.:  
 NV Business ID: **NV20141140795**

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 %	<input checked="" type="checkbox"/>	Fees	<b>50.00 %</b>	<b>25% Sportsmen &amp; 25% Upland Game Stamp</b>
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 18-20

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **11/13/2021**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Video/Photo Services**

5. Purpose of contract:

**This is a new contract to provide wildlife photo and video services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$440,000.00**

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

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**This contract will assist to educate and inform the public, sportsman and key influencers about all of NDOW's wildlife, safety and environmental missions and ongoing issues of any kind.**

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

**NDOW does not have the video equipment or the trained personnel to shoot or compile 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):

Radioactive Productions  
Neon Agency  
Montgomery Media Productions  
Tim Torell  
KRVC, LLC  
TKT Photography

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3461, 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?

**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:

Aaron Meier, Public Info Officer 2 Ph: 775/688-1998

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	09/18/2017 14:51:19 PM
Division Approval	tdoucett	10/05/2017 14:36:37 PM
Department Approval	eobrien	10/06/2017 13:00:08 PM
Contract Manager Approval	dwendell	10/09/2017 08:03:12 AM
Budget Analyst Approval	cpalme2	10/11/2017 13:50:10 PM
BOE Agenda Approval	cmurph3	10/11/2017 16:19:58 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: **19266**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>TIMOTHY L. TORELL - TIM'S TURQUOISE &amp; GEMS DBA DWI PRODUCTS</b>
Agency Code: <b>702</b>	Contractor Name: <b>TIMOTHY L. TORELL - TIM'S TURQUOISE &amp; GEMS DBA DWI PRODUCTS</b>
Appropriation Unit: <b>4464-15</b>	Address: <b>562 E 9TH AVENUE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SUN VALLEY, NV 89433</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Tim Torell 775/673-5234</b>
	Vendor No.: <b>T29023261A</b>
	NV Business ID: <b>NV20041273848</b>

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 %	<b>X</b>	Fees	<b>50.00 %</b>	<b>25% Sportsmen &amp; 25% Upland Game Stamp</b>
<b>X</b> Federal Funds	<b>50.00 %</b>		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **18-19**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/13/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Video/Photo Services**

5. Purpose of contract:

**This is a new contract to provide wildlife photo and video services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$440,000.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will assist to educate and inform the public, sportsman and key influencers about all of NDOW's wildlife, safety and environmental missions and ongoing issues of any kind.

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

NDOW does not have the video equipment or the trained personnel to shoot or compile 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):



TKT Photography  
Tim Torell  
Radioactive Productions  
Neon Agency  
Montgomery Media Productions  
KRNv, LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3461, 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:

Vendor has worked with NDOW previously and demonstrated 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:

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:

Aaron Meier, Public Info Officer 2 Ph: 775/688-1998

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	09/18/2017 14:50:48 PM
Division Approval	tdoucett	10/05/2017 14:39:27 PM
Department Approval	eobrien	10/06/2017 13:08:16 PM
Contract Manager Approval	dwendell	10/09/2017 08:05:36 AM
Budget Analyst Approval	cpalme2	10/11/2017 13:47:22 PM
BOE Agenda Approval	cmurph3	10/11/2017 16:21:40 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: **19350**Agency Name: **DCNR - STATE LANDS**Agency Code: **707**Appropriation Unit: **4206-39**Is budget authority available?: **No**

If "No" please explain: Non-IFC/Non-Exec work program #C41865 will be processed in conjunction with BOE approval.

Legal Entity Name: **DESIGN WORKSHOP, INC.**Contractor Name: **DESIGN WORKSHOP, INC.**Address: **1390 LAWRENCE ST STE 100**City/State/Zip: **DENVER, CO 80204-2081**Contact/Phone: **MARLA BOUSQUET 303/623-5186**Vendor No.: **T81090224**NV Business ID: **NV19971217141**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 %	<b>X</b> Bonds	<b>100.00 %</b>
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 **11/14/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2020**Contract term: **3 years and 48 days**4. Type of contract: **Contract**Contract description: **Spooner Project**

5. Purpose of contract:

**This is a new contract for design development, construction documentation and construction observation of the Spooner Frontcountry Recreational improvement project.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$562,226.00**

Other basis for payment: Percent complete, billed on a monthly basis.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Design development and construction documentation for the Spooner Frontcountry improvements project; construction administration of Phase I construction.

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

Due to current workloads within the NDSP Planning and Development team to accommodate the development needs of the approved Walker River SRA and Ice Age SHP, state staff is unavailable to complete this work.

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

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

Ward Young  
Design Workshop  
Stantec

b. Solicitation Waiver: **Not Applicable**

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

Continuation of services by Design Workshop is recommended bases on the firm's background with and knowledge of the project and successful completion of completion of Phase I of the three phases identified in RFQ issued by the Division of State Parks in July 2016.

d. Last bid date: 07/10/2017 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:

2016-2017, Spooner Frontcountry Improvements Conceptual Planning, work confirmed 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:

Dana Dapolito, Conservation Staff Specialist Ph: 775-684-2740

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bre00	10/09/2017 16:15:33 PM
Division Approval	bre00	10/09/2017 16:15:36 PM
Department Approval	kwilliam	10/09/2017 16:19:27 PM
Contract Manager Approval	bre00	10/09/2017 16:27:21 PM
Budget Analyst Approval	cpalme2	10/11/2017 14:04:26 PM
BOE Agenda Approval	cmurph3	10/11/2017 14:05:36 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: <b>18725</b>	Amendment Number: <b>1</b>
Agency Name: <b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: <b>BOARD OF REGENTS-NSHE OBO UNR</b>
Agency Code: <b>709</b>	Contractor Name: <b>BOARD OF REGENTS-NSHE OBO UNR</b>
Appropriation Unit: <b>3185-04</b>	Address: <b>OBO UNIVERSITY OF NEVADA RENO MAIL STOP 124</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89557</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Christopher Lynch 775-834-3687</b>
	Vendor No.: <b>D35000849</b>
	NV Business ID: <b>NV20161295653</b>

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 %	<b>X</b>	Fees	<b>100.00 % Permit</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **DEP18-002**

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? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2017**

Contract term: **2 years and 183 days**

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

Contract description: **Technical Assistance**

5. Purpose of contract:

**This is the first amendment to the original contract which provides air quality related environmental regulatory assistance and outreach to small businesses within the jurisdiction of the agency without threat of regulatory intervention. This amendment extends the termination date from December 31, 2017 to December 31, 2019 and increases the maximum amount from \$73,000 to \$378,000 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:	\$73,000.00	\$73,000.00	\$73,000.00	Yes - Action
2. Amount of current amendment (#1):	\$305,000.00	\$305,000.00	\$305,000.00	Yes - Action
3. New maximum contract amount:	\$378,000.00			
and/or the termination date of the original contract has changed to:	12/31/2019			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Providing technical assistance to small businesses without risk of regulatory action/enforcement reduces the number of violations and threat to human health and to the environment.

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

NDEP does not have adequate resources to provide this outreach assistance.

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 - Intrastate Contract

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

8%

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	ahanso1	10/03/2017 07:42:59 AM
Division Approval	ddragon1	10/10/2017 12:33:48 PM
Department Approval	jkinde1	10/10/2017 14:34:05 PM
Contract Manager Approval	mgowe1	10/10/2017 14:36:38 PM
Budget Analyst Approval	cpalme2	10/12/2017 10:29:01 AM
BOE Agenda Approval	cmurph3	10/19/2017 12:08:24 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **19378**

Agency Name: <b>B&amp;I - BUSINESS AND INDUSTRY</b>	Legal Entity Name: Colleen Platt
Agency Code: <b>740</b>	Contractor Name: <b>COLLEEN PLATT DBA PLATT LAW GROUP</b>
Appropriation Unit: <b>4683-10</b>	Address: <b>PLATT LAW GROUP 1575 DELUCCHI LN STE 115-105F</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>RENO, NV 89502</b>
If "No" please explain: pending work program to add funds from Reserve to Cat 10 based upon anticipated legal services.	Contact/Phone: Colleen Platt 775/440-1052
	Vendor No.: T32003750
	NV Business ID: NV20151428689

To what State Fiscal Year(s) will the contract be charged? **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 %	<b>X</b>	Fees	<b>100.00 % VOLUME CAP TRANSFER FEES</b>
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 **11/14/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

Contract term: **1 year and 319 days**

4. Type of contract: **Contract**

Contract description: **Legal Services**

5. Purpose of contract:

**This is a new contract to provide legal counsel including, without limitation, reviewing draft bond documents for the issuance of bonds by the Director.**

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 \$185.00 per hour

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency requires specialized legal services for reviewing draft bond documents.

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

State employees in agency do not have the specialized training 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?

The vendor has had previous experience in reviewing draft bond documents and has performed satisfactorily. NRS 349.610 (2) states that: "The bonds may be sold in one or more series at par, or below or above par, in the manner and for the price or prices which the Director determines in his or her discretion. As an incidental expense to any project to be financed by the bonds, the Director may employ financial and legal consultants in regard to the financing of the 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:

Currently under contract with Nevada Housing Division. This vendor 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:

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?

No b. If "No", please explain:

DBA

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Reynolds, Terry, Deputy Director Ph: 775-684-2922

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	emeckes	10/11/2017 16:53:53 PM
Division Approval	lfiguero	10/16/2017 14:13:21 PM
Department Approval	lfiguero	10/16/2017 14:13:24 PM
Contract Manager Approval	lfiguero	10/16/2017 14:13:42 PM
Budget Analyst Approval	aurruty	10/20/2017 16:00:00 PM
BOE Agenda Approval	lfree1	10/20/2017 16:07:52 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: **18997**

Agency Name: <b>B&amp;I - ATHLETIC COMMISSION</b>	Legal Entity Name: <b>FRANCISCO J. SOTO</b>
Agency Code: <b>749</b>	Contractor Name: <b>FRANCISCO J. SOTO</b>
Appropriation Unit: <b>3952-04</b>	Address: <b>5966 TOPAZ STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89120</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702/335-5409</b>
	Vendor No.: <b>T32000422</b>
	NV Business ID: <b>NV20111359866</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2017-2018</b>

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

General Funds	0.00 %	<b>X</b>	Fees	<b>90.00 % ATHLETIC COMMISSION GATE</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b>	Other funding	<b>10.00 % AMATEUR BOXING PROGRAM TICKET SURCHARGE</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**Anticipated BOE meeting date **09/2017**Retroactive? **Yes**

If "Yes", please explain

**The prior Chief Inspector stepped down from the position at the end of May 2016. Mr. Soto began transitioning into the role of Chief Inspector during this time. The Commission unanimously appointed Mr. Soto Chief Inspector at the June 21, 2016 meeting, and he began fully carrying out the duties of the position for the Commission in good faith in July 2016.**

3. Termination Date: **06/30/2018**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Specialty Services**

5. Purpose of contract:

**This is a new contract to provide Chief Inspector services during weigh-ins and events.**

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 \$1,500.00 per MONTH

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.**

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

**Weigh-ins and events occur on evenings, weekends, and holidays. The Commission has a limited staff and would incur overtime in trying to fulfill these obligations.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

**Not Applicable**



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

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

The vendor has knowledge of the rules and regulations of unarmed combat and has been previously contracted with the Athletic Commission. Performance is satisfactory.

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: 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	avance	07/14/2017 15:13:34 PM
Division Approval	jhanse4	09/26/2017 08:34:15 AM
Department Approval	jhanse4	09/26/2017 08:34:20 AM
Contract Manager Approval	avance	09/26/2017 15:06:56 PM
Budget Analyst Approval	aurruty	10/11/2017 16:23:44 PM
BOE Agenda Approval	lfree1	10/11/2017 16:23:58 PM
BOE Final Approval	Pending	



BRIAN  
SANDOVAL  
*Governor*

STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
ATHLETIC COMMISSION

Bob Bennett  
*Executive Director*

**Chairman:** Anthony Marnell  
**Members:** Staci Alonso, Skip Avansino, Dr. J. Daniel Carpenter

## MEMORANDUM

*From:* Bob Bennett  
Executive Director

*Date:* August 16, 2017

*Subject:* Contract 18997 – Soto, Francisco

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Please be advised that the above-referenced contract includes a retroactive effective date, e.g., work commenced prior to the Board of Examiners' approval date. This is the result of the prior Chief Inspector stepped down from the position at the end of May 2016. Mr. Francisco Soto began transitioning into the role of Chief Inspector during this time.

The Commission unanimously appointed Mr. Soto to the Chief Inspector position at the June 21, 2016 meeting, and he began fully carrying out the duties of the position for the Commission in July 2016. Mr. Soto has been performing these duties in good faith, and his performance has exceeded the expectations of the Athletic Commission administration.

The delay in updating Mr. Soto's contract upon his promotion to Chief Inspector is the result of an oversight on the part of the Nevada Athletic Commission. At the time of his promotion, Mr. Soto was already under contract at the rate of pay for a standard Inspector, and agency staff failed to realize that a new contract needed to be signed to provide for the salary increase associated with his new position. Upon approval of this new contract (#18997), Mr. Soto's prior contract (#16870) will be cancelled.

We respectfully request that his contract be approved with the retroactive date. 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: **19345**

Agency Name: <b>DEPARTMENT OF TRANSPORTATION</b>	Legal Entity Name: DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL	Contractor Name: <b>DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL</b>
Agency Code: <b>800</b>	Address: <b>NEVADA HIGHWAY PATROL</b>	<b>555 WRIGHT WAY</b>
Appropriation Unit: <b>4660-06</b>	City/State/Zip: <b>CARSON CITY, NV 89711</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: Sherri Bruggemann 775-684-7394	Vendor No.:
If "No" please explain: Not Applicable	NV Business ID: Exempt	

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 %
<b>X</b> Federal Funds	<b>48.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>52.00 % DPS Funding</b>

Agency Reference #: PR597-17-816

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **1 year and 227 days**

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

Contract description: **DPS-NHP Support**

5. Purpose of contract:

**This is a new interlocal agreement to complete the data collection equipment upgrade to improve data collection and analysis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,032,482.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is a continuation of the data collection upgrade for improved data collection and analysis. Started by Contract Number 15685.

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

This is a interlocal agreement being completed 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jcutts	10/16/2017 08:39:33 AM
Division Approval	jcutts	10/16/2017 08:39:37 AM
Department Approval	jcutts	10/16/2017 08:39:41 AM
Contract Manager Approval	jcutts	10/16/2017 08:39:44 AM
Budget Analyst Approval	pnicks	10/16/2017 08:52:22 AM
BOE Agenda Approval	pnicks	10/16/2017 08:52:25 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: **19306**

Agency Name:	<b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name:	EMCOR SERVICES DBA MESA ENERGY SYSTEMS
Agency Code:	<b>902</b>	Contractor Name:	<b>EMCOR SERVICES DBA MESA ENERGY SYSTEMS</b>
Appropriation Unit:	<b>4771-07</b>	Address:	<b>6255 South Sandhill Road Suite 600</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89120</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Philip D. Robinson 702-296-9156
		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 %	<b>X</b> Other funding	<b>100.00 % ESD Special Fund</b>

Agency Reference #: 3114-19-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **10/31/2019**Contract term: **1 year and 350 days**4. Type of contract: **Contract**Contract description: **HVAC MAINTENANCE**

5. Purpose of contract:

**This is a new contract that provides heating, ventilation and air conditioning maintenance services at the St. Louis facility located in Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$59,856.00**

Payment for services will be made at the rate of \$2,494.00 per Month

Other basis for payment: The State will initiate payment upon receipt of an approved invoice with the total contract amount not to exceed \$59,856.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

HV/AC 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):

CCI  
Liberty Heating and Air Conditioning  
Johnson Controls, Inc.  
Garratt Callahan  
MeESA Energy Systems, Inc. dba EMCOR Services Nevada

b. Solicitation Waiver: **Not Applicable**

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

Five (5) vendors attended the site walk through. Two (2) vendors submitted to this RFP. The evaluation committee scored this vendor higher than the other company. The cost proposal from this vendor is also lessor than the other company.

d. Last bid date: 07/24/2017 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:

Ron Little, Facility Supervisor Ph: 702-486-5238

Brandon Taylor, Facility Manager Ph: 775-684-3904

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	09/28/2017 15:27:48 PM
Division Approval	rolso1	10/06/2017 10:10:54 AM
Department Approval	dohl0	10/09/2017 09:16:58 AM
Contract Manager Approval	dohl0	10/09/2017 09:17:05 AM
Budget Analyst Approval	tgreenam	10/16/2017 12:55:17 PM
BOE Agenda Approval	sbrown	10/18/2017 14:38:07 PM
BOE Final Approval	Pending	



# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	MARTIN-ROSS & ASSOCIATES	OTHER: VARIOUS	\$200,000	
	Contract Description:	This is a new contract to provide ongoing access to background investigation services for all state agencies and political subdivisions.				
		Term of Contract:	11/14/2017 - 11/30/2021	Contract # 19314		
2.		VARIOUS STATE AGENCIES	MICROSOFT CORPORATION	OTHER: VARIOUS	\$5,000,000	Professional Service
	Contract Description:	This is a new MSA to provide Microsoft consulting services to various state agencies for infrastructure support, training and system/application design assistance.				
		Term of Contract:	11/14/2017 - 11/14/2021	Contract # 19358		
3.		VARIOUS STATE AGENCIES	OPPORTUNITY VILLAGE	OTHER: VARIOUS	\$10,000,000	
	Contract Description:	This is a new contract that continues ongoing labor services such as shredding and document destruction, mailing services, packaging and assembly, sewing, production of promotional material, ply-bagging and shrink wrapping services by persons with developmental disabilities.				
		Term of Contract:	01/01/2018 - 12/31/2021	Contract # 19310		
4.		VARIOUS STATE AGENCIES	TWENTYEIGHTY STRATEGY EXECUTION, INC.	OTHER: VARIOUS	\$250,000	
	Contract Description:	This is a new participating addendum to a NASPO Valuepoint contract for training for procurement professionals. The Purchasing Division, as well as other agencies, may use this contractor for developing, teaching and certifying procurement professionals, including online course development if applicable.				
		Term of Contract:	11/14/2017 - 06/30/2018	Contract # 19375		
5.		VARIOUS STATE AGENCIES	TYRRELL RESOURCES, INC.	OTHER: VARIOUS	\$2,093,750	
	Contract Description:	This is a new contract to reduce fire fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scopes of Work: 4.2 Large Tree Removal, and 4.3 Forestry Equipment.				
		Term of Contract:	11/14/2017 - 05/08/2019	Contract # 19199		



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19314**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>MARTIN-ROSS &amp; ASSOCIATES</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>MARTIN-ROSS &amp; ASSOCIATES</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>350 S ROCK BLVD STE 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-4164</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jason Norris 775/336-4440</b>
	Vendor No.: <b>T29027834</b>
	NV Business ID: <b>NV20031163095</b>

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 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **3456-GD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years and 17 days**

4. Type of contract: **MSA**

Contract description: **Background Checks**

5. Purpose of contract:

**This is a new contract to provide ongoing access to background investigation services for 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 the Contractor and approved by the State**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Multiple agencies require background investigation services, for employment screenings and other purposes. This contract will allow agencies and political subdivisions access to these services without them needing to do their own Solicitation.

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

Although DPS performs some of the services covered under this agreement, they do not have the resources to provide those services to all agencies and political subdivisions.

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):

LexisNexis  
First Choice Background Screening  
Fiedlprint Inc  
Info Cube  
A-Check Global

b. Solicitation Waiver: **Not Applicable**

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

Awarded vendor was the only vendor to submit a proposal by the deadline.

d. Last bid date: 08/17/2017 Anticipated re-bid date: 06/01/2021

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:

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	mstewa10	09/28/2017 15:01:24 PM
Division Approval	mstewa10	09/28/2017 15:01:27 PM
Department Approval	mstewa10	09/28/2017 15:01:30 PM
Contract Manager Approval	gdavi6	09/29/2017 12:52:00 PM
Budget Analyst Approval	aurruty	10/06/2017 14:08:22 PM
BOE Agenda Approval	lfree1	10/09/2017 12:12:37 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19358**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	<b>MICROSOFT CORPORATION</b>
Agency Code:	<b>MSA</b>	Contractor Name:	<b>MICROSOFT CORPORATION</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>PO BOX 847833</b>
Is budget authority available?:	<b>No</b>	City/State/Zip:	<b>DALLAS, TX 75284-7833</b>
If "No" please explain: This is a master services agreement.		Contact/Phone:	<b>800/314-2121</b>
		Vendor No.:	<b>PUR0001846C</b>
		NV Business ID:	<b>NV20021311474</b>

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 %	<b>X</b> Other funding	<b>100.00 % Various</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/14/2021**

Contract term: **4 years and 1 day**

4. Type of contract: **MSA**

Contract description: **Consulting Services**

5. Purpose of contract:

**This is a new MSA to provide Microsoft consulting services to various state agencies for infrastructure support, training and system/application design assistance.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract provides one thoroughly negotiated statewide solution that Enterprise Information Technology Services Division will facilitate for the other state agencies for infrastructure support, training, and system/application design assistance for various Microsoft products, including the Office 365 licensing agreement, as well as for server setup and support.

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

These services will include training, support, and proprietary and warranty work, for the subscriptions and commodities purchased from Microsoft through existing Microsoft licensing/subscription and Microsoft computer equipment peripherals contracts.

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? 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	mstewa10	10/06/2017 13:30:30 PM
Division Approval	mstewa10	10/06/2017 13:30:32 PM
Department Approval	mstewa10	10/06/2017 13:30:35 PM
Contract Manager Approval	mstewa10	10/12/2017 09:46:15 AM
EITS Approval	lolso3	10/12/2017 13:48:22 PM
Budget Analyst Approval	aurruty	10/20/2017 15:42:13 PM
BOE Agenda Approval	lfree1	10/20/2017 15:52:14 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: **19310**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Opportunity Village</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Opportunity Village</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>6300 W. Oakley Blvd.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89146</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kevin Abbott 702-259-3700</b>
	Vendor No.:
	NV Business ID: <b>NV19911030328</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2022</b>
What is the source of funds that will be used to 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 %	<b>X Other funding 100.00 % Various</b>
Agency Reference #: <b>MSA - NF</b>	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2018**  
Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2021**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Labor Services**

5. Purpose of contract:

**This is a new contract that continues ongoing labor services such as shredding and document destruction, mailing services, packaging and assembly, sewing, production of promotional material, ply-bagging and shrink wrapping services by persons with developmental disabilities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract provides an option for state agencies to employ disabled persons for many of the services they seek at a competitive rate.

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 staffing 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: **Not Applicable**

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

NRS 333.375 authorizes the award of a contract to an organization for training and employment of persons with mental or physical disabilities, without complying with the requirements for competitive bidding.

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:

Opportunity Village is currently under contract with the State of Nevada. Agencies are pleased with their services provided, and continue to use them on an as needed basis.

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:

Nancy Feser, Purchasing Officer Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	10/10/2017 13:47:05 PM
Division Approval	ldeloach	10/10/2017 13:47:08 PM
Department Approval	ldeloach	10/10/2017 13:47:11 PM
Contract Manager Approval	nfese1	10/10/2017 15:51:36 PM
Budget Analyst Approval	lfree1	10/12/2017 13:55:43 PM
BOE Agenda Approval	lfree1	10/12/2017 13:56:54 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: **19375**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>TwentyEighty Strategy Execution, Inc.</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>TwentyEighty Strategy Execution, Inc.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>4301 North Fairfax Drive</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Arlington, VA 22203</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Bill Damare 703-558-3000</b>
	Vendor No.:
	NV Business ID: <b>NV19981289042</b>

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 %	<b>X</b> Other funding	<b>100.00 % Various</b>

Agency Reference #: **#3505**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2018**

Contract term: **227 days**

4. Type of contract: **MSA**

Contract description: **Training**

5. Purpose of contract:

**This is a new participating addendum to a NASPO Valuepoint contract for training for procurement professionals. The Purchasing Division, as well as other agencies, may use this contractor for developing, teaching and certifying procurement professionals, including online course development if applicable.**

6. NEW CONTRACT

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

Other basis for payment: Contractor will be paid based on the Pricing Schedule included in the NASPO Valuepoint Master Agreement.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada State Purchasing Division is re-designing its Certified Contract Manager Certification program, and requires assistance from a contractor to design on-line courses. This contractor will also be asked to, on occasion, provide in-class or virtual classroom training to our Certified Contract Managers. Other agencies may use this contract for training as well.

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

The State has neither the expertise nor the resources to provide these services in-house.

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):

OfficePro  
Road Map Consulting  
Calyptus Consulting

b. Solicitation Waiver: **Not Applicable**

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

The RFP was done by the Commonwealth of Virginia, who completed a competitive selection process. This vendor, along with several others, were the highest-scored vendors.

d. Last bid date: 05/29/2015 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:

TwentyEighty Strategy Execution, formerly known as EIS, was contracted by the Nevada State Purchasing Division in 2012 to develop an on-line procurement course. They performed satisfactorily.

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 as a:

Foreign Corporation

**They are in the process of obtaining a state business license.**

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.

**They are in the process of obtaining a state business license.**

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.

**They are in the process of obtaining a state business license.**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	10/12/2017 13:05:44 PM
Division Approval	mstewa10	10/12/2017 13:05:48 PM
Department Approval	mstewa10	10/12/2017 13:05:51 PM
Contract Manager Approval	cjanec	10/12/2017 13:27:22 PM
Budget Analyst Approval	aurruty	10/18/2017 14:00:57 PM





### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19199**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Tyrrell Resources, Inc
Agency Code: <b>MSA</b>	Contractor Name: <b>Tyrrell Resources, Inc</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>PO Box 493460</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Redding, CA 96049</b>
If "No" please explain: Not Applicable	Contact/Phone: Cheryl L. Tyrrell 530-243-8733
	Vendor No.:
	NV Business ID: NV20141210424

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 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/08/2019**

Contract term: **1 year and 174 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

**This is a new contract to reduce fire fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scopes of Work: 4.2 Large Tree Removal, and 4.3 Forestry Equipment.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,093,750.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction must be completed in various locations.

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

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

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):

Cross Creek Services  
Battle Born Tree Services, LLC  
Bordges Timber Inc.

b. Solicitation Waiver: **Not Applicable**

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

This RFQ has been awarded to 21 Vendors that qualified in the various scopes of work.

d. Last bid date: 05/10/2010 Anticipated re-bid date: 03/04/2019

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:

Nancy Feser, Purchasing Officer Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	09/18/2017 15:43:14 PM
Division Approval	mstewa10	09/18/2017 15:43:56 PM
Department Approval	mstewa10	09/18/2017 15:44:03 PM
Contract Manager Approval	nfese1	09/20/2017 08:17:54 AM
Budget Analyst Approval	aurruty	10/06/2017 13:12:28 PM
BOE Agenda Approval	lfree1	10/09/2017 13:22:39 PM
BOE Final Approval	Pending	

# WORK PLAN SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES	
1.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - OFFICE OF THE CHIEF INFORMATION OFFICER	GARTNER, INC.	FEE: USER	\$143,272		
		Contract Description:	This is a new Work Plan under Master Services Agreement #18964 which provides research and advisory services related to information technology. This Work Plan is for the Gartner for IT Executives service which provides various deliverables to advise and assist the Chief Information Officer.				
		Term of Contract:	10/01/2017 - 06/30/2019	Contract # 19248			
2.	810	DEPARTMENT OF MOTOR VEHICLES - SYSTEM MODERNIZATION	GARTNER, INC.	HIGHWAY 30% FEE: TECHNOLOGY FEES 70%	\$166,000		
		Contract Description:	This is a new Work Plan under Master Service Agreement #18964, which provides independent verification and validation consulting services for the System Modernization Project.				
		Term of Contract:	11/14/2017 - 06/30/2018	Contract # 19356			

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19248**

Agency Name: **ADMIN - ENTERPRISE IT SERVICES**  
Agency Code: **180**  
Appropriation Unit: **1373-26**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **GARTNER, INC.**  
Contractor Name: **GARTNER, INC.**  
Address: **PO BOX 911319**  
City/State/Zip: **DALLAS, TX 75391-1319**  
Contact/Phone: **Jay Friedman 239-561-4839**  
Vendor No.: **T80976121A**  
NV Business ID: **NV19941112701**

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 %	<b>X</b>	Fees	<b>100.00 % User</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 170271

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 11/2017

Retroactive? **Yes**

If "Yes", please explain

**Processing this request was pending approval of the no cost MSA with Gartner. The MSA was approved at the September 12, 2017 BOE meeting. This request is being submitted with a start date of October 1, 2017, due to the MSA approval date.**

3. Termination Date: **06/30/2019**

Contract term: **1 year and 272 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **CIO Research Service**

5. Purpose of contract:

**This is a new Work Plan under Master Services Agreement #18964 which provides research and advisory services related to information technology. This Work Plan is for the Gartner for IT Executives service which provides various deliverables to advise and assist the Chief Information Officer.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$143,271.83**

Other basis for payment: FY18 = \$59,545.50; FY19 = \$83,726.33

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Enterprise IT Services (EITS) continues to pursue Information Technology (IT) advancements that will have statewide benefits. To ensure EITS stays current with rapidly advancing IT changes, Gartner has been identified as a leading resource of expertise on IT advancement in both government and private sectors. Gartner's breadth of expertise will continue to avoid false starts as the State implements cloud based services, document production, commences development of mobile applications, contemplates replacement of key enterprise software, and considers the most efficient design of future networks.

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

State employees do not have the expertise.

9. Were quotes or proposals solicited?

No

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

Work Plan to existing no cost MSA #18964.

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:

DoA, Enterprise IT Services, 2015 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: 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:

Shanna Rahming, EITS CIO Ph: 775-684-5849

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	09/20/2017 11:34:56 AM
Division Approval	amarangi	09/20/2017 11:35:00 AM
Department Approval	amarangi	09/20/2017 11:35:04 AM
Contract Manager Approval	amarangi	09/20/2017 11:35:08 AM
Budget Analyst Approval	cmurph3	09/21/2017 14:54:45 PM
BOE Agenda Approval	cmurph3	09/21/2017 14:54:53 PM
BOE Final Approval	Pending	



**DEPARTMENT OF ADMINISTRATION  
ADMINISTRATIVE SERVICES DIVISION**

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

**MEMORANDUM**

September 13, 2017

TO: Colleen Murphy  
Budget Analyst

FROM: Shannon Rahming, Enterprise IT Services, Department of Administration

RE: Retro Memo for Gartner

This is a request for a retroactive start date of October 1, 2017 for the Gartner, Inc. contract (CETS #19248). This is a work order request to a new state master service agreement that was approved at the September BOE meeting. This Gartner work order provides subscription based research services for IT executives.

A new master service agreement has been awarded but the delays have made it necessary to amend the current vendor contract to add additional time and money to continue these essential services while the new contract is approved by BOE at the October 10, 2017 meeting.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19356**

Agency Name: <b>DEPARTMENT OF MOTOR VEHICLES</b> Agency Code: <b>810</b> Appropriation Unit: <b>4716-10</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>GARTNER INC</b> Contractor Name: <b>GARTNER INC</b> Address: <b>PO BOX 911319</b> City/State/Zip: <b>DALLAS, TX 75391-1319</b> Contact/Phone: <b>Mark Lennon 916-832-1494</b> Vendor No.: <b>T80976121A</b> NV Business ID: <b>NV19941112701</b>
---	--

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 %	<b>X</b>	Fees	70.00 % <b>Technology Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
<b>X</b> Highway Funds	<b>30.00 %</b>		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**  
 Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2018**

Contract term: **227 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **ProfessionalServices**

5. Purpose of contract:

**This is a new Work Plan under Master Service Agreement #18964, which provides independent verification and validation consulting services for the System Modernization Project.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$166,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

IV and V Consulting is standard industry practice for major information technology projects.

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

State employees do not have the expertise.

9. Were quotes or proposals solicited? **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?

Approved under Master Service Agreement 18964



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:

DMV and EITS have both contracted with Gartner Inc.-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:

Amy Mckinney, Deputy Director Ph: 775-684-4848

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vleigh	10/18/2017 10:08:53 AM
Division Approval	vleigh	10/18/2017 10:09:42 AM
Department Approval	jgrimmer	10/18/2017 10:15:40 AM
Contract Manager Approval	hazevedo	10/18/2017 11:04:16 AM
Budget Analyst Approval	myoun3	10/19/2017 16:22:46 PM
BOE Agenda Approval	myoun3	10/19/2017 16:22:49 PM
BOE Final Approval	Pending	

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE - COUNCIL FOR PROSECUTING ATTORNEYS	AQUARIUS GAMING, LLC DBA AQUARIUS CASINO RESORT	FEE: REGISTRATION	\$20,134	
	Contract Description:	This is a new contract to provide conference room rentals, audio visual equipment and catering for the Nevada Prosecutors Conference in Laughlin from September 27-29, 2017.				
		Term of Contract:	09/22/2017 - 09/30/2017	Contract # 19260		
2.	030	ATTORNEY GENERAL'S OFFICE - VICTIMS OF DOMESTIC VIOLENCE	CLARK COUNTY OBO CLARK COUNTY DETENTION CENTER	OTHER: REVENUE INTERLOCAL CONTRACT	\$45,000	
	Contract Description:	This is a new Interlocal revenue contract to provide ongoing funding for the Victim Information and Notification System (VINE). The entities that use the system will cost share with the Office of the Attorney General to pay for the VINE services.				
		Term of Contract:	10/05/2017 - 06/30/2018	Contract # 19323		
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ACCURATE BUILDING MAINTENANCE, LLC	FEE: BUILDING RENT INCOME	\$22,000	
	Contract Description:	This is the third amendment to the original contract which provides ongoing janitorial services for the Belrose building in Las Vegas. This amendment extends the termination date from November 30, 2017 to May 31, 2018 and increases the maximum amount from \$189,037 to \$211,037 to provide sufficient time for the Purchasing Division to revise and implement its new Janitorial Services Request for Proposal/Request for Quote contracting process and procedures, and to cover the additional costs of services for the extended period of time.				
		Term of Contract:	08/31/2013 - 05/31/2018	Contract # 14655		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ACCURATE BUILDING MAINTENANCE, LLC	OTHER: BUILDING RENT INCOME	\$20,000	
	Contract Description:	This is the second amendment to the original contract which provides ongoing janitorial services for the Welfare District Office in Las Vegas. This amendment extends the termination date from November 30, 2017 to May 31, 2018 and increase the maximum amount from \$189,163.40 to \$209,163.40 to provide sufficient time for the Purchasing Division to revise and implement its new Janitorial Services Request for Proposal/Request for Quote contracting process and procedures, and to cover the additional costs of services for the extended period of time.				
	Term of Contract:	08/31/2013 - 05/31/2018	Contract # 14660			
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	NATIONAL TESTING & COMMISSIONING DBA AUTOMATED TEMPERATURE CONTROLS, INC.	FEE: BUILDING RENT INCOME	\$45,000	
	Contract Description:	This is a new contract which provides ongoing Temperature Control Systems maintenance and repair services for state-owned facilities throughout northern Nevada.				
	Term of Contract:	09/27/2017 - 08/31/2021	Contract # 19238			
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	BATTLE BORN CONSULTING, INC. DBA TURBO CLEAN	FEE: BUILDING RENT INCOME	\$25,000	
	Contract Description:	This is a new contract to provide ongoing carpet and floor cleaning services for state-owned buildings in southern Nevada.				
	Term of Contract:	09/27/2017 - 08/31/2021	Contract # 19230			
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	GLOBAL SURVEILLANCE ASSOCIATES	FEE: BUILDING RENT INCOME	\$21,000	
	Contract Description:	This is a new contract that continues ongoing Security Systems and Equipment services for the Grant Sawyer building to include quarterly inspections, emergency calls for vital equipment, labor to replace any defective equipment, annual NextWatch software support services and emergency repair services for other state-owned facilities in southern Nevada.				
	Term of Contract:	10/01/2017 - 09/30/2020	Contract # 19263			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	LAWRENCE G. GLOISTEIN DBA TIMBERLINE ELECTRIC	FEE: BUILDING RENT INCOME	\$45,000	
	Contract Description:	This is a new contract which continues ongoing electrical services for state owned buildings in northern Nevada.				
		Term of Contract:	10/18/2017 - 08/31/2021	Contract # 19243		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	QUALITY CONTROL SYSTEMS, INC. DBA QCS	OTHER: BUILDING RENT INCOME	\$38,200	
	Contract Description:	This is a new contract which provides ongoing HVAC repair and maintenance services to the Galletti Way Department of Motor Vehicles (DMV) facility and the DMV Purchasing Warehouse.				
		Term of Contract:	10/18/2017 - 09/01/2021	Contract # 19268		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MARLETTE LAKE	CARSON PUMP, LLC	FEE: BUILDING RENT INCOME FEES/ENTERPRISE WATER FUND	\$25,000	
	Contract Description:	This is a new contract that continues ongoing services for maintenance and repair, on an as needed basis, to various well sites including, but not limited to, Stewart Well and Marlette Pump site.				
		Term of Contract:	10/18/2017 - 09/30/2021	Contract # 19343		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON - EXEC	JENSEN ENGINEERING, INC.	BONDS	(\$28,750)	Professional Service
	Contract Description:	This is the first amendment to the original contract, which provides professional architectural/engineering services for the Nevada Youth Training Center Electrical System Upgrades CIP project: CIP Project: 15-M-16; STATE PUBLIC WORKS Contract No. 109745. This amendment decreases the maximum amount from \$115,000 to \$86,250 due to the elimination of the bidding and construction administration phases of services.				
		Term of Contract:	11/10/2015 - 06/30/2019	Contract # 17151		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	PURCELL ELECTRICAL PROFESSIONAL CORPORATION DBA PK ELECTRICAL, INC.	BONDS	\$31,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the replacement of the Dini-Townsend Hospital - Access Control System CIP project, to include site investigation; consultation; permit, construction and bid documents; and project cost estimates: CIP Project: 17-M16; STATE PUBLIC WORKS Contract No. 111438.				
		Term of Contract:	10/19/2017 - 06/30/2021	Contract # 19388		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON -EXEC	SPECTRUM SERVICES, INC. DBA AMALGAMATED CONSTRUCTION	BONDS	\$21,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Caliente Youth Center Communication System Upgrade CIP Project, to include site survey, construction design documents for the tower and communication systems and assistance with the Federal Communications Commission permit filing process: CIP Project: 17-M20; STATE PUBLIC WORKS Contract No. 111384				
		Term of Contract:	09/27/2017 - 06/30/2021	Contract # 19288		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MILITARY CIP PROJECTS - NON-EXEC	FRAME ARCHITECTURE, INC.	BONDS	\$32,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Stead Army Aviation Support Facility - Restrooms and Showers Remodel CIP project, to include project design and construction administration services and documents for the upgrades to both men's and women's facilities at the site: CIP Project: 17-M64; STATE PUBLIC WORKS Contract No. 111434.				
		Term of Contract:	10/20/2017 - 06/30/2021	Contract # 19400		

# INFORMATION 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	PURCELL ELECTRICAL PROFESSIONAL CORPORATION DBA PK ELECTRICAL, INC.	BONDS	\$25,000	Exempt	
		Contract Description: This is a new contract to provide professional architectural/engineering services for the Nevada Army Aviation Stead Support Facility CIP project, to include design services and documents to upgrade the main service entrance, conductors, switchboards and associated controls: CIP Project: 17-M12; STATE PUBLIC WORKS Contract No. 111436.					
		Term of Contract:	10/18/2017 - 06/30/2021	Contract # 19384			
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MILITARY CIP PROJECTS - NON-EXEC	PURCELL ELECTRICAL PROFESSIONAL CORPORATION DBA PK ELECTRICAL, INC.	BONDS	\$17,000	Professional Service	
		Contract Description: This is a new contract to provide professional architectural/engineering services for the Carson City United States Property and Fiscal Office (USPFO) - Power Service Upgrade CIP project, to include design through bid document services to upgrade the main service entrance, conductors, switchboards and associated controls: CIP Project: 17-M13; STATE PUBLIC WORKS Contract No. 111463					
		Term of Contract:	10/18/2017 - 06/30/2021	Contract # 19397			
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS LTD. DBA TSK	GENERAL	\$49,850	Exempt	
		Contract Description: This is a new contract to provide professional architectural/engineering services for the Nevada State Library and Archives/Knowledge and Innovation Center CIP project to include programming services, quality diagrams, concept renderings and order of magnitude cost estimate: CIP Project No.17-S04-1; STATE PUBLIC WORKS Contract No.111380.					
		Term of Contract:	10/08/2017 - 06/30/2021	Contract # 19352			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PURCELL ELECTRICAL PROFESSIONAL CORPORATION DBA PK ELECTRICAL, INC.	HIGHWAY	\$30,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for lighting upgrades to Department of Motor Vehicles (DMV) and Nevada Highway Patrol (NHP) facilities managed by Buildings and Grounds, to include exterior site lighting at five DMV facilities located in Henderson, Las Vegas and Carson City; exterior lighting at a Reno NHP Facility; and interior lighting upgrades for the Decatur and Donovan DMV facilities: CIP Project: 17-M63; STATE PUBLIC WORKS Contract No. 111439.				
	Term of Contract:	10/19/2017 - 06/30/2021	Contract # 19386			
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON - EXEC	PURCELL ELECTRICAL PROFESSIONAL CORPORATION DBA PK ELECTRICAL, INC.	BONDS	\$44,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Attorney General's Carson City Complex - Upgrade Electrical Distribution and Circuitry CIP project, to include site investigation, consultation, calculations, permit and construction documents: CIP Project: 17-M14; SPWC Contract No. 111437.				
	Term of Contract:	10/19/2017 - 06/30/2021	Contract # 19389			
20.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	PAUL H. LAMBOLEY DBA LAW OFFICES OF PAUL H. LAMBOLEY	OTHER: CHARGES FOR SERVICES	\$40,000	Professional Service
	Contract Description:	This is a new contract which provides services as an appointed Special Appeals Officer for the Division to handle cases related to the Division of Human Resource Management, the Department of Employment, Training and Rehabilitation, the Department of Education and for Medicaid provider matters.				
	Term of Contract:	09/01/2017 - 08/31/2019	Contract # 19256			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	ROBERT ZENTZ DBA ZENTZ & ZENTZ	OTHER: CHARGES FOR SERVICES	\$40,000	Professional Service
	Contract Description:	This is a new contract which provides services as an appointed Special Appeals Officer for the Division to handle cases related to the Division of Human Resource Management, the Department of Employment, Training and Rehabilitation, the Department of Education and for Medicaid provider matters.				
		Term of Contract:	09/01/2017 - 08/31/2019	Contract # 19336		
22.	300	DEPARTMENT OF EDUCATION - CAREER AND TECHNICAL EDUCATION	NATIONAL ALLIANCE FOR PARTNERSHIPS IN EQUITY, EDUCATION FOUNDATION	GENERAL	\$910	
	Contract Description:	This is the second amendment to the original contract to provide training to Nevada school counselors in strategies to increase the participation of Career and Technical Education students in programs that lead to nontraditional careers. This amendment increases the maximum amount from \$9,850 to \$10,760 due to an additional half day of two different professional development services and increased travel cost due to the trainer availability.				
		Term of Contract:	01/24/2017 - 12/29/2017	Contract # 18366		
23.	300	DEPARTMENT OF EDUCATION - EDUCATOR LICENSURE	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	GENERAL 20% FEE: TEACHER LICENSURE 80%	\$25,000	
	Contract Description:	This is a new interlocal contract to conduct administrative hearings for the Department of Education.				
		Term of Contract:	10/03/2017 - 06/30/2021	Contract # 19270		
24.	300	DEPARTMENT OF EDUCATION - SAFE AND RESPECTFUL LEARNING	DEPARTMENT OF PUBLIC SAFETY - EMERGENCY MANAGEMENT	FEDERAL	\$46,644	
	Contract Description:	This is a new interlocal agreement to provide technical assistance to local education agencies preparing for potential emergencies through the creation of high quality school Emergency Operations Plans.				
		Term of Contract:	09/26/2017 - 03/31/2018	Contract # 19281		
25.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	VERITEXT LEGAL SOLUTIONS DBA VERITEXT CORPORATE SERVICES, INC.	FEE: SPONSORSHIP	\$18,000	
	Contract Description:	This is a new contract that provides for court reporter services during administrative proceedings or board hearings on an as needed basis.				
		Term of Contract:	10/10/2017 - 08/31/2018	Contract # 19273		



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
26.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	MASON VALLEY FIRE PROTECTION DISTRICT	OTHER: COUNTY 35.3% FEDERAL 64.7%	\$10,711	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides Certified Public Expenditure reimbursement methodology for emergency transportation to Medicaid recipients and define the reporting requirements by the entity in order to receive this type of reimbursement methodology. This amendment increases the maximum amount from \$136,824 to \$147,535 due to the increased need for these services.				
		Term of Contract:	10/01/2015 - 06/30/2018	Contract # 18500		
27.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT	COMMUNITY ANTI - DRUG COALITIONS	FEDERAL	\$20,002	
	Contract Description:	This is a new contract to provide training and technical assistance to Nevada Prevention Coalitions on behalf of the Bureau.				
		Term of Contract:	09/21/2017 - 10/15/2017	Contract # 19076		
28.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	ESMERALDA COUNTY SCHOOL DISTRICT	OTHER: REVENUE	\$46,334	
	Contract Description:	This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the State's community health nurses.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19301		
29.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	ELKO COUNTY	OTHER: REVENUE	\$33,244	
	Contract Description:	This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the State's community health nurses.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19366		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	ESMERALDA COUNTY	OTHER: REVENUE	\$20,954	
	Contract Description:	This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the State's community health nurses.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19309		
31.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	EUREKA COUNTY	OTHER: REVENUE	\$19,904	
	Contract Description:	This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the State's community health nurses.				
		Term of Contract:	07/01/2017 - 06/30/2019	Contract # 19292		
32.	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	\$42,600	
	Contract Description:	This is a new interlocal agreement that continues ongoing professional development groups for mental health professionals and psychology interns.				
		Term of Contract:	07/01/2017 - 06/30/2018	Contract # 19367		
33.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SUMMIT VIEW YOUTH CENTER	DUNAMIS PROCESS, LLC	GENERAL	\$48,000	
	Contract Description:	This is a new contract to provide gang intervention classes for youth.				
		Term of Contract:	09/22/2017 - 08/31/2021	Contract # 19155		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NEVADA YOUTH TRAINING CENTER	CANYON CONSTRUCTION, CO.	GENERAL	\$19,450	
	Contract Description:	This is a new contract to replace 80 feet of damaged water line throughout the boiler system.				
		Term of Contract:	09/20/2017 - 07/31/2018	Contract # 19251		
35.	431	OFFICE OF THE MILITARY	CHESTER PLUMBING & HEATING	FEDERAL	\$18,125	
	Contract Description:	This is a new contract which provides plumbing services to removal and install water source heat pumps for the Nevada National Guard facility in Carlin.				
		Term of Contract:	10/08/2017 - 12/31/2018	Contract # 19320		
36.	431	OFFICE OF THE MILITARY	DC PAINTING, LLC	FEDERAL	\$19,860	
	Contract Description:	This is a new contract to provide painting services for the Henderson Nevada Guard Readiness Center.				
		Term of Contract:	10/09/2017 - 12/01/2017	Contract # 19335		
37.	431	OFFICE OF THE MILITARY	ENVISE	FEDERAL	\$19,900	Professional Service
	Contract Description:	This is a new contract to provide professional facility audit services for the Las Vegas Readiness Center and Field Maintenance Shop No.7.				
		Term of Contract:	09/27/2017 - 10/01/2018	Contract # 19295		
38.	431	OFFICE OF THE MILITARY	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC. DBA H&K ARCHITECTS	FEDERAL	\$37,000	
	Contract Description:	This is a new contract to provide professional engineering services associated with the possible remodel and building addition for the Floyd Edsall Training Center - Field Maintenance Shop in North Las Vegas, to include a feasibility study, cost estimate and rough schematic sketch design.				
		Term of Contract:	10/09/2017 - 09/30/2018	Contract # 19334		
39.	611	GAMING CONTROL BOARD	WASHOE COUNTY SHERIFF'S OFFICE FORENSIC SCIENCE DIVISION	GENERAL	\$3,000	
	Contract Description:	This is the third amendment to the original contract which continues ongoing forensic science services to the Board's Enforcement Division. This amendment extends the termination date from June 30, 2017 to June 30, 2019 and increases the maximum amount from \$9,000 to \$12,000 due to the continued need for these services and a revision to the scope of work.				
		Term of Contract:	07/01/2013 - 06/30/2019	Contract # 14798		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
40.	651	DEPARTMENT OF PUBLIC SAFETY - HIGHWAY SAFETY GRANTS ACCOUNT	UNITED SITE SERVICES OF NEVADA, INC.	FEDERAL	\$22,320	
	Contract Description:	This is a new contract that continues ongoing services to provide portable restrooms for usage by the Highway Patrol Division at commercial checkpoints located at Wadsworth, Boomtown and Mustang inspection sites.				
		Term of Contract:	10/12/2017 - 03/31/2021	Contract # 18851		
41.	652	DEPARTMENT OF PUBLIC SAFETY - PAROLE AND PROBATION	ACTION RENTAL INC. DBA ACTION TRUCK ACCESSORIES	GENERAL	\$28,035	
	Contract Description:	This is a new contract is to provide for the installation of special law enforcement equipment in leased State Fleet Services vehicles, including two-way radios, security gate remote activators (gate-busters), consoles, prisoner partitions and weapon mounts.				
		Term of Contract:	10/12/2017 - 06/30/2019	Contract # 19048		
42.	652	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF PAROLE AND PROBATION	BERRY ENTERPRISES DBA SIERRA ELECTRONICS	GENERAL	\$20,865	
	Contract Description:	This is a new contract is to provide for the installation of special law enforcement equipment in leased State Fleet Services vehicles, including two-way radios, security gate remote activators (gate-busters), consoles, prisoner partitions and weapon mounts.				
		Term of Contract:	10/09/2017 - 06/30/2019	Contract # 19047		
43.	702	DEPARTMENT OF WILDLIFE - HABITAT	BALANCE HYDROLOGICS, INC.	FEE: HABITAT CONSERVATION	\$41,778	Professional Service
	Contract Description:	This is a new contract to provide conceptual drawings and a design basis report for the removal of three irrigation diversions to allow free movement for all the fish species on the Bruneau River.				
		Term of Contract:	10/09/2017 - 09/30/2018	Contract # 19246		
44.	702	DEPARTMENT OF WILDLIFE - HABITAT	EASTERN NEVADA LANDSCAPE COALITION	FEE: HABITAT CONSERVATION	\$37,200	
	Contract Description:	This is a new contract to assist private landowners in treating noxious and invasive weed infestations in multiple locations throughout eastern and southern Nevada.				
		Term of Contract:	10/02/2017 - 06/30/2020	Contract # 19232		
45.	702	DEPARTMENT OF WILDLIFE - HABITAT	HUMBOLDT WATERSHED CO-OP WEED MGMT AREA	FEE: HABITAT CONSERVATION	\$30,000	
	Contract Description:	This is a new contract to provide weed infestation treatment on private lands in the Humboldt Watershed.				
		Term of Contract:	10/09/2017 - 07/30/2020	Contract # 19283		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
46.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	BORGES SLEIGH AND CARRIAGE RIDES, INC.	OTHER: REVENUE	\$24,500	
	Contract Description:	This is a new revenue contract to provide sleigh and carriage rides at Lake Tahoe State Park.				
		Term of Contract:	11/01/2017 - 10/31/2021	Contract # 19272		
47.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	JERRY'S SERVICES, INC. DBA JERRY'S JOHNS	GENERAL	\$30,000	
	Contract Description:	This is a new contract to provide sewage and portable restroom pumping for Beaver Dam, Cathedral Gorge, Kershaw-Ryan, Elgin Schoolhouse, Spring Valley and Echo Canyon Parks.				
		Term of Contract:	10/20/2017 - 01/01/2021	Contract # 19393		
48.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	RED LION HOTELS CORPORATION DBA RED LION INN & CASINO ELKO	GENERAL 50% OTHER: GIFT SHOP ENTERPRISE FUND 37% FEDERAL 13%	\$19,977	
	Contract Description:	This is a new contract to provide conference facilities for the Park Academy for training of the Division's employees.				
		Term of Contract:	01/22/2018 - 01/26/2018	Contract # 19333		
49.	707	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE LANDS - PROTECT LAKE TAHOE- NON - EXEC	DESIGN WORKSHOP, INC.	BONDS	\$25,980	
	Contract Description:	This is a new contract for survey and basemapping services required for design development and construction documentation of the Spooner Frontcountry Recreational Improvements project.				
		Term of Contract:	09/27/2017 - 12/31/2017	Contract # 19294		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
50.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - ADMINISTRATION	KPS/3, INC.	FEDERAL	\$45,000	
	Contract Description:	This is a new contract to redesign, maintain and support the Division's websites. The State Environmental Commission and the NV Recycles websites will be redesigned to be more consistent with other websites.				
	Term of Contract:	10/06/2017 - 09/30/2021	Contract # 19239			
51.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE - INSURANCE REGULATION	NEVADA BROADCASTERS ASSOCIATION	FEDERAL	\$30,000	Sole Source
	Contract Description:	This is a new contract for radio announcements to provide the public with information regarding the shortened Open Enrollment Period to purchase insurance through the health insurance exchange for plan year 2018. The Open Enrollment period runs from November 1, 2017 to December 15, 2017 for the 2018 plan year. Insurance plans sold during Open Enrollment are effective beginning January 1, 2018.				
	Term of Contract:	10/16/2017 - 12/15/2017	Contract # 19359			
52.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	MILLENNIUM SYSTEMS PRODUCTS, INC. DBA LAW OFFICES OF IRA DAVID	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
	Contract Description:	This is a new contract to provide referee/arbitrator services statewide on an as needed basis.				
	Term of Contract:	10/01/2017 - 09/30/2019	Contract # 19196			
53.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	BARBARA FENSTER DBA BARBARA FENSTER MEDIATION & TRAINING	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
	Contract Description:	This is a new contract to provide mediation services statewide on an as needed basis.				
	Term of Contract:	10/01/2017 - 09/30/2019	Contract # 19201			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
54.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	BOYACK CHTD DBA PREMIER LEGAL GROUP	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
		Term of Contract:	10/01/2017 - 09/30/2019	Contract # 19198		
55.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	BOYACK CHTD DBA PREMIER LEGAL GROUP	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
		Term of Contract:	10/01/2017 - 09/30/2019	Contract # 19209		
56.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	DEE NEWELL DBA ARBITRATION AND MEDIATION SOLUTIONS, LLC	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
		Term of Contract:	10/01/2017 - 09/30/2019	Contract # 19200		
57.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	ERIC DOBBERSTEIN, PLLC	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
		Term of Contract:	10/01/2017 - 09/30/2019	Contract # 19205		
58.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	HENRY MELTON	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
		Term of Contract:	10/01/2017 - 09/30/2019	Contract # 19203		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
59.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	JANET TROST DBA JANET TROST, ESQ.	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
	Contract Description:	This is a new contract to provide mediation services statewide on an as needed basis.				
		Term of Contract:	10/01/2017 - 09/30/2019	Contract # 19204		
60.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	LAW OFFICES OF DONALD E LOWREY, PLLC	FEE: LICENSING AND ADMINISTRATION	\$25,000	
	Contract Description:	This is a new contract to provide referee/arbitrator services statewide on an as needed basis.				
		Term of Contract:	10/01/2017 - 09/30/2019	Contract # 19175		
61.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	LAW OFFICES OF DONALD E LOWREY, PLLC	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
	Contract Description:	This is a new contract to provide mediation services statewide on an as needed basis.				
		Term of Contract:	10/01/2017 - 09/30/2019	Contract # 19202		
62.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	PAUL H. LAMBOLEY DBA LAW OFFICES OF PAUL H. LAMBOLEY	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
	Contract Description:	This is a new contract to provide referee/arbitrator services statewide on an as needed basis.				
		Term of Contract:	10/01/2017 - 09/30/2019	Contract # 19197		



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
63.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	PAUL H LAMBOLEY DBA LAW OFFICES OF PAUL H LAMBOLEY	FEE: LICENSING AND ADMINISTRATIVE	\$25,000	
	Contract Description:	This is a new contract to provide mediation services statewide on an as needed basis.				
		Term of Contract:	10/01/2017 - 09/30/2019	Contract # 19207		
64.	749	DEPARTMENT OF BUSINESS AND INDUSTRY - ATHLETIC COMMISSION	CHRISTOPHER B. LANG	FEE: ATHLETIC COMMISSION GATE	\$10,000	Exempt
	Contract Description:	This is a new contract that continues ongoing services to provide Unarmed Combat Inspector services for weigh-ins and events.				
		Term of Contract:	10/02/2017 - 06/30/2018	Contract # 19128		
65.	810	DEPARTMENT OF MOTOR VEHICLES - AUTOMATION	GARTNER, INC.	HIGHWAY	\$21,364	Sole Source
	Contract Description:	This is a new Work Plan under Master Service Agreement #18964 which provides research and advisory services related to information technology for the subscription-based research and related services for the Motor Vehicle Information Technology Division professional staff. This includes but is not limited to, providing information about best practices related to cloud services, mobile application development, network design, system strategy and modernizing computer application solutions.				
		Term of Contract:	09/28/2017 - 06/30/2018	Contract # 19296		
66.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	CANYON ELECTRIC CO., INC.	OTHER: BUSINESS ENTERPRISE SET- ASIDE	\$20,000	
	Contract Description:	This is a new contract to provide ongoing regular and emergency electrical installation, repair and maintenance services for locations in southern Nevada on an as-needed basis.				
		Term of Contract:	10/01/2017 - 09/30/2019	Contract # 19245		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
67.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	JON C. CHROVIAN DBA PROFFITI SIGNS & GRAPHICS	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$10,000	
	Contract Description:	This is a new contract to provide installation and maintenance of commercial signs, banners and displays for locations in southern Nevada, including three sites at the Hoover Dam, on an as-needed basis.				
		Term of Contract:	09/28/2017 - 08/31/2019	Contract # 19127		
68.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	TW VENDING DBA THREE SQUARE MARKET	OTHER: BUSINESS ENTERPRISE SET ASIDE	\$24,500	
	Contract Description:	This is the second amendment to the original contract which provides monthly credit card servicing, maintenance and online or in-person service for an existing Three Square Market Executive Model Kiosk located at the Nevada Department of Transportation building in Carson City. The vendor also provides training of the operator and team members on the use and care of the kiosk. This amendment extends the termination date from December 31, 2017 to December 31, 2019 and increases the maximum amount from \$24,500 to \$49,000 due to the continued need for these services.				
		Term of Contract:	12/15/2016 - 12/31/2019	Contract # 18241		
69.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY	WORKFORCE CONNECTIONS	FEDERAL	\$10,011	
	Contract Description:	This is the fourth amendment to the original interlocal agreement which provides ongoing employment and training services to Dislocated Workers (DW) in southern Nevada as required by the Workforce Innovation and Opportunity Act of 2014 (WIOA). This amendment was necessitated by the U.S. Department of Labor's Training and Employment Guidance Letter 17-15, Change 3, which restores WIOA fund allocations to their originally appropriated levels. The DW allocation is increased by \$10,011.				
		Term of Contract:	07/01/2016 - 06/30/2018	Contract # 17888		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
70.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES	FAAD JANITORIAL, INC.	GENERAL 1.9% OTHER: BEN, CAREER ENHANCEMENT PROGRAM, AND ESD SPECIAL FUND 29.1% FEDERAL 69%	\$16,881	
	Contract Description:	This is the second amendment to the original contract which provides ongoing janitorial services for the facility located in Carson City. This amendment extends the termination date from December 31, 2017 to June 30, 2018 and increases the maximum amount from \$135,51.84 to \$151,933.32 due to the continued need for these services.				
	Term of Contract:	01/01/2014 - 06/30/2018	Contract # 15129			
71.	B032	LICENSING BOARDS AND COMMISSIONS - ALCOHOL, DRUG AND GAMBLING COUNSELORS	COLLEEN PLATT DBA PLATT LAW GROUP	OTHER: BOARD FUNDS	\$49,999	
	Contract Description:	This is a new contract to retain legal assistance from outside counsel for the State Board of Examiners for Alcohol, Drug and Gambling Counselors.				
	Term of Contract:	10/13/2017 - 09/30/2019	Contract # 19241			
72.	B036	LICENSING BOARDS AND COMMISSIONS - MASSAGE THERAPISTS	COLLEEN PLATT DBA PLATT LAW GROUP	OTHER: BOARD FUNDS	\$49,000	
	Contract Description:	This is a new contract to retain legal assistance from outside counsel required by the Board of Massage Therapists.				
	Term of Contract:	10/13/2017 - 09/30/2019	Contract # 19240			

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19260**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>AQUARIUS GAMING LLC</b>
Agency Code: <b>030</b>	Contractor Name: <b>AQUARIUS GAMING LLC</b>
Appropriation Unit: <b>1041-10</b>	Address: <b>AQUARIUS CASINO RESORT 1900 S CASINO DR LAUGHLIN, NV 89029</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAUGHLIN, NV 89029</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Denise Stephens 702/298-5156</b>
	Vendor No.: <b>T27037894A</b>
	NV Business ID: <b>NV20081025055</b>

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 %	<b>X</b>	Fees	<b>100.00 % REGISTRATION FEES</b>
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 **09/22/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **8 days**

4. Type of contract: **Contract**

Contract description: **Training conf.**

5. Purpose of contract:

**This is a new contract to provide conference room rentals, audio visual equipment and catering for the Nevada Prosecutors Conference in Laughlin from September 27-29, 2017.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,133.63**

Payment for services will be made at the rate of \$20,133.63 per event

Other basis for payment: Not to exceed \$20,133.63

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This is for conference room rentals and usage of audio visual equipment for a statewide prosecutors conference.**

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

**We do not have the facilities available for a group this large.**

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):

**Harrah's  
Edgewater  
Aquarius  
Pioneer Hotel**

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:  
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:

Jan Riherd, office manager Ph: 775-684-1195

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	09/22/2017 08:42:50 AM
Division Approval	cschon1	09/22/2017 08:42:52 AM
Department Approval	cschon1	09/22/2017 08:43:02 AM
Contract Manager Approval	lgallow1	09/22/2017 08:57:08 AM
Budget Analyst Approval	lfree1	09/22/2017 15:21:57 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19323**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>CLARK, COUNTY OF</b>
Agency Code: <b>030</b>	Contractor Name: <b>CLARK, COUNTY OF</b>
Appropriation Unit: <b>1042-00</b>	Address: <b>OBO CLARK CO DETENTION CENTER 3300 SOUTH CASINO CENTER BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89101</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-455-3191</b>
	Vendor No.: <b>T81026920AL</b>
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018</b>

What is the source of funds that will be used to 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 %	<b>X</b> Other funding	<b>100.00 % Revenue Interlocal Contract</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/05/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2018**

Contract term: **268 days**

4. Type of contract: **Revenue Contract**

Contract description: **VINE System**

5. Purpose of contract:

**This is a new Interlocal revenue contract to provide ongoing funding for the Victim Information and Notification System (VINE). The entities that use the system will cost share with the Office of the Attorney General to pay for the VINE services.**

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 \$45,000.00 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 178.4715 a victim may request the Administrator or the Administrator's designee to notify them of an offender's 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 to be 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:

Tanaka, Debbie, MAIV Ph: 775-684-1110

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	10/02/2017 09:52:31 AM
Division Approval	cschon1	10/02/2017 09:52:33 AM
Department Approval	cschon1	10/02/2017 09:52:36 AM
Contract Manager Approval	cschon1	10/02/2017 09:52:38 AM
Budget Analyst Approval	lfree1	10/05/2017 13:53:11 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: <b>14655</b>	Amendment Number: <b>3</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ACCURATE BUILDING MAINTENANCE</b>
Agency Code: <b>082</b>	Contractor Name: <b>ACCURATE BUILDING MAINTENANCE</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>LLC 4435 W SUNSET RD.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-4321</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ronald L. Finken 702-497-3255</b>
	Vendor No.: <b>T81039103</b>
	NV Business ID: <b>NV19991074849</b>

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 %	<b>X</b>	Fees	<b>100.00 % Building Rent Income Fees</b>
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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **11/30/2017**

Contract term: **4 years and 274 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 ongoing janitorial services for the Belrose building in Las Vegas. This amendment extends the termination date from November 30, 2017 to May 31, 2018 and increases the maximum amount from \$189,037 to \$211,037 to cover the additional six months of service and allow the agency to complete the current Request for Proposal process for ongoing services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$169,055.00	\$169,055.00	\$169,055.00	Yes - Action
a. Amendment 1:	\$8,982.00	\$8,982.00	\$8,982.00	No
b. Amendment 2:	\$11,000.00	\$19,982.00	\$19,982.00	Yes - Info
2. Amount of current amendment (#3):	\$22,000.00	\$22,000.00	\$41,982.00	Yes - Info
3. New maximum contract amount:	\$211,037.00			
and/or the termination date of the original contract has changed to:	05/31/2018			



## 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	10/04/2017 07:40:29 AM
Division Approval	ssands	10/04/2017 07:40:35 AM
Department Approval	ssands	10/04/2017 07:40:41 AM

Contract Manager Approval  
Budget Analyst Approval

ssands  
jrodrig9

10/04/2017 07:40:46 AM  
10/09/2017 00:18:50 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: <b>14660</b>	Amendment Number: <b>2</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ACCURATE BUILDING MAINTENANCE LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>ACCURATE BUILDING MAINTENANCE LLC</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>LLC 4435 W SUNSET RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-4321</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ronald L. Finken 702-497-6255</b>
	Vendor No.: <b>T81039103</b>
	NV Business ID: <b>NV19991074849</b>

To what State Fiscal Year(s) will the contract be charged? **2014-2018**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buidling Rent Income</b>

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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **08/31/2017**

Contract term: **4 years and 274 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

**This is the second amendment to the original contract which provides ongoing janitorial services for the Welfare District Office in Las Vegas. This amendment extends the termination date November 30, 2017 to May 31, 2018 and increase the maximum amount from \$189,163.40 to \$209,163.40 to provide sufficient time for the Purchasing Division to revise and implement its new Janitorial Services Request for Proposal/Request for Quote contracting process and procedures, and to cover the additional costs of services for the extended period of time.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$179,863.40	\$179,863.40	\$179,863.40	Yes - Action
a. Amendment 1:	\$9,300.00	\$9,300.00	\$9,300.00	No
2. Amount of current amendment (#2):	\$20,000.00	\$29,300.00	\$29,300.00	Yes - Info
3. New maximum contract amount:	\$209,163.40			
and/or the termination date of the original contract has changed to:	05/31/2018			

#### 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? 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?

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	10/04/2017 07:48:17 AM
Division Approval	ssands	10/04/2017 07:48:24 AM
Department Approval	ssands	10/04/2017 07:48:30 AM
Contract Manager Approval	ssands	10/04/2017 07:48:37 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: **19238**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>AUTOMATED TEMPERATURE CONTROLS, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>AUTOMATED TEMPERATURE CONTROLS, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>8535 DOUBLE R BLVD.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Steve Masklay 775-826-7700</b>
	Vendor No.: <b>T81075582</b>
	NV Business ID: <b>NV19781039226</b>

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 %	<b>X</b>	Fees	<b>100.00 % Building Rental Income Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **ASD 2605704**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/27/2017**

Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2021**

Contract term: **3 years and 339 days**

4. Type of contract: **Contract**

Contract description: **Temperature Control**

5. Purpose of contract:

**This is a new contract which provides ongoing Temperature Control Systems maintenance and repair services for state-owned facilities throughout Northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Mon~Fri (8:00 am ~5:00 pm) \$145/hr for field labor; \$165/hr for engineering labor; Overtime Mon~Fri & Week~end (5:00 pm ~ 8:00 am) \$218/hr for field hand labor, \$248/hr for engineering labor; Holidays, \$290/hr for field labor, \$330/hr for engineering labor. On~site service & remote service will be billed in 1 hour increments

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**HVAC is life safety to buildings and tenants.**

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

**Equipment and services beyond the expertise, equipment/tools or manpower of B&G.**

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):

AutomatedTemperature Control  
Johnson Controls  
Trane HVAC

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.

d. Last bid date: 09/07/2017 Anticipated re-bid date: 07/01/2021

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:

B&G has utilized this vendor since 1978, 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:

Will Long, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/25/2017 09:35:12 AM
Division Approval	ssands	09/25/2017 09:35:15 AM
Department Approval	ssands	09/25/2017 09:35:19 AM
Contract Manager Approval	ssands	09/25/2017 09:35:23 AM
Budget Analyst Approval	jrodrig9	09/27/2017 22:49:14 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: **19230**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: dba TURBO CLEAN
Agency Code: <b>082</b>	Contractor Name: <b>BATTLE BORN CONSULTING, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>4894 W LONE MOUNTAIN ROAD No. 48</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89130</b>
If "No" please explain: Not Applicable	Contact/Phone: 702-622-1200
	Vendor No.: T29039302A
	NV Business ID: NV20081636358

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 %	<b>X</b>	Fees	<b>100.00 % Building Rental Income Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: ASD 2603391

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/27/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2021**

Contract term: **3 years and 339 days**

4. Type of contract: **Contract**

Contract description: **Carpet cleaning**

5. Purpose of contract:

**This is a new contract to provide ongoing carpet and floor cleaning services for state-owned buildings in Southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

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

Other basis for payment: Mon-Fri 7am-5pm:\$89 an hour one service tech,\$139 for two techs,\$189 for three techs, \$239 for four techs and \$50 additional for each additional tech.Overtime rates: Mon-Fri 5:01pm to 6:59am, all day Saturday & Sunday, \$139 an hour for one tech, \$189 for two techs, \$239 for three techs (\$50 additional hour for each additional tech. Material is factored in to the job quote (if needed it is 25% above cost)

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Carpet and floor cleaning are done to promote longevity of carpets and floors; also to provide a clean and safe environment for employees and the public.

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

B&G does not have enough personnel to provide this service.

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



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

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

Statewide Open Solicitation

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.

d. Last bid date: 07/01/2017 Anticipated re-bid date: 05/31/2021

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?

No b. If "No", please explain:

doing business as a d.b.a.

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	09/25/2017 09:36:53 AM
Division Approval	ssands	09/25/2017 09:36:57 AM
Department Approval	ssands	09/25/2017 09:37:01 AM
Contract Manager Approval	ssands	09/25/2017 09:37:05 AM
Budget Analyst Approval	jrodrig9	09/27/2017 16:03:19 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: **19263**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>GLOBAL SURVEILLANCE ASSOCIATES</b>
Agency Code: <b>082</b>	Contractor Name: <b>GLOBAL SURVEILLANCE ASSOCIATES</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>3853 SILVESTRI LANE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89104</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-897-8400</b>
	Vendor No.:
	NV Business ID: <b>NV19871032399</b>
To what State Fiscal Year(s) will the contract be charged? <b>2018-2021</b>	
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 % <b>X</b> Fees <b>100.00 % Building Rental Income Fee</b>	
Federal Funds 0.00 % Bonds 0.00 %	
Highway Funds 0.00 % Other funding 0.00 %	
Agency Reference #: <b>ASD 2615467</b>	

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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Security Systems**

5. Purpose of contract:

**This is a new contract that continues ongoing Security Systems and Equipment services for the Grant Sawyer building to include quarterly inspections, emergency calls for vital equipment, labor to replace any defective equipment, annual NextWatch software support services, and emergency repair services for other state-owned facilities in Southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,000.00**

Payment for services will be made at the rate of \$2,000.00 per quarter

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Security systems need to be maintained at all times.**

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

**The equipment is propriety to Global Surveillance as sole authorized dealer.**

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?

Global Surveillance is the only authorized dealer of record for the Honeywell access control system.

d. Last bid date: 08/01/2017 Anticipated re-bid date: 08/01/2020

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:

Global Surveillance has been a vendor of the state 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	09/26/2017 10:24:33 AM
Division Approval	ssands	09/26/2017 10:24:38 AM
Department Approval	ssands	09/26/2017 10:24:42 AM
Contract Manager Approval	ssands	09/26/2017 10:24:48 AM
Budget Analyst Approval	jrodrig9	09/27/2017 15:52:35 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19243**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>GLOISTEIN, LAWRENCE G DBA</b>
Agency Code: <b>082</b>	Contractor Name: <b>GLOISTEIN, LAWRENCE G DBA</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>TIMBERLINE ELECTRIC PO BOX 2511</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>MINDEN, NV 89423-2511</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-782-8081</b>
	Vendor No.: <b>T80909459</b>
	NV Business ID: <b>NV20111013645</b>

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 %	<b>X</b>	Fees	<b>100.00 % Building Rental Income Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **ASD 2607951**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/18/2017**

Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2021**

Contract term: **3 years and 318 days**

4. Type of contract: **Contract**

Contract description: **Electrical Services**

5. Purpose of contract:

**This is a new contract which continues ongoing electrical services for state owned buildings in Northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Standard hourly rate for laborer \$60, \$75 for Apprentice Electrician, \$96 for Journeyman Electrician, \$115 for Foreman, \$140 for Supervisor and \$225 for Consulting. See Attachment AA for all other rates.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Buildings and equipment must be operative at all times.**

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

**Electrical needs beyond the manpower, equipment and/or expertise of B&G 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):

**Briggs Electric  
Timberline Electric  
United Electrical**

b. Solicitation Waiver: **Not Applicable**

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

This is one of many electrical companies and per SAM 0338.0, each contractor will be contacted to submit bids on projects.

d. Last bid date: 07/01/2017 Anticipated re-bid date: 07/01/2021

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:

1998 to current vendor has worked with State departments 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 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	ssands	10/09/2017 11:31:24 AM
Division Approval	ssands	10/16/2017 06:46:24 AM
Department Approval	ssands	10/16/2017 06:46:28 AM
Contract Manager Approval	ssands	10/16/2017 06:46:32 AM
Budget Analyst Approval	jrodrig9	10/18/2017 20:05:43 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: **19268**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>QUALITY CONTROL SYSTEMS</b>
Agency Code: <b>082</b>	Contractor Name: <b>QUALITY CONTROL SYSTEMS</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>61 CONTINENTAL DRIVE SUITE 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89509-3432</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>STEVE MASKALY 775-359-1691</b>
	Vendor No.: <b>T80912477</b>
	NV Business ID: <b>NV20081103452</b>

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 %	<b>X</b> Other funding	<b>100.00 % BUILDING RENTAL INCOME Revenues</b>

Agency Reference #: **ASD 2603295**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/18/2017**

Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/01/2021**

Contract term: **3 years and 319 days**

4. Type of contract: **Contract**

Contract description: **HAVC MAINTENANCE**

5. Purpose of contract:

**This is a new contract which provides ongoing HVAC repair and maintenance services to the Reno DMV on Galletti Way and the DMV Purchasing Warehouse.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,200.00**

Payment for services will be made at the rate of \$2,300.00 per Quarterly

Other basis for payment: Invoices will be quarterly in Feb., June, August and December. DMV Reno is billed at \$2000 per quarter and Warehouse is billed at \$300.00 per quarter.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**HVAC equipment must be maintained in working order.**

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

**B&G does not have the personnel to handle HVAC repair and 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):

Briggs Electric  
United Electric  
Timberline Electric

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

d. Last bid date: 09/01/2017 Anticipated re-bid date: 08/30/2021

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:

B&G has used QCS since 1999 and 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/17/2017 13:53:21 PM
Division Approval	ssands	10/17/2017 13:53:25 PM
Department Approval	ssands	10/17/2017 13:53:31 PM
Contract Manager Approval	ssands	10/17/2017 13:53:35 PM
Budget Analyst Approval	jrodrig9	10/18/2017 20:22:41 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: **19343**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CARSON PUMP, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>CARSON PUMP, LLC</b>
Appropriation Unit: <b>1366-04</b>	Address: <b>PO BOX 20159</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89721</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-888-9926</b>
	Vendor No.: <b></b>
	NV Business ID: <b>NV20081409089</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2022</b>
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	<b>X Fees 100.00 % B&amp;G Rental Income Fees/Enterprise Water fund</b>
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: <b>ASD</b>	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/18/2017**  
 Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2021**

Contract term: **3 years and 348 days**

4. Type of contract: **Contract**

Contract description: **Well Manintenance**

5. Purpose of contract:

**This is a new contract that continues ongoing services for maintenance and repair, on an as needed basis, to various well sites including, but not limited to, Stewart Well and Marlette Pump site.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$0.00 per hour or foot

Other basis for payment: \$200/hr 10 T Boom Truck; \$230/hr 15 T capacity pump rig & 2 men; \$240/hr 25 T capacity pump & 2 men; \$250/hr 35 T capacity crane & 2 men; \$300/hr pumping & swabbing w/development tool; \$230/hr line swapping & brushing; \$105/hr shop & machine shop labor; \$85/hr service calls, pickup & 1 man: see Attachment AA for remainder of service charges

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Wells and pumps are critical to the water systems. Without repairs/maintenance and replacements systems would be shut down.

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

B&G personnel lack the staffing and expertise.

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



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

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

Precision Pump  
Blue Locker  
Carson Pump

b. Solicitation Waiver: **Not Applicable**

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

This is one of several water/pump contractors. Per SAM 0338.0, each contractor will be contacted to submit bids on projects

d. Last bid date: 09/01/2017 Anticipated re-bid date: 09/01/2021

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:

B&G has used this contractor since 2009, 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	10/17/2017 12:51:14 PM
Division Approval	ssands	10/17/2017 12:51:17 PM
Department Approval	ssands	10/17/2017 12:51:21 PM
Contract Manager Approval	ssands	10/17/2017 12:51:25 PM
Budget Analyst Approval	jrodrig9	10/18/2017 20:13:29 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: <b>17151</b>	Amendment Number: <b>1</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>JENSEN ENGINEERING, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>JENSEN ENGINEERING, INC.</b>
Appropriation Unit: <b>1535-11</b>	Address: <b>9655 GATEWAY DR. SUITE A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89521-2968</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-852-2288</b>
	Vendor No.: <b>T27007578</b>
	NV Business ID: <b>NV19921070456</b>

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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 109745

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2015**  
 Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **3 years and 232 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 the Elko, Nevada Youth Training Center Electrical System Upgrades CIP project: CIP Project: 15-M-16; SPWD Contract No. 109745. This Amendment decreases the maximum amount from \$115,000.00 to \$86,250.00 due to the elimination of the bidding and construction administration phases of services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$115,000.00	\$115,000.00	\$115,000.00	Yes - Action
2. Amount of current amendment (#1):	-\$28,750.00	-\$28,750.00	-\$28,750.00	Yes - Info
3. New maximum contract amount:	\$86,250.00			

#### 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	lmars1	09/18/2017 15:12:23 PM
Division Approval	lmars1	09/18/2017 15:12:28 PM
Department Approval	lmars1	09/18/2017 15:12:33 PM
Contract Manager Approval	lmars1	09/18/2017 15:12:37 PM
Budget Analyst Approval	jrodrig9	09/21/2017 21:47:53 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: **19388**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>PURCELL ELECTRICAL PROFESSIONAL CORPORATION</b>
Agency Code: <b>082</b>	Contractor Name: <b>PURCELL ELECTRICAL PROFESSIONAL CORPORATION</b>
Appropriation Unit: <b>1535-28</b>	Address: <b>dba PK ELECTRICAL, INC. 681 SIERRA ROSE DR STE B</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-2060</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-826-9010</b>
	Vendor No.: <b>T81016802</b>
	NV Business ID: <b>NV19961128650</b>

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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111438

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/19/2017**  
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 255 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 replacement of the Dini-Townsend Hospital - Access Control System CIP project, to include site investigation; consultation; permit, construction and bid documents; and project cost estimates: CIP Project: 17-M16; SPWD Contract No. 111438.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,500.00**

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:

Davidow, Clifford, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	10/16/2017 14:01:17 PM
Division Approval	lmars1	10/16/2017 14:01:20 PM
Department Approval	lmars1	10/16/2017 14:01:23 PM
Contract Manager Approval	lmars1	10/16/2017 14:01:26 PM
Budget Analyst Approval	jrodrig9	10/18/2017 11:11:09 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19288**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>SPECTRUM SERVICES, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>SPECTRUM SERVICES, INC.</b>
Appropriation Unit: <b>1535-29</b>	Address: <b>4850 W OQUENDO ROAD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118</b>
If "No" please explain: Not Applicable	Contact/Phone: 702-367-7705
	Vendor No.: T32003495
	NV Business ID: NV19941072954

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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111384

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/27/2017**  
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 277 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 Caliente Youth Center Communication System Upgrade CIP Project, to include site survey, construction design documents for the tower and communication systems, and assistance with the FCC and permit filing process: CIP Project: 17-M20; SPWD Contract No. 111384**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,000.00**

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 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	09/22/2017 10:22:44 AM
Division Approval	lmars1	09/22/2017 10:22:47 AM
Department Approval	lmars1	09/22/2017 10:22:51 AM
Contract Manager Approval	lmars1	09/25/2017 10:46:32 AM
Budget Analyst Approval	jrodrig9	09/27/2017 17:26:25 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: **19400**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>FRAME ARCHITECTURE, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>FRAME ARCHITECTURE, INC.</b>
Appropriation Unit: <b>1577-38</b>	Address: <b>4090 S MCCARRAN BLVD. SUITE E</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-7529</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-827-9977</b>
	Vendor No.: <b>T29014981</b>
	NV Business ID: <b>NV20031302154</b>

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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2017**  
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 254 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 Stead Army Aviation Support Facility - Restrooms and Showers Remodel CIP project, to include project design and construction administration services and documents for the upgrades to both men's and women's facilities at the site: CIP Project: 17-M64; SPWD Contract No. 111434.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,500.00**

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:  
McEntee, Markus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	10/18/2017 13:09:10 PM
Division Approval	lmars1	10/18/2017 13:09:14 PM
Department Approval	lmars1	10/18/2017 13:09:17 PM
Contract Manager Approval	lmars1	10/18/2017 13:09:20 PM
Budget Analyst Approval	jrodrig9	10/20/2017 14:31:02 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: **19384**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>PURCELL ELECTRICAL PROFESSIONAL CORPORATION</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>PURCELL ELECTRICAL PROFESSIONAL CORPORATION</b>
Appropriation Unit:	<b>1577-34</b>	Address:	<b>dba PK ELECTRICAL, INC. 681 SIERRA ROSE DR STE B RENO, NV 89511-2060</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>RENO, NV 89511-2060</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775-826-9010
		Vendor No.:	T81016802
		NV Business ID:	NV19961128650

To what State Fiscal Year(s) will the contract be charged? **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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111436

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/18/2017**

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 256 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 Nevada Army Aviation Stead Support Facility CIP project, to include design services and documents to upgrade the main service entrance, conductors, switchboards and associated controls: CIP Project: 17-M12; SPWD Contract No. 111436.**

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 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: **Exempt (Per statute)**

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:

Davidow, Clifford, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	10/16/2017 14:11:17 PM
Division Approval	Imars1	10/16/2017 14:11:20 PM
Department Approval	Imars1	10/16/2017 14:11:23 PM
Contract Manager Approval	Imars1	10/16/2017 14:11:28 PM
Budget Analyst Approval	jrodrig9	10/18/2017 11:08:14 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: **19397**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>PURCELL ELECTRICAL PROFESSIONAL CORPORATION</b>
Agency Code: <b>082</b>	Contractor Name: <b>PURCELL ELECTRICAL PROFESSIONAL CORPORATION</b>
Appropriation Unit: <b>1577-35</b>	Address: <b>dba PK ELECTRICAL, INC. 681 SIERRA ROSE DR. STE B</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-2060</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-826-9010</b>
	Vendor No.: <b>T81016802</b>
	NV Business ID: <b>NV19961128650</b>

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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111463

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/18/2017**  
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 256 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 Carson City United States Property and Fiscal Office (USPFO) - Power Service Upgrade CIP project, to include design through bid document services to upgrade the main service entrance, conductors, switchboards and associated controls: CIP Project: 17-M13; SPWD Contract No. 111463**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,000.00**

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 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:  
Davidow, Clifford, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	10/18/2017 08:50:36 AM
Division Approval	lmars1	10/18/2017 08:50:39 AM
Department Approval	lmars1	10/18/2017 08:50:43 AM
Contract Manager Approval	lmars1	10/18/2017 08:50:46 AM
Budget Analyst Approval	jrodrig9	10/18/2017 20:34:59 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19352**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>TATE SNYDER KIMSEY ARCHITECTS LTD.</b>
Agency Code: <b>082</b>	Contractor Name: <b>TATE SNYDER KIMSEY ARCHITECTS LTD.</b>
Appropriation Unit: <b>1585-50</b>	Address: <b>dba TSK 314 S WATER ST.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HENDERSON, NV 89015-7311</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-456-3000</b>
	Vendor No.: <b>T80883470</b>
	NV Business ID: <b>NV19821003232</b>

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.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111380

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/08/2017**

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 266 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 Nevada State Library and Archives/Knowledge and Innovation Center CIP project to include programming services, quality diagrams, concept renderings, & order of magnitude cost estimate: CIP Project No.17-S04-1; SPWD Contract No.111380.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,850.00**

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: **Exempt (Per statute)**

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:

Oxoby, Robbie, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	10/05/2017 13:54:49 PM
Division Approval	Imars1	10/05/2017 13:54:52 PM
Department Approval	Imars1	10/05/2017 13:54:55 PM
Contract Manager Approval	Imars1	10/05/2017 14:13:21 PM
Budget Analyst Approval	jrodrig9	10/08/2017 23:34:26 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: **19386**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>PURCELL ELECTRICAL PROFESSIONAL CORPORATION</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>PURCELL ELECTRICAL PROFESSIONAL CORPORATION</b>
Appropriation Unit:	<b>1590-84</b>	Address:	<b>dba PK ELECTRICAL, INC. 681 SIERRA ROSE DR STE B</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89511-2060</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775-826-9010
		Vendor No.:	T81016802
		NV Business ID:	NV19961128650

To what State Fiscal Year(s) will the contract be charged? **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 %
<b>X Highway Funds</b>	<b>100.00 %</b>	Other funding	0.00 %
Agency Reference #:	111439		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/19/2017**  
Anticipated BOE meeting date 12/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**

Contract term: **3 years and 255 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 lighting upgrades to Department of Motor (DMV) Vehicles and Nevada Highway Patrol facilities managed by Buildings and Ground, to include exterior site lighting at five DMV facilities located in Henderson, Las Vegas and Carson City, and a Reno NHP Facility; and interior lighting upgrades for the Decatur and Donovan DMV facilities: CIP Project: 17-M63; SPWD Contract No. 111439.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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:  
Davidow, Clifford, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Imars1	10/16/2017 14:06:46 PM
Division Approval	Imars1	10/16/2017 14:06:49 PM
Department Approval	Imars1	10/16/2017 14:06:52 PM
Contract Manager Approval	Imars1	10/16/2017 14:06:55 PM
Budget Analyst Approval	jrodrig9	10/18/2017 11:12:29 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19389**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>PURCELL ELECTRICAL PROFESSIONAL CORPORATION</b>
Agency Code: <b>082</b>	Contractor Name: <b>PURCELL ELECTRICAL PROFESSIONAL CORPORATION</b>
Appropriation Unit: <b>1590-76</b>	Address: <b>dba PK ELECTRICAL, INC. 681 SIERRA ROSE DR STE B</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-2060</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-826-9010</b>
	Vendor No.: <b>T81016802</b>
	NV Business ID: <b>NV19961128650</b>

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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111437

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/19/2017**  
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 255 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 Attorney General's Carson City Complex - Upgrade Electrical Distribution and Circuitry CIP project, to include site investigation, consultation, calculations, permit and construction documents: CIP Project: 17-M14; SPWC Contract No. 111437.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$44,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2017(change based upon Proj #) 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:

Davidow, Clifford, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	10/16/2017 13:52:37 PM
Division Approval	lmars1	10/16/2017 13:52:39 PM
Department Approval	lmars1	10/16/2017 13:52:42 PM
Contract Manager Approval	lmars1	10/16/2017 13:52:45 PM
Budget Analyst Approval	jrodrig9	10/18/2017 11:09:57 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19256**

Agency Name:	<b>ADMIN - HEARINGS AND APPEALS DIVISION</b>	Legal Entity Name:	LAMBOLEY, PAUL H DBA
Agency Code:	<b>089</b>	Contractor Name:	<b>LAMBOLEY, PAUL H DBA</b>
Appropriation Unit:	<b>1015-04</b>	Address:	<b>LAW OFFICES OF PAUL H LAMBOLEY 575 FOREST ST STE 200 RENO, NV 89509-1689</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89509-1689</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775/786-8333
		Vendor No.:	T29022472
		NV Business ID:	NV20111621142

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 %	<b>X</b> Other funding	<b>100.00 % Charges for Services</b>

Agency Reference #: 089

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 11/2017

Retroactive? **Yes**

If "Yes", please explain

**This contractor was appointed by the Governor on August 24, 2017. Due to the critical need and backlog of cases, the contractor began work on September 1, 2017**

3. Termination Date: **08/31/2019**

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

4. Type of contract: **Contract**

Contract description: **Appeals Officer**

5. Purpose of contract:

**This a new contract which provides services as an appointed Special Appeals Officer for the Division of Hearings and Appeals to handle cases related to Human Resource Management, Department of Employment Training and Rehabilitation, Department of Education and Medicaid provider matters.**

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 \$100.00 per hour

Other basis for payment: Not to exceed \$20,000.00 per fiscal year.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422; Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chap. 233B) decisions issued are subject to judicial review.

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

Hearings and Appeals does not have attorneys on 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: **Professional Service (As defined in NAC 333.150)**

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

He was appointed by the Governor on August 24, 2017.

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:  
 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:

Vanessa Curiel, LSII Ph: (702) 486-2741

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	09/14/2017 14:22:10 PM
Division Approval	ddav12	09/14/2017 14:22:13 PM
Department Approval	ddav12	09/14/2017 14:22:17 PM
Contract Manager Approval	ddav12	10/06/2017 14:07:52 PM
Budget Analyst Approval	knielsen	10/11/2017 15:04:00 PM

Brian Sandoval  
Governor

STATE OF NEVADA

Patrick Cates  
Director



EVAN DALE  
Administrator

DEPARTMENT OF ADMINISTRATION  
ADMINISTRATIVE SERVICES DIVISION

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

MEMORANDUM

TO: Executive Branch Budget Officer

FROM: Contracts Unit

DATE: October 4, 2017

SUBJECT: Cara L Brown  
Mark Gentile  
Paul Lamboley  
Victoria Oldenburg  
Robert Zentz

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Special Hearings and Appeals Officers were appointed on August 24, 2017 by the Governor as a Special Hearings Officer for the Division of Hearings and Appeals.

Due to the critical need and backlog of cases the contractor began work on September 1, 2017. There was not enough time to process a new contract between August 24<sup>th</sup> and September 1, 2017.

We are confident this is not an ongoing issue and respectfully request a start date for this contract to be September 1, 2017.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19336**

Agency Name: <b>ADMIN - HEARINGS AND APPEALS DIVISION</b>	Legal Entity Name: <b>Robert Zentz</b>
Agency Code: <b>089</b>	Contractor Name: <b>Robert Zentz</b>
Appropriation Unit: <b>1015-04</b>	Address: <b>601 S 10TH ST STE 102</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89101-7027</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702/800-3190</b>
	Vendor No.: <b>T29036742</b>
	NV Business ID: <b>NV20151063877</b>

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 %	<b>X Other funding</b>	<b>100.00 % Charges for Services</b>

Agency Reference #: **089**

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 **11/2017**

Retroactive? **Yes**

If "Yes", please explain

**The contractor was appointed by the Governor on August 24, 2017. Due to the critical need and backlog of cases, the contractor began work on September 1, 2017.**

3. Termination Date: **08/31/2019**

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

4. Type of contract: **Contract**

Contract description: **Appeals Officer**

5. Purpose of contract:

**This is a new contract which provides services as an appointed Special Appeals Officer for the Division of Hearings and Appeals to handle cases related to Human Resource Management, Department of Employment Training and Rehabilitation, Department of Education and Medicaid provider matters.**

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 \$100.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Appeal Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422; Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act ( NRS Chap. 233B) decisions issued are subject to judicial review.

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

Hearings and Appeals does not have attorneys on 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: **Professional Service (As defined in NAC 333.150)**

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

This contractor was appointed to this position by the Governor on August 24, 2017.

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 was under contract with the Hearings and Appeals Division since 2016 and 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:

Vanessa Curiel, LSII Ph: (702) 486-2741

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	10/04/2017 09:53:27 AM
Division Approval	ddav12	10/04/2017 09:53:32 AM
Department Approval	ddav12	10/04/2017 09:53:36 AM
Contract Manager Approval	ddav12	10/13/2017 09:10:08 AM
Budget Analyst Approval	knielsen	10/16/2017 08:39:23 AM





**DEPARTMENT OF ADMINISTRATION  
ADMINISTRATIVE SERVICES DIVISION**

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

**MEMORANDUM**

TO: Executive Branch Budget Officer

FROM: Contracts Unit

DATE: October 4, 2017

SUBJECT: Cara L Brown  
Mark Gentile  
Paul Lamboley  
Victoria Oldenburg  
Robert Zentz

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Special Hearings and Appeals Officers were appointed on August 24, 2017 by the Governor as a Special Hearings Officer for the Division of Hearings and Appeals.

Due to the critical need and backlog of cases the contractor began work on September 1, 2017. There was not enough time to process a new contract between August 24<sup>th</sup> and September 1, 2017.

We are confident this is not an ongoing issue and respectfully request a start date for this contract to be September 1, 2017.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18366** Amendment Number: **2**

Agency Name: **NDE - DEPARTMENT OF EDUCATION** Legal Entity Name: **National Alliance for Partnerships**

Agency Code: **300** Contractor Name: **National Alliance for Partnerships**

Appropriation Unit: **2676-78** Address: **in Equity Education Foundation**

Is budget authority available?: **Yes** City/State/Zip: **Gap, PA 17527-9579**

If "No" please explain: **Not Applicable** Contact/Phone: **Mimi Lufkin 717-407-5118**

Vendor No.: **T27033040**

NV Business ID: **NV20161365059**

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

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

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/24/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **12/29/2017**

Termination Date:

Contract term: **339 days**

4. Type of contract: **Contract**

Contract description: **Professional Develp**

5. Purpose of contract:

**This is the second amendment to the original contract to provide training to Nevada school counselors in strategies to increase the participation of Career and Technical Education students in programs that lead to nontraditional careers. This amendment increases the maximum amount from \$9,850 to \$10,760 due to an additional half day of two different professional development services and increased travel cost due to the trainer availability.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,850.00	\$9,850.00	\$9,850.00	No
a. Amendment 1:	\$0.00	\$9,850.00	\$9,850.00	No
2. Amount of current amendment (#2):	\$910.00	\$10,760.00	\$10,760.00	Yes - Info
3. New maximum contract amount:	\$10,760.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Under the Carl D. Perkins Career and Technical Education Act there are performance indicators (6S1 & 6S2) for nontraditional student participation and completion of CTE programs. As requirement of the Perkins funding the state must meet or exceed set target levels. In order to continually meet and increase these performance indicators it is crucial that NDE provide professional development to our high school counselors to assist in meeting this requirement by encouraging and educating students to enroll in nontraditional programs that lead to high-skill, high-wage, and high demand careers. As the Title IX coordinator for the state, it is my responsibility to provide professional development to increase the participation of students in nontraditional career pathways, as mandated under Title IX of the Educational Amendments of 1972 prohibits sex discrimination in schools, especially in career and technical education.

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

No one at the Department of Education has the expertise in the subject matter.

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):

National Research Center for Career & Technical Education Southern Regional Education Board  
National Alliance for Partnerships in Equity, Inc.  
Education Policy Institute

b. Solicitation Waiver: **Not Applicable**

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

The National Alliance for Partnerships in Equity (NAPE) is the standard bearer for professional development on improving nontraditional gender and underserved populations; access to and success in educational and training programs that lead to high-skill, high-wage, and high-demand careers.

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 Education - work has been satisfactory  
CETS #17965 - Contract effective July 21, 2016 through June 30, 2017.

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	09/22/2017 08:13:25 AM
Division Approval	amccalla	09/22/2017 08:13:28 AM
Department Approval	amccalla	09/22/2017 08:13:31 AM
Contract Manager Approval	ablackwe	09/22/2017 08:23:17 AM
Budget Analyst Approval	knielsen	10/05/2017 08:50:59 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: **19270**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: DEPARTMENT OF ADMINISTRATION
Agency Code: <b>300</b>	Contractor Name: <b>DEPARTMENT OF ADMINISTRATION</b>
Appropriation Unit: <b>2705-04</b>	Address: <b>HEARINGS DIVISION 2200 S. RANCHO DR. STE. 220</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89102</b>
If "No" please explain: Not Applicable	Contact/Phone: LINO JASSO 702-486-2527
	Vendor No.:
	NV Business ID: N/A GOV'T 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.

<b>X</b> General Funds	<b>20.00 %</b>	<b>X</b> Fees	<b>80.00 %</b>	<b>TEACHER LICENSURE FEES</b>
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 **10/03/2017**

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 271 days**

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

Contract description: **Hearings Officer**

5. Purpose of contract:

**This is a new interlocal contract to conduct administrative hearings for the Department of Education.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: \$100 per hour for hearings officer and \$50 per hour for clerical staff with travel reimbursed at GSA rates.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Education is required to conduct hearings in contested matters. This contract will provide for independent third party administrative hearings in these cases.

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

Department employees do not possess the requisite knowledge to conduct administrative hearings. An independent third party review avoids the appearance of conflict of interest and provides the necessary skills to conduct such hearings.

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, this interlocal contract is for state employees of the Department of Administration, Hearings Division to perform the required services.

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 Education #15568 May 9, 2014-June 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 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:

Jason Dietrich, Director of Educator Licensure Ph: 702-668-4328

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rrussum	09/21/2017 17:48:43 PM
Division Approval	rrussum	09/21/2017 17:48:47 PM
Department Approval	amccalla	09/22/2017 08:16:08 AM
Contract Manager Approval	ablackwe	10/03/2017 15:08:35 PM
Budget Analyst Approval	knielsen	10/03/2017 16:06:21 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19281**

Agency Name:	<b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name:	Department of Public Safety, Division of Emergency Management
Agency Code:	<b>300</b>	Contractor Name:	<b>Department of Public Safety, Division of Emergency Management</b>
Appropriation Unit:	<b>2721-42</b>	Address:	<b>&amp; Homeland Security 2478 Fairview Drive</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Carson City, NV 89701</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Judith Lyman 775-687-0300
		Vendor No.:	
		NV Business ID:	N/A 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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	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 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **186 days**

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

Contract description: **NDEM Interlocal**

5. Purpose of contract:

**This is a new interlocal agreement to provide technical assistance to local education agencies preparing for potential emergencies through the creation of high quality school Emergency Operations Plans.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$46,644.00**

Other basis for payment: upon receipt of detailed invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Education received a federal grant with a portion for helping to restore the learning environment following a natural disaster or violent incident at or near a school by providing funding to train and provide technical assistance to Local Education Agencies (LEA) that result in the adoption of best practices for developing and implementing school Emergency Operations Plan (EOP).

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

The Department of Education is contracting with the Department of Public Safety, Division of Emergency Management and Homeland Security to provide these services, training, and review of emergency operations plans.

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 is contracting with the Department of Public Safety, Division of Emergency Management and Homeland Security to provide the needed services.

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 Education 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 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:

Diana Hollander, Program Officer Ph: 702-668-4319

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rrussum	09/21/2017 17:50:02 PM
Division Approval	rrussum	09/21/2017 17:50:05 PM
Department Approval	amccalla	09/22/2017 08:14:12 AM
Contract Manager Approval	ablackwe	09/22/2017 08:25:25 AM
Budget Analyst Approval	knielsen	09/26/2017 16:23:18 PM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19273**

Agency Name: <b>STATE PUBLIC CHARTER SCHOOL AUTHORITY</b>	Legal Entity Name: Veritext Legal Solutions
Agency Code: <b>315</b>	Contractor Name: <b>Veritext Legal Solutions</b>
Appropriation Unit: <b>2711-33</b>	Address: <b>2049 Century Park East Suite 2450</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Los Angeles, CA 90067</b>
If "No" please explain: Not Applicable	Contact/Phone: Nicole Russell 213-254-3020
	Vendor No.: T27040763
	NV Business ID: NV20111724211

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 %	<b>X</b>	Fees	<b>100.00 % Sponsorship Fees</b>
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 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2018**

Contract term: **325 days**

4. Type of contract: **Contract**

Contract description: **Court Reporter**

5. Purpose of contract:

**This is a new contract that provides for court reporter services during administrative proceedings or board hearings on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000.00**

Other basis for payment: As described in the Consideration paragraph (6) of the contract

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Past precedent has demonstrated the need for on-site licensed court reporters to transcribe conversations during administrative proceedings or board hearings. In addition, NRS 233B.121 (8) requires that oral proceedings be transcribed upon the request of any party. All board decisions related to charter schools are potentially contested cases and, therefore, subject to the requirements of NRS 233B.121.

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

Court reporters must be certified pursuant to the requirements of NRS Chapter 656. The SPCSA or other state agencies do not have certified court reporters for hire.

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):

Accurate Court Reporting  
Sousa Court Reporting  
Oasis Reporting

b. Solicitation Waiver: **Not Applicable**

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

This vendor meets the agencies need for court reporting services.

d. Last bid date: 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?

**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:

Katie Baldwin, Management Analyst II Ph: 775-687-9165

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kbaldwi1	09/26/2017 07:39:07 AM
Division Approval	kbaldwi1	09/26/2017 07:39:10 AM
Department Approval	jbauer	10/05/2017 09:43:18 AM
Contract Manager Approval	kbaldwi1	10/05/2017 09:51:31 AM
Budget Analyst Approval	tgreenam	10/10/2017 15:22:43 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: **19076**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>COMMUNITY ANTI DRUG COALITIONS</b>
Agency Code: <b>406</b>	Contractor Name: <b>COMMUNITY ANTI DRUG COALITIONS OF AMERICA</b>
Appropriation Unit: <b>3170-29</b>	Address: <b>625 SLATERS LN STE 300</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ALEXANDRIA, VA 22314</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Pat Castillo 703-706-0560</b>
	Vendor No.: <b>T81104206</b>
	NV Business ID: <b>NV20171556534</b>

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C 16200**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/21/2017**  
Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/15/2017**

Contract term: **24 days**

4. Type of contract: **Contract**

Contract description: **Coalition Training**

5. Purpose of contract:

**This is a new contract to provide training and technical assistance to Nevada Prevention Coalitions on behalf of the Bureau of Behavioral Health Wellness and Prevention.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,002.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**To provide technical support and training to Sub-recipients.**

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

**State employees do not possess the level of expertise required by SAMHSA.**

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 approved and required by the federal grant manager for SAMHSA (see attached email).

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

33%

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	chadwic1	09/19/2017 11:51:34 AM
Division Approval	chadwic1	09/19/2017 11:51:36 AM
Department Approval	jkolenut	09/20/2017 07:57:51 AM
Contract Manager Approval	rmorse	09/21/2017 15:43:13 PM
Budget Analyst Approval	nhovden	09/21/2017 15:59:41 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: **19301**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>ESMERALDA COUNTY SCHOOL</b>
Agency Code: <b>406</b>	Contractor Name: <b>ESMERALDA COUNTY SCHOOL</b>
Appropriation Unit: <b>3224-00</b>	Address: <b>DISTRICT P.O. Box 560</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Goldfield, NV 89013</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-485-6382</b>
	Vendor No.: <b>T40277800</b>
	NV Business ID: <b>Governmental Entity</b>

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 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

Agency Reference #: **C 16133**

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 revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.**

3. Termination Date: **06/30/2019**

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

4. Type of contract: **Revenue Contract**

Contract description: **Family Services**

5. Purpose of contract:

**This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the state's community health nurses.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$46,334.00**

Payment for services will be made at the rate of \$1,513.90 per month

Other basis for payment: Plus \$10,000 in the event of infectious disease outbreaks.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to 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:

The state and counties provide services to each other on a continuous basis - 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	09/28/2017 12:15:55 PM
Division Approval	chadwic1	09/28/2017 12:15:57 PM
Department Approval	jkolenut	09/29/2017 08:02:34 AM
Contract Manager Approval	rmorse	10/02/2017 12:47:02 PM
Budget Analyst Approval	bwooldri	10/06/2017 10:42:34 AM

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

September 28, 2017

**MEMORANDUM**

**TO:** **Nikki Hovden**  
*Budget Analyst*  
*Budget Division*

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

**FROM:** **Tina Gerber-Winn**  
*Agency Manager*  
*Community Health Services*

**SUBJECT:** **REQUEST FOR RETROACTIVE START DATE OF CONTRACT –Esmeralda County School District (CETS #19301)**

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The Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative healthcare, as well as referrals for medical services, to county residents.

This revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2017. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

Thank you for your consideration in this matter.

CC: Contract Unit  
Division of Public and Behavioral Health

Revised 5/17

Public Health: Working for a Safer and Healthier Nevada

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19366**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Elko County
Agency Code:	<b>406</b>	Contractor Name:	<b>Elko County</b>
Appropriation Unit:	<b>3224-00</b>	Address:	<b>571 Idaho Street, Floor 3</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>ELKO, NV 89801</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775/753-4610
		Vendor No.:	T81072742X
		NV Business ID:	GOVERNMENTAL ENTITY
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2019</b>		
What is the source of funds that will be used to 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 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>
Agency Reference #:	C 16134		

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 revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.**

3. Termination Date: **06/30/2019**

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

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

Contract description: **Family Services**

5. Purpose of contract:

**This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the State's community health nurses.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,244.00**

Payment for services will be made at the rate of \$968.50 per month

Other basis for payment: Plus \$10,000 in the event of infectious disease outbreaks.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the County to provide direct preventative healthcare, as well as referrals for medical services, to County residents.

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

State employees are providing these services to 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:

The State and County provide services to each other on a continuous basis - 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	10/13/2017 13:52:08 PM
Division Approval	chadwic1	10/13/2017 13:52:10 PM
Department Approval	valpers	10/18/2017 10:51:21 AM
Contract Manager Approval	slabranc	10/18/2017 15:51:14 PM
Budget Analyst Approval	bwooldri	10/19/2017 11:02:03 AM

**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*

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

**October 10, 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 Manager**  
*Community Health Services*

**SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT – Elko County**  
**(CETS# 19366)**

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The purpose of this Interlocal Contract is to provide public health services to meet the health needs of rural and frontier communities. Due to unforeseen delays in the negotiation and revision process concerning deliverables and reimbursement rates charged to the County, this interlocal agreement will need to be approved retroactively.

We therefore request that this contract be accepted with a retroactive start date of July 1<sup>st</sup>, 2017.

If the attached contract is denied, the ability of Community Health Services, in collaboration with Elko County, to manage infectious diseases per (NRS 439.350, 439.360 and 441A) will be seriously impacted and/or unable to continue with the provision of services.

Thank you for your consideration in this matter.

CC: Contract Unit  
Division of Public and Behavioral Health

*Revised 5/17*

Public Health: Working for a Safer and Healthier Nevada

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19309**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>Esmeralda County</b>
Agency Code: <b>406</b>	Contractor Name: <b>Esmeralda County</b>
Appropriation Unit: <b>3224-00</b>	Address: <b>233 Crook Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>GOLDFIELD, NV 89013</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-423-4092</b>
	Vendor No.: <b>T81000318</b>
	NV Business ID: <b>Governmental Entity</b>

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 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

Agency Reference #: **C 16125**

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 revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.**

3. Termination Date: **06/30/2019**

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

4. Type of contract: **Revenue Contract**

Contract description: **Family Services**

5. Purpose of contract:

**This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the state's community health nurses.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,954.00**

Payment for services will be made at the rate of \$456.42 per month

Other basis for payment: Plus \$10,000 in the event of infectious disease outbreaks.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to 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:

The state and counties provide services to each other on a continuous basis - 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	10/02/2017 15:20:39 PM
Division Approval	rmorse	10/02/2017 15:20:42 PM
Department Approval	jkolenut	10/04/2017 08:17:36 AM
Contract Manager Approval	rmorse	10/04/2017 09:54:58 AM
Budget Analyst Approval	bwooldri	10/09/2017 08:55:32 AM

**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**

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Carson City, NV 89706  
Telephone: (775) 684-4200 · Fax: (775) 684-4211

October 2, 2017

**MEMORANDUM**

**TO:** **Nikki Hovden**  
*Budget Analyst*  
*Budget Division*

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

**FROM:** **Tina Gerber-Winn**  
*Agency Manager*  
*Community Health Services*

**SUBJECT:** **REQUEST FOR RETROACTIVE START DATE OF CONTRACT –Esmeralda County (CETS #19309)**

---

The Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative healthcare, as well as referrals for medical services, to county residents.

This revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2017. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

Thank you for your consideration in this matter.

CC: Contract Unit  
Division of Public and Behavioral Health

Revised 5/17

Public Health: Working for a Safer and Healthier Nevada

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19292**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>Eureka County</b>
Agency Code: <b>406</b>	Contractor Name: <b>Eureka County</b>
Appropriation Unit: <b>3224-00</b>	Address: <b>PO BOX 677</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Eureka, NV 89316</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-237-5262</b>
	Vendor No.: <b>T80975988</b>
	NV Business ID: <b>Governmental Entity</b>

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 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

Agency Reference #: **C 16092**

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 revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.**

3. Termination Date: **06/30/2019**

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

4. Type of contract: **Revenue Contract**

Contract description: **Family Services**

5. Purpose of contract:

**This is a new revenue interlocal agreement that continues to provide individual and family health services utilizing the state's community health nurses.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,904.00**

Payment for services will be made at the rate of \$4,952.00 per year

Other basis for payment: Plus \$10,000 in the event of infectious disease outbreaks.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative health care, as well as referrals for medical services, to county residents.

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

State employees are providing these services to 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:

The state and counties provide services to each other on a continuous basis - 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	09/28/2017 12:20:32 PM
Division Approval	chadwic1	09/28/2017 12:20:35 PM
Department Approval	jkolenut	09/29/2017 08:05:33 AM
Contract Manager Approval	rmorse	10/02/2017 13:18:03 PM
Budget Analyst Approval	bwooldri	10/06/2017 10:46:55 AM

**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

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**September 28, 2017**

**MEMORANDUM**

**TO:** **Nikki Hovden**  
*Budget Analyst*  
*Budget Division*

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

**FROM:** **Tina Gerber-Winn**  
*Agency Manager*  
*Community Health Services*

**SUBJECT:** **REQUEST FOR RETROACTIVE START DATE OF CONTRACT – Eureka County (CETS #19292)**

---

The Nevada Division of Public and Behavioral Health, Community Health Services Program, receives funding from the county to provide direct preventative healthcare, as well as referrals for medical services, to county residents.

This revenue contract was delayed due to ongoing negotiations with the county and complications with the required template language. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2017. If this contract is not approved, State and County residents will be delayed receiving preventive healthcare and other necessary medical services.

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: **19367**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	BOARD OF REGENTS, NSHE - OBO UNIVERSITY OF NEVADA, RENO
Agency Code:	<b>406</b>	Contractor Name:	<b>BOARD OF REGENTS, NSHE - OBO UNIVERSITY OF NEVADA, RENO</b>
Appropriation Unit:	<b>3648-30</b>	Address:	<b>School of Medicine 1664 N. Virginia Street RENO, NV 89557</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89557</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775/784-6001
		Vendor No.:	D35000816A
		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.

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

Agency Reference #: C 16144

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 agreement was delayed due to negotiations with the ECHO clinic. If a retroactive start date is not approved the professional working relationship with the University School of Medicine will be negatively affected by the perceived reversal of our negotiated service terms. Additionally, Rural Clinics staff will not have access to clinical guidance key to proper service provision and improvement of clinical skills that benefit the clients served.**

3. Termination Date: **06/30/2018**

Contract term: **364 days**

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

Contract description: **MH development group**

5. Purpose of contract:

**This is a new interlocal agreement that continues ongoing professional development groups for mental health professionals and psychology interns.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,600.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract provides the State the ability to provide clinical consultation to Rural Clinics clinicians and psychology interns to help assist in their professional development.

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 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	10/17/2017 12:27:46 PM
Division Approval	chadwic1	10/17/2017 12:27:48 PM
Department Approval	valpers	10/18/2017 10:53:30 AM
Contract Manager Approval	slabranc	10/18/2017 15:52:00 PM
Budget Analyst Approval	nhovden	10/19/2017 17:00:41 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

**October 10, 2017**

**MEMORANDUM**

**TO:** **Nikki Hovden**  
*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 – July 1, 2017 (CETS #19367)**

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This memorandum requests that the following Interlocal Contract C 16144 be approved for a retroactive start date effective July 1, 2017. This agreement was delayed due to the modifications made on Attachment A. Specifically, clarification of the number of and type of services to be provided by the ECHO clinic took several months to finalize due to scheduling conflicts and a change in assigned staff.

If a retroactive start date is not approved the professional working relationship with the University School of Medicine will be negatively affected by the perceived reversal of our negotiated service terms. Additionally, Rural Clinics staff will not have access to clinical guidance key to proper service provision and improvement of clinical skills that benefit the clients served.

Thank you for your consideration in this matter.

CC: Contract Unit  
Division of Public and Behavioral Health

*Revised 5/17*

Public Health: Working for a Safer and Healthier Nevada

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19155**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>DUNAMIS PROCESS, LLC</b>
Agency Code: <b>409</b>	Contractor Name: <b>DUNAMIS PROCESS, LLC</b>
Appropriation Unit: <b>3148-04</b>	Address: <b>6568 BUSH CLOVER LN</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89156-5963</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Montone White 702/641-5372</b>
	Vendor No.: <b>T29033508</b>
	NV Business ID: <b>NV20131413364</b>

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.

<b>X</b> General Funds	<b>100.00 %</b>	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 **09/22/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2021**

Contract term: **3 years and 344 days**

4. Type of contract: **Contract**

Contract description: **Gang Intervention**

5. Purpose of contract:

**This is a new contract to provide gang intervention classes for the youth.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Payment for services will be made at the rate of \$6,000.00 per 12 week session

Other basis for payment: Two (2) twelve week sessions per year.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Gang involvement is becoming more prevalent among male youth, especially this in custody of the Division of Child and Family Services Summit View Youth Center. A comprehensive and proven effective intervention for youth in gangs is required in order to further the youths' rehabilitative process.

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

These services must be provided by individuals who specialize in gang intervention, who can continue serving our youth upon discharge.

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 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:

Corrina Church, Admin Services Officer Ph: 702-668-4758

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	08/28/2017 14:36:43 PM
Division Approval	pcolegro	09/07/2017 13:07:36 PM
Department Approval	jkolenut	09/08/2017 11:08:34 AM
Contract Manager Approval	sknigge	09/08/2017 13:07:56 PM
Budget Analyst Approval	drey nol2	09/22/2017 12:12:23 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19251**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>CANYON CONSTRUCTION</b>
Agency Code: <b>409</b>	Contractor Name: <b>CANYON CONSTRUCTION</b>
Appropriation Unit: <b>3259-95</b>	Address: <b>3250 W. Idahoe Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ELKO, NV 89801-4668</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775/738-2210</b>
	Vendor No.: <b>PUR0003379A</b>
	NV Business ID: <b>NV19821008262</b>

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.

<b>X</b> General Funds	<b>100.00 %</b>	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 **09/20/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2018**

Contract term: **314 days**

4. Type of contract: **Contract**

Contract description: **Water Line Repair**

5. Purpose of contract:

**This is a new contract to replace 80 feet of damaged water line throughout the boiler system.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,450.00**

#### 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. This repair is necessary to ensure the cottage has a functioning heating system to limit the risk to youth, staff and visitors.

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

This project requires specialty equipment and other tools not available at the facility.

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):

Snyder Mechanical  
Plumblin  
Canyon Construction

b. Solicitation Waiver: **Not Applicable**

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

This was the only vendor to submit a quote.

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:

Vern Harlow, Admin Services Officer Ph: 775-748-6224

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	09/15/2017 07:52:04 AM
Division Approval	pcolegro	09/19/2017 08:51:11 AM
Department Approval	jkolenut	09/19/2017 15:43:40 PM
Contract Manager Approval	sknigge	09/19/2017 16:01:48 PM
Budget Analyst Approval	drey nol2	09/20/2017 15:19:18 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19320**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>Chester Plumbing &amp; Heating</b>
Agency Code: <b>431</b>	Contractor Name: <b>Chester Plumbing &amp; Heating</b>
Appropriation Unit: <b>3650-10</b>	Address: <b>2950 Mountain City Hwy. Box 27</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Elko, NV 89801</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Chris Johnson 775-738-6125</b>
	Vendor No.:
	NV Business ID: <b>NV19731002898</b>

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	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 **10/08/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2018**

Contract term: **1 year and 84 days**

4. Type of contract: **Contract**

Contract description: **Heat Pump Install**

5. Purpose of contract:

**This is a new contract which provides plumbing services to removal and install water source heat pumps for the Nevada National Guard facility in Carlin.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,125.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract to perform removal and installation of water source heat pumps at the Nevada National Guard location in Carlin.

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 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):

Chester Plumbing and Heating  
Plumblne  
Kap Mechanical

b. Solicitation Waiver: **Not Applicable**



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

The vendor provided a quote that was economically better than the other vendors.

d. Last bid date: 08/29/2017 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	twollan1	09/29/2017 18:48:52 PM
Division Approval	twollan1	09/29/2017 18:48:55 PM
Department Approval	twollan1	09/29/2017 18:48:58 PM
Contract Manager Approval	twollan1	09/29/2017 18:49:01 PM
Budget Analyst Approval	jrodrig9	10/08/2017 23:16:56 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19335**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>DC Painting LLC</b>
Agency Code: <b>431</b>	Contractor Name: <b>DC Painting LLC</b>
Appropriation Unit: <b>3650-10</b>	Address: <b>5655 W Alexander Rd</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89130</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>David Cordon 702-379-4009</b>
	Vendor No.: <b>T29039801</b>
	NV Business ID: <b>NV20131261416</b>
To what State Fiscal Year(s) will the contract be charged? <b>2018</b>	
What is the source of funds that will be used to 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 %
<b>X</b> Federal Funds <b>100.00 %</b>	Bonds 0.00 %
Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: <b>NMD 13-17-S</b>	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/09/2017**  
Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/01/2017**

Contract term: **53 days**

4. Type of contract: **Contract**

Contract description: **Paint Henderson**

5. Purpose of contract:

**This is a new contract to provide painting services for the Henderson Nevada Guard Readiness Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,860.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This painting project is required due to the paint deterioration of Henderson Readiness Center.**

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

**Agency personnel does not have necessary skills and equipment to perform this service.**

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

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

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

**DC Painting  
Detail Painting  
Fresh Coat of Las Vegas  
Pruzinsky Painting**

b. Solicitation Waiver: **Not Applicable**

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

The vendor provided the quote that was economically better than other vendors.

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:

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	ctyle1	10/03/2017 16:47:07 PM
Division Approval	ctyle1	10/03/2017 16:47:09 PM
Department Approval	ctyle1	10/03/2017 16:47:12 PM
Contract Manager Approval	ctyle1	10/03/2017 16:47:15 PM
Budget Analyst Approval	jrodrig9	10/09/2017 18:38:57 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19295**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>ENVISE</b>
Agency Code: <b>431</b>	Contractor Name: <b>ENVISE</b>
Appropriation Unit: <b>3650-16</b>	Address: <b>4749 W POST RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-3927</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Gavin Lastrapes 702/777-4006</b>
	Vendor No.: <b>T27038306</b>
	NV Business ID: <b>NV20151201704</b>

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **11-17-S**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/27/2017**

Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/01/2018**

Contract term: **1 year and 4 days**

4. Type of contract: **Contract**

Contract description: **Energy Savings Audit**

5. Purpose of contract:

**This is a new contract to provide professional facility audit services for the Las Vegas Readiness Center and Field Maintenance Shop No.7.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,900.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

In accordance with federal requirements, professional audit services are needed to analyze the infrastructure of the maintenance shops locate at the Floyd Edsall Training Center in Las Vegas and provide practical recommendations for energy savings initiatives.

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

Agency personnel do not possess the necessary skills and certifications to perform specified 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?

Per NAC 333.150, vendor has requisite professional engineering skills and certifications to perform the building controls audit.

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	twollan1	09/25/2017 14:29:35 PM
Division Approval	twollan1	09/25/2017 14:29:37 PM
Department Approval	twollan1	09/25/2017 14:29:40 PM
Contract Manager Approval	twollan1	09/25/2017 14:29:44 PM
Budget Analyst Approval	jrodrig9	09/27/2017 22:59:03 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: **19334**

Agency Name:	<b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name:	<b>HERSHENOW &amp; KLIPPENSTEIN ARCHITECTS, INC.</b>
Agency Code:	<b>431</b>	Contractor Name:	<b>HERSHENOW &amp; KLIPPENSTEIN ARCHITECTS, INC.</b>
Appropriation Unit:	<b>3650-10</b>	Address:	<b>5485 RENO CORPORATE DR SUITE 100</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89511-2262</b>
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? **2018-2019**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NMD 09-17-S**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/09/2017**

Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2018**

Contract term: **356 days**

4. Type of contract: **Contract**

Contract description: **Feasibility Study**

5. Purpose of contract:

**This is a new contract to provide professional engineering services associated with the possible remodel and building addition for the Floyd Edsall Training Center - Field Maintenance Shop in North Las Vegas, to include a feasibility study, cost estimate and rough schematic sketch design .**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This feasibility study is needed due to the growth of force structure in Nevada.**

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

**Agency personnel does not have the necessary skills and certification to perform specified 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?

Per NAC 333.150, vendor has requisite skills and certifications to perform the professional engineering feasibility design.

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	ctyle1	10/03/2017 15:53:17 PM
Division Approval	ctyle1	10/03/2017 15:53:20 PM
Department Approval	ctyle1	10/03/2017 15:53:23 PM
Contract Manager Approval	ctyle1	10/03/2017 16:08:12 PM
Budget Analyst Approval	jrodrig9	10/09/2017 00:35:35 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: **14798** Amendment Number: **3**

Agency Name: **GCB - GAMING CONTROL BOARD** Legal Entity Name: **Washoe County Sheriff's Office Forensic Science Division**

Agency Code: **611** Contractor Name: **Washoe County Sheriff's Office Forensic Science Division**

Appropriation Unit: **4061-04** Address: **911 Parr Blvd**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89512**

If "No" please explain: **Not Applicable** Contact/Phone: **775-328-2800**

Vendor No.:  
NV Business ID: **Exempt**

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.

<b>X</b> General Funds	<b>100.00 %</b>	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 **07/01/2013**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **6 years**

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

Contract description: **Forensic Services**

5. Purpose of contract:

**This is the third amendment to the original contract, which continues ongoing forensic science services to the Gaming Control Board's Enforcement Division. This amendment extends the termination date from June 30, 2017 to June 30, 2019 and increases the maximum amount from \$9,000 to \$12,000 due to the continued need for these services, and revises the scope of work.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,000.00	\$3,000.00	\$3,000.00	No
a. Amendment 1:	\$3,000.00	\$6,000.00	\$6,000.00	No
b. Amendment 2:	\$3,000.00	\$9,000.00	\$9,000.00	No
2. Amount of current amendment (#3):	\$3,000.00	\$12,000.00	\$12,000.00	Yes - Info
3. New maximum contract amount:	\$12,000.00			
and/or the termination date of the original contract has changed to:	06/30/2019			

#### II. JUSTIFICATION



7. What conditions require that this work be done?

Forensic laboratory services are required in support of criminal cases prosecuted by the Nevada Gaming Control Board Enforcement Division.

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

These specialized services require a high degree of training as well as certification.

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:

The Gaming Control Board currently uses such services - quality 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 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	jblac7	09/28/2017 14:08:07 PM
Division Approval	jblac7	09/28/2017 14:08:12 PM
Department Approval	jblac7	09/28/2017 14:08:16 PM
Contract Manager Approval	jblac7	09/28/2017 14:08:20 PM
Budget Analyst Approval	lfree1	10/06/2017 11:48:45 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18851**

Agency Name: <b>DPS-HIGHWAY PATROL</b>	Legal Entity Name: <b>United Site Services of Nevada, Inc.</b>
Agency Code: <b>651</b>	Contractor Name: <b>United Site Services of Nevada, Inc.</b>
Appropriation Unit: <b>4721-04</b>	Address: <b>11975 I-80</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sparks, NV 89434</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Maechel Morrison 775-691-4266</b>
	Vendor No.:
	NV Business ID: <b>NV20021451026</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2021</b>

What is the source of funds that will be used to 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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/12/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2021**

Contract term: **3 years and 171 days**

4. Type of contract: **Contract**

Contract description: **Portable Restrooms**

5. Purpose of contract:

**This is a new contract that continues ongoing services to provide portable restrooms for usage by the Department of Public Safety, Highway Patrol Division at commercial checkpoints located at Wadsworth, Boomtown and Mustang inspection sites.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,320.00**

Payment for services will be made at the rate of \$390.00 per month

Other basis for payment: Additional \$75.00 per site per quarter for any additional services needed during peak times throughout the year.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Restroom facilities must be available to employees working at all duty stations, there are no restroom facilities at these inspection sites

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

There are no State employees or agencies who 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):

Sani-Hut  
United Site Services  
Quick Space

b. Solicitation Waiver: **Not Applicable**

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

lowest bid

d. Last bid date: 01/19/2017 Anticipated re-bid date: 09/01/2020

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:

Previously contracted with Nevada Highway Patrol and services were 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	bmarti8	06/06/2017 16:16:31 PM
Division Approval	nkephart	10/11/2017 13:42:47 PM
Department Approval	mcar2	10/11/2017 14:18:12 PM
Contract Manager Approval	mcar2	10/11/2017 14:18:18 PM
Budget Analyst Approval	jrodrig9	10/12/2017 21:18:33 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19048**

Agency Name: <b>DPS-PAROLE &amp; PROBATION</b>	Legal Entity Name: <b>Action Rental Inc.</b>
Agency Code: <b>652</b>	Contractor Name: <b>Action Rental Inc.</b>
Appropriation Unit: <b>3740-04</b>	Address: <b>dba Action Truck Accessories</b>
Is budget authority available?: <b>Yes</b>	<b>5719 Boulder HWY</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>Las Vegas, NV 89122-7203</b>
	Contact/Phone: <b>Marty Billich 702-458-2090</b>
	Vendor No.: <b>T32005231</b>
	NV Business ID: <b>NV19811001089</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2019</b>

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

<b>X</b> General Funds	<b>100.00 %</b>	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 **10/12/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **1 year and 261 days**

4. Type of contract: **Contract**

Contract description: **Vehcile Installation**

5. Purpose of contract:

**This is a new contract is to provide for the installation of special law enforcement equipment, to include two-way radios, security gate remote activators (gate-busters), consoles, prisoner partitions and weapon mounts, in State Fleet Services vehicles leased by Nevada Division of Parole and Probation.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,035.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

P&P vehicles are used by sworn staff to perform their duties. Duties can be related to supervision of parolees/probationers, to include home visits, surveillance and transportation of offenders to jail. The two-way radios, gatebusters, consoles, prisoner partitions and weapon mounts contribute directly to the safety and security of the sworn staff.

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

P&P has no employees trained in installation of is equipment, or the facilities to do so. Other state agencies who do, do not have resources to provide these services in a timely manner.

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):

Action Rental, Inc. dba Action Truck Accessories  
Berry Enterprises, Inc. dba Sierra Electronics  
Advanced Vehicle Products  
LEHR Auto Electric Services  
Frontier Radio

b. Solicitation Waiver: **Not Applicable**

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

Had the lowest bid of the two submitted.

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:

Sieber, Susan, ASO II Ph: 775-684-2652

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssieber	07/31/2017 07:27:28 AM
Division Approval	nkephart	10/02/2017 10:42:11 AM
Department Approval	mcar2	10/06/2017 15:26:20 PM
Contract Manager Approval	mcar2	10/06/2017 15:26:24 PM
Budget Analyst Approval	jrodrig9	10/12/2017 13:19:05 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: **19047**

Agency Name: <b>DPS-PAROLE &amp; PROBATION</b>	Legal Entity Name: <b>BERRY ENTERPRISES</b>
Agency Code: <b>652</b>	Contractor Name: <b>BERRY ENTERPRISES</b>
Appropriation Unit: <b>3740-04</b>	Address: <b>dba SIERRA ELECTRONICS</b>
Is budget authority available?: <b>Yes</b>	<b>690 E GLENDALE</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>SPARKS, NV 89431</b>
To what State Fiscal Year(s) will the contract be charged? <b>2018-2019</b>	Contact/Phone: <b>775-846-0838</b>
What is the source of funds that 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.: <b>T81102512</b>
	NV Business ID: <b>NV19801013254</b>

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.

<b>X</b> General Funds	<b>100.00 %</b>	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 **10/09/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2019**

Contract term: **1 year and 264 days**

4. Type of contract: **Contract**

Contract description: **Veh Equip Installs**

5. Purpose of contract:

**This is a new contract which provides ongoing installation/mounting services associated with the installation of two-way radios, security gate remote activators (gatebusters), consoles, prisoner partitions and weapon mounts in State Fleet Services vehicles leased by Nevada Division of Parole and Probation.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,865.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

P&P vehicles are used by sworn staff to perform their duties. Duties can be related to supervision of parolees/probationers, to include home visits, surveillance and transportation of offenders to jail. The two-way radios, gatebusters, consoles, prisoner partitions and weapon mounts contribute directly to the safety and security of the sworn staff.

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

P&P has no employees trained in installation of this equipment, or the facilities to do so. Other state agencies who do, do not have the resources to provide these services in a timely manner.

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):

Action Rental Inc. dba Action Truck Accessories  
Advanced Vehile Products  
LEHR Auto Electric Services  
Frontier Radio  
Berry Enterprises, Inc. dba Sierra Electronics

b. Solicitation Waiver: **Not Applicable**

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

This is the only vendor who responded to the solicitation for Northern Nevada.

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:

Sieber, Susan, ASO II Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssieber	07/31/2017 07:29:22 AM
Division Approval	nkephart	09/28/2017 12:24:24 PM
Department Approval	mcar2	09/28/2017 12:33:01 PM
Contract Manager Approval	mcar2	09/28/2017 12:33:04 PM
Budget Analyst Approval	jrodrig9	10/08/2017 23:10:05 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: **19246**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>Balance Hydrologics, Inc.</b>
Agency Code: <b>702</b>	Contractor Name: <b>Balance Hydrologics, Inc.</b>
Appropriation Unit: <b>4467-14</b>	Address: <b>800 Bancroft Way, Suite 101</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Berkeley, CA 94710-2251</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Brian Hastings 510/704-1000</b>
	Vendor No.: <b>T32005426</b>
	NV Business ID: <b>NV20141250361</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2019</b>

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

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Habitat Conservation</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 18-08

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/09/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2018**

Contract term: **356 days**

4. Type of contract: **Contract**

Contract description: **Bruneau River Design**

5. Purpose of contract:

**This is a new contract to provide conceptual drawings and a design basis report for the removal of three irrigation diversions to allow free movement for all the fish species on the Bruneau River.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$41,778.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The diversions are movement barriers to the native fish assemblage present in the drainage. Removal of the diversions would allow free movement for all the fish species present.

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

The Nevada Department of Wildlife does not have a geomorphologist on staff and lack the technical expertise to properly evaluate the diversions and formulate plans for their removal.

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

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:

Kevin Netcher, Biologist Ph: (775) 777-2333

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	09/13/2017 09:01:29 AM
Division Approval	kdailey	09/14/2017 09:15:35 AM
Department Approval	eobrien	09/15/2017 09:46:36 AM
Contract Manager Approval	dwendell	09/20/2017 13:56:59 PM
Budget Analyst Approval	cpalme2	10/09/2017 09:15:26 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19232**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>EASTERN NEVADA LANDSCAPE COALITION</b>
Agency Code: <b>702</b>	Contractor Name: <b>EASTERN NEVADA LANDSCAPE COALITION</b>
Appropriation Unit: <b>4467-14</b>	Address: <b>PO BOX 150266</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ELY, NV 89315</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Betsy Macfarlan 775/289-7974</b>
	Vendor No.: <b>T27001336A</b>
	NV Business ID: <b>NV20021244679</b>

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 %	<b>X</b>	Fees	<b>100.00 % Habitat Conservation</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **18-17**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/02/2017**

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 272 days**

4. Type of contract: **Contract**

Contract description: **Weed Management**

5. Purpose of contract:

**This is a new contract to assist private landowners in treating noxious and invasive weed infestations in multiple locations throughout Eastern and Southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,200.00**

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 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):

b. Solicitation Waiver: **Not Applicable**

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

This was the only vendor that could perform the work needed.

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?

**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:

NDOW and the Department of Agriculture has contracted with the vendor in the past with successful outcomes.

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 Staff Specialist Ph: 775/777-2392

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	09/07/2017 08:28:13 AM
Division Approval	tdoucett	09/07/2017 13:31:48 PM
Department Approval	eobrien	09/21/2017 16:46:36 PM
Contract Manager Approval	dwendell	09/26/2017 11:56:50 AM
Budget Analyst Approval	cpalme2	10/02/2017 10:01:23 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: **19283**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>HUMBOLDT WATERSHED COOP WEED MGMT AREA</b>
Agency Code: <b>702</b>	Contractor Name: <b>HUMBOLDT WATERSHED COOP WEED MGMT AREA</b>
Appropriation Unit: <b>4467-14</b>	Address: <b>PO BOX 462</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ELKO, NV 89803-0462</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/762-2636</b>
	Vendor No.: <b>T27029602</b>
	NV Business ID: <b>NV20041351215</b>

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 %	<b>X</b>	Fees	<b>100.00 % Habitat Conservation</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 18-16

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/09/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/30/2020**

Contract term: **2 years and 295 days**

4. Type of contract: **Contract**

Contract description: **Weed infestations**

5. Purpose of contract:

**This is a new contract to provide weed infestation treatment on private lands in the Humboldt Watershed.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Wildlife species are dependent on healthy vegetative communities and this will insure preservation of native habitats to benefit wildlife.**

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 proper supplies or experience.**

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

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

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

Humboldt Watershed Cooperative  
Boss Tanks  
Eastern Nevada Landscape Coalition  
Northern Nevada Landscape Coalition

b. Solicitation Waiver: **Not Applicable**

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

This vendor had the qualified knowledge and skills.

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:

Wildlife, Environmental Protection, and Agriculture have existing and past contracts with the vendor. The work performed by the vendor is consistent and successful.

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 Staff Specialist Ph: 775/777-2392

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dwendell	09/21/2017 12:21:32 PM
Division Approval	tdoucett	09/27/2017 09:17:11 AM
Department Approval	eobrien	09/29/2017 16:07:20 PM
Contract Manager Approval	dwendell	10/02/2017 09:06:11 AM
Budget Analyst Approval	cpalme2	10/09/2017 09:18:30 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: **19272**

Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: <b>Borges Sleigh and Carriage Rides, Inc.</b>
Agency Code: <b>704</b>	Contractor Name: <b>Borges Sleigh and Carriage Rides, Inc.</b>
Appropriation Unit: <b>4162-00</b>	Address: <b>445 Hansen Lane</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Gardnerville, NV 89460</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Dwight Borges 775-588-2953</b>
	Vendor No.:
	NV Business ID: <b>NV19981382316</b>

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 %	<b>X Other funding</b>	<b>100.00 % Revenue Contract</b>

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 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2021**

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Sleigh Rides**

5. Purpose of contract:

**This is a new revenue contract to provide sleigh and carriage rides at Lake Tahoe State Park.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This special service will enhance the experience at Lake Tahoe Nevada State Park and will increase visitations.

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

NA

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):

Cascade Stables  
Zephyr Cove Stables  
Alpine Meadows Stable

b. Solicitation Waiver: **Not Applicable**

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

Only responding vendor.

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:

This vendor has a special use permit with Lake Tahoe Nevada State Park for the last two years 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:

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:

Jay Howard, Park Supervisor Ph: 775-831-0494

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	09/19/2017 14:56:29 PM
Division Approval	sdecrona	09/19/2017 14:56:32 PM
Department Approval	sdecrona	09/19/2017 14:56:34 PM
Contract Manager Approval	sdecrona	09/19/2017 15:06:15 PM
Budget Analyst Approval	cpalme2	09/25/2017 10:13:54 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: **19393**

Agency Name: **DCNR - PARKS DIVISION**  
 Agency Code: **704**  
 Appropriation Unit: **4162-59**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **JERRY'S SERVICES, INC. DBA**  
 Contractor Name: **JERRY'S SERVICES, INC. DBA**  
 Address: **JERRY'S JOHNS  
 PO BOX 868  
 CALIENTE, NV 89008-0868**  
 City/State/Zip: **CALIENTE, NV 89008-0868**  
 Contact/Phone: **Tammy Hubbard 775/726-3189**  
 Vendor No.: **T81073488A**  
 NV Business ID: **NV19951063588**

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.

<b>X</b> General Funds	<b>100.00 %</b>	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 **10/20/2017**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 74 days**

4. Type of contract: **Contract**

Contract description: **Septic Service ER**

5. Purpose of contract:

**This is a new contract to provide sewage and portable restroom pumping for Beaver Dam, Cathedral Gorge, Regional Visitor Center, Kershaw-Ryan, Elgin Schoolhouse, Spring Valley and Echo Canyon Parks.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To provide safe and sanitary environment.

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

We do not have the equipment, manpower, or necessary licensing or disposal of sewage.

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):

Ely Septic  
 John's Septic  
 Sanitary Septic

b. Solicitation Waiver: **Not Applicable**

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

Sole response.



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 are currently under contract with the Southern Region State Parks with a 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 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:

Josh Ivans, Park Supervisor Ph: 775-728-4460

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	10/17/2017 10:53:30 AM
Division Approval	sdecrona	10/17/2017 10:53:32 AM
Department Approval	sdecrona	10/17/2017 10:53:35 AM
Contract Manager Approval	sdecrona	10/17/2017 10:53:38 AM
Budget Analyst Approval	hfield	10/20/2017 10:46:41 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: **19333**

Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: <b>RED LION HITELS CORPORATION, D/B/A, RED LION HOTEL &amp; CASINO ELKO</b>
Agency Code: <b>704</b>	Contractor Name: <b>RED LION HITELS CORPORATION, D/B/A, RED LION HOTEL &amp; CASINO ELKO</b>
Appropriation Unit: <b>4162-30</b>	Address: <b>ATTN HUMAN RESOURCES 2065 IDAHO STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ELKO, NV 89801</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kristi Hansen 7757530478</b>
	Vendor No.: <b>T81039741</b>
	NV Business ID: <b>NV20161504723</b>

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	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>13.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>37.00 % Gift Shop Enterprise Fund</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/22/2018**  
Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/26/2018**

Contract term: **4 days**

4. Type of contract: **Contract**

Contract description: **Parks Academy 2018**

5. Purpose of contract:

**This is a new contract to provide conference facilities for the Park Academy for training of State Park employees.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,977.10**

Other basis for payment: up front payment of \$3,995.42

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Legislature approved training for park staff.

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

We have no facility centrally located to host such a large training.

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):

Hilton Garden Inn Elko  
Ramada Hotel & Stockmans Casino

b. Solicitation Waiver: **Not Applicable**

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

This was the lowest bid.

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:

Jennifer Idema, ASO Ph: 775-684-2733

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	10/03/2017 15:15:44 PM
Division Approval	sdecrona	10/03/2017 15:15:48 PM
Department Approval	sdecrona	10/03/2017 15:15:50 PM
Contract Manager Approval	sdecrona	10/03/2017 15:24:52 PM
Budget Analyst Approval	cpalme2	10/06/2017 11:26:52 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: **19294**

Agency Name: <b>DCNR - STATE LANDS</b>	Legal Entity Name: <b>DESIGN WORKSHOP INC</b>
Agency Code: <b>707</b>	Contractor Name: <b>DESIGN WORKSHOP INC</b>
Appropriation Unit: <b>4206-39</b>	Address: <b>1390 LAWRENCE ST STE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>DENVER, CO 80204-2081</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>MARLA BOUSQUET 303/623-5186</b>
	Vendor No.: <b>T81090224</b>
	NV Business ID: <b>NV19971217141</b>
To what State Fiscal Year(s) will the contract be charged? <b>2018</b>	

What is the source of funds that will be used to 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 %	<b>X</b> Bonds	<b>100.00 %</b>
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 **09/27/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2017**

Contract term: **95 days**

4. Type of contract: **Contract**

Contract description: **Survey/Basemap**

5. Purpose of contract:

**This is a new contract for survey and basemapping services required for design development and construction documentation of the Spooner Frontcountry Recreational Improvements project.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,980.00**

Other basis for payment: Time and materials, billed on a monthly basis.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Survey and basemapping work is required to proceed with design development and construction documentation for the Spooner Frontcountry improvement project, per Phase II (Design Development and Construction Documentation) of the July 2016 RFQ issued for this project by the Division of State Parks (NDSP) on behalf of the Division of State Lands.

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

Due to current workloads within the NDSP Planning and Development team to accommodate the development needs required for the newly acquired Walker River SRA and Ice Age SHP, state staff is unavailable to complete this project work.

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

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

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

Ward Young  
Stantec  
Design Workshop

b. Solicitation Waiver: **Not Applicable**

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

Continuation of services by Design Workshop is recommended based on the firm's background with and knowledge of the project, and successful completion of Phase I of the three phases identified in the RFQ issued by the Division of State Parks in July 2016.

d. Last bid date: 07/10/2017 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:

2016-2017, Division of State Lands, Spooner Frontcountry Improvements Conceptual Planning, work confirmed 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:

Dana Dapolito, Conservation Staff Specialist Ph: 776-684-2740

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bre00	09/25/2017 13:14:33 PM
Division Approval	bre00	09/25/2017 13:14:36 PM
Department Approval	pmis3h	09/25/2017 14:51:53 PM
Contract Manager Approval	bre00	09/25/2017 14:52:12 PM
Budget Analyst Approval	cpalme2	09/27/2017 11:56:13 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: **19239**

Agency Name: <b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: <b>KPS/3 INC</b>
Agency Code: <b>709</b>	Contractor Name: <b>KPS/3 INC</b>
Appropriation Unit: <b>3173-04</b>	Address: <b>50 W Liberty St #640</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89501</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/686-7420</b>
	Vendor No.: <b>T80988055</b>
	NV Business ID: <b>NV19941094961</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2022</b>
What is the source of funds that will be used to 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 %
<b>X</b> Federal Funds <b>100.00 %</b>	Bonds 0.00 %
Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: <b>DEP18-004</b>	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/06/2017**  
 Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2021**  
 Contract term: **3 years and 360 days**

4. Type of contract: **Contract**  
 Contract description: **Website Redesigns**

5. Purpose of contract:  
**This is a new contract to provide redesign and maintenance/support services for DCNR/NDEP websites. The State Environmental Commission and the NV Recycles websites will be redesigned to be more consistent with other DCNR websites.**

6. NEW CONTRACT  
 The maximum amount of the contract for the term of the contract is: **\$45,000.00**  
 Other basis for payment: **Services provided to be invoiced monthly**

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
the DCNR/NDEP websites are outdated and difficult for the public and regulated entities to navigate. The regulatory programs of the agency are complex and redesigned websites with cleaner navigation will assist businesses and the public. DCNR/NDEP would like to improve and centralize access to on-line services and provide accessibility for mobile users. In addition, for the website to be useful it must be kept current and DCNR/NDEP needs a platform which will allow easy updates by non-IT, program staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
Since the agencies websites contains a large amount of complex content, additional expertise is needed to develop the Website Redesign. Additional expertise is also needed to create the framework for the development of on-line forms as required by SB236 passed by 2013 Legislature

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):

West Interactive Services Corp CivicLive  
ePathUSA Inc.  
Planeteria Medai LLC  
KPS3

b. Solicitation Waiver: **Not Applicable**

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

This contractor was chosen by the RFP evaluation committee based on the scores of the selection criteria.

d. Last bid date: 06/21/2017 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?

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 held a contract with NDEP since 2012, and the quality of service has been greater than 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:

Kevin Weiss, , Informations Services Mgr Ph: 775.687.9324

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bsotomay	09/18/2017 14:31:06 PM
Division Approval	vking	10/03/2017 08:07:26 AM
Department Approval	vking	10/03/2017 08:07:55 AM
Contract Manager Approval	ssimpso2	10/03/2017 11:09:33 AM
EITS Approval	lolso3	10/04/2017 08:04:28 AM
Budget Analyst Approval	cpalme2	10/06/2017 11:55:03 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: **19359**

Agency Name: <b>B&amp;I - INSURANCE DIVISION</b>	Legal Entity Name: <b>NEVADA BROADCASTERS</b>
Agency Code: <b>741</b>	Contractor Name: <b>NEVADA BROADCASTERS ASSOCIATION</b>
Appropriation Unit: <b>3813-13</b>	Address: <b>3900 PARADISE STE 279</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89169-0934</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Eric Bonnici 702/794-4994</b>
	Vendor No.: <b>T80990324</b>
	NV Business ID: <b>NV19941133658</b>
To what State Fiscal Year(s) will the contract be charged? <b>2018</b>	

What is the source of funds that will be used to 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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	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 **10/16/2017**

Anticipated BOE meeting date 10/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/15/2017**

Contract term: **60 days**

4. Type of contract: **Contract**

Contract description: **ACA Open Enrollment**

5. Purpose of contract:

**This is a new contract for radio announcements to provide the public with information regarding the shortened Open Enrollment Period to purchase insurance through the health insurance exchange for plan year 2018. The Open Enrollment period runs from November 1, 2017 to December 15, 2017 for the 2018 plan year. Insurance plans sold during Open Enrollment are effective beginning January 1, 2018.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: Invoice for airtime used.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada citizens may not be aware of the shortened time available for open enrollment for health insurance through the health insurance exchange. Without this information, Nevada's vulnerable citizens may not reenroll in time and be left without insurance coverage. DOI has a responsibility to ensure the public is informed of significant insurance developments.

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

The Division of Insurance does not have the resources to advertise on a statewide basis.

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 #: 171001**

**Approval Date: 10/06/2017**

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

NBA is the only NCSA provider in the state of Nevada.

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:

Division of Insurance 6/9/2013-6/30/2016 - 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:

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:

Yeraldin DeAvilla, Public Information Officer Ph: 775-687-0772

Toni Bouas, Contract Manager Ph: 775-687-0794

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhanse4	10/10/2017 13:37:03 PM
Division Approval	jhanse4	10/10/2017 13:37:07 PM
Department Approval	jhanse4	10/10/2017 13:37:19 PM
Contract Manager Approval	tbouas	10/10/2017 13:43:10 PM
Budget Analyst Approval	aurruty	10/12/2017 13:42:59 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

<b>Purchasing Use Only:</b>	
Approval#:	171001

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency:	<i>Division of Insurance</i>	
	Contact Name and Title		Phone Number
	<i>Toni Bouas</i> <i>Contract Manager</i>		<i>775-687-0794</i>
		Email Address	
		<i>tdbouas@doi.nv.gov</i>	

<b>Vendor Information:</b>		
<b>1b</b>	Identify Vendor:	<i>Nevada Broadcasters Association</i>
	Contact Name:	<i>Eric Bonnici</i>
	Address:	<i>3900 Paradise Road, #279, Las Vegas, NV 89169</i>
	Telephone Number:	<i>702-794-4994</i>
	Email Address:	<i>eric@nevadabroadcasters.org</i>

<b>1c</b>	<b>Type of Waiver Requested - Check the appropriate type:</b>	
	Sole or Single Source:	<i>Sole Source</i>
	Professional Service Exemption:	

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

<b>Term:</b>				
<b>1e</b>	One (1) Time Purchase:			
	Contract:	Start Date:	<i>Upon Approval</i>	End Date:

<b>Funding:</b>		
<b>1f</b>	State Appropriated:	
	Federal Funds:	
	Grant Funds:	<i>Cycle II Grant funds</i>
	Other (Explain):	

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	<i>\$30,000</i>

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

*This contract is for radio announcements to provide the public with information regarding the shortened Open Enrollment Period to purchase insurance through the health insurance exchange for plan year 2018. The Open Enrollment period runs from November 1, 2017 to December 15, 2017 for the 2018 plan year. Insurance plans sold during Open Enrollment are effective beginning January 1, 2018.*

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

*The Nevada Broadcasters Association (NBA) is a 501(c) 6 not-for-profit state association. The service that will be provided through this request is a statewide Non-Commercial Sustaining Announcement (CNCSA) campaign. Like Public Service Announcements (PSAs), NCSAs are informational /educational announcements broadcast by radio and television outlets within a selected broadcast area; unlike PSAs, NCSAs are aired by member broadcaster in their best available unsold time slots, offering the sponsoring agencies with a variety of exposures which often include prime or near-prime time.*

*This service allows NBA to provide \$4 worth of airtime at a cost of \$1 to the Division. It is in the State's and public's best interest to use this vendor due to the reduced rates which result in an increase in airtime. As stated in Attachment 'A', the Nevada Broadcasters Association (NBA) is a 501(c) 6 not-for-profit state association. The Association is the only Nevada resource for producing and airing Non-Commercial Sustaining Announcement campaigns.*

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

*The Division is requesting this service from NBA since they are the only company in NV that provides this service.*

<b>Were alternative services or commodities evaluated? Check One.</b>		Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
<b>5</b>	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>	<p><i>The Division has worked with NBA on past public awareness campaigns. DOI is familiar and satisfied with the quality and timeliness of NBA's work. And, given the short turnaround time for this project, DOI has complete confidence that the vendor will be ready to begin public announcements by the beginning date of the contract.</i></p>			

<b>6</b>	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation</b>	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
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<p><b>waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.</b></p>				
<p>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></p>				
<p><i>Term Start and End Dates</i></p>		<p><i>Value</i></p>	<p><i>Short Description</i></p>	<p><i>Type of Procurement (RFP#, RFQ#, Waiver #)</i></p>
<p>6/2009</p>	<p>6/2013</p>	<p>\$432,000</p>	<p>Statewide education announcement campaigns</p>	<p>Waiver #090513</p>
		<p>\$</p>		
		<p>\$</p>		
		<p>\$</p>		
		<p>\$</p>		

7	<p><b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b></p>
	<p><i>Nevada citizens may not be aware of the shortened time available for open enrollment for health insurance through the health insurance exchange. Without this information, Nevada's vulnerable citizens may not reenroll in time and be left without insurance coverage. DOI has a responsibility to ensure the public is informed of significant insurance developments.</i></p>

8	<p><b>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?</b></p>
	<p><i>An internet search was conducted for Non-Commercial Sustaining Announcement (NCSA) Providers in the state of Nevada. Nevada Broadcasters Association is the only NCSA in the State. Television and radio broadcasters donate unsold airtime to NBA who then make that time available for public outreach. This significantly lowers the cost which will allow the Division an opportunity to reach a wider audience.</i></p>

9	<p><b>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></b></p>	<p>Yes:</p>		<p>No:</p>	<p>X</p>
	<p>a. <i>If yes, please provide details regarding future obligations or needs.</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.

*Mari B...*

Agency Representative Initiating Request

*Toni Bouas*

Print Name of Agency Representative Initiating Request

*10/4/2017*  
Date

*Laurie Squartsoff*

Signature of Agency Head Authorizing Request

*Laurie Squartsoff*

Print Name of Agency Head Authorizing Request

*10/4/17*  
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

*10-6-2017*  
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: **19196**

Agency Name: <b>B&amp;I - REAL ESTATE DIVISION</b>	Legal Entity Name: <b>MILLENNIUM SYSTEMS PRODUCTS INC DBA LAW OFFICES OF IRA DAVID</b>
Agency Code: <b>748</b>	Contractor Name: <b>MILLENNIUM SYSTEMS PRODUCTS INC DBA LAW OFFICES OF IRA DAVID</b>
Appropriation Unit: <b>3820-15</b>	Address: <b>2549 THORNVIEW ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89135</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>IRA DAVID 702-990-0646</b>
	Vendor No.: <b>T27023491A</b>
	NV Business ID: <b>NV20011184581</b>

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 %	<b>X</b>	Fees	<b>100.00 % Licensing and administrative fees.</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 3436GB**

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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

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

4. Type of contract: **Contract**

Contract description: **Referee/Arbitrator**

5. Purpose of contract:

**This is a new contract to provide the referee/arbitrator services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$200.00 per hour

Other basis for payment: for referee proceeding, not to exceed \$1,000.00 for referee proceeding; \$300.00 per arbitration proceeding.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Real Estate Division requires independent contracts to conduct referee/arbitration services.**

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 specialized training required to perform referee and arbitration services.**

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

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

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

Law Offices of Donald Lowery PLLC  
Boyack Chtd.  
Paul H Lambolely

b. Solicitation Waiver: **Not Applicable**

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

This vendor is one of four contractors who met requirements.

d. Last bid date: 05/25/2017 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?

**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:  
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:

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	09/20/2017 12:42:19 PM
Division Approval	ghilgar	09/20/2017 12:42:22 PM
Department Approval	jhanse4	09/20/2017 15:30:11 PM
Contract Manager Approval	mbenn	09/21/2017 08:58:07 AM
Budget Analyst Approval	aurruty	09/29/2017 18:08:23 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19201**

Agency Name: <b>B&amp;I - REAL ESTATE DIVISION</b>	Legal Entity Name: BARBARA FENSTER DBA BARBARA FENSTER MEDIATION & TRAINING
Agency Code: <b>748</b>	Contractor Name: <b>BARBARA FENSTER DBA BARBARA FENSTER MEDIATION &amp; TRAINING</b>
Appropriation Unit: <b>3820-15</b>	Address: <b>6550 S PECOS RD STE B118</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89120</b>
If "No" please explain: Not Applicable	Contact/Phone: BARBARA FENSTER 702-480-2333
	Vendor No.: T27025201
	NV Business ID: NV20121742800

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 %	<b>X</b>	Fees	<b>100.00 % Licensing and administrative fees.</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: RFP # 3437GB

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 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

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

4. Type of contract: **Contract**

Contract description: **Mediation**

5. Purpose of contract:

**This is a new contract to provide mediation services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: Not to exceed \$500.00 for the first three hours of mediation.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Real Estate Division requires independent contracts to conduct mediation services.

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 specialized training required to perform mediation services.

9. Were quotes or proposals solicited? Yes

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

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

Henry Melton and Associates  
Boyack Chtd.  
Janet Trost, Esq.

b. Solicitation Waiver: **Not Applicable**



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

This vendor achieved the points required for a contract.

d. Last bid date: 05/25/2017 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?

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:

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	09/20/2017 10:47:14 AM
Division Approval	ghilgar	09/20/2017 10:47:19 AM
Department Approval	jhanse4	09/20/2017 15:51:37 PM
Contract Manager Approval	mbenn	09/21/2017 08:54:46 AM
Budget Analyst Approval	aurnuty	10/06/2017 13:36:22 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: **19198**

Agency Name: <b>B&amp;I - REAL ESTATE DIVISION</b>	Legal Entity Name: <b>BOYACK CHTD DBA PREMIER LEGAL GROUP</b>
Agency Code: <b>748</b>	Contractor Name: <b>BOYACK CHTD DBA PREMIER LEGAL GROUP</b>
Appropriation Unit: <b>3820-15</b>	Address: <b>1333 N BUFFALO DR STE. 210</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89128</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Lauren Gillen 702-794-4411</b>
	Vendor No.: <b>T29022061</b>
	NV Business ID: <b>NV20041538428</b>

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 %	<b>X</b>	Fees	<b>100.00 % Licensing and administrative fees.</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 3436GB**

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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

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

4. Type of contract: **Contract**

Contract description: **Referee/Arbitrator**

5. Purpose of contract:

**This is a new contract to provide referee/arbitrator services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$200.00 per hour

Other basis for payment: for referee proceeding, not to exceed \$1,000.00 per referee proceeding; \$300.00 per hour for arbitration proceeding.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Real Estate Division requires independent contactors to conduct referee/arbitration services.**

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 specialized training to perform referee and arbitration services.**

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

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

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

Paul H, Lamboley  
Law Offices of Donald E. Lowrey PLLC  
Law Offices of Ira David

b. Solicitation Waiver: **Not Applicable**

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

This vendor is one of four contractors who met requirements.

d. Last bid date: 05/25/2017 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?

**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:  
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:

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	09/21/2017 10:01:00 AM
Division Approval	ghilgar	09/21/2017 10:01:04 AM
Department Approval	jhanse4	09/21/2017 10:03:37 AM
Contract Manager Approval	mbenn	09/21/2017 10:12:11 AM
Budget Analyst Approval	aurruty	09/29/2017 18:18:11 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: **19209**

Agency Name: <b>B&amp;I - REAL ESTATE DIVISION</b>	Legal Entity Name: <b>BOYACK CHTD DBA PREMIER LEGAL GROUP</b>
Agency Code: <b>748</b>	Contractor Name: <b>BOYACK CHTD DBA PREMIER LEGAL GROUP</b>
Appropriation Unit: <b>3820-15</b>	Address: <b>1333 N BUFFALO DR UNIT 210</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89128</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>LAUREN GILLEN 702-794-4411</b>
	Vendor No.: <b>T29022061</b>
	NV Business ID: <b>NV20041538428</b>

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 %	<b>X</b>	Fees	<b>100.00 % Licensing and administrative fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 3437GB**

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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

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

4. Type of contract: **Contract**

Contract description: **Mediation Services**

5. Purpose of contract:

**This is a new contract to provide mediation services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: **Not to exceed \$500.00 fir the first three hours of mediation.**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Real Estate Division requires independent contracts to conduct mediation services.**

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 specialized training required to perform mediation services.**

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

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

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

**Henry Melton and Associates  
Arbitration and Mediation Solutions  
Janet Trost Esq.**

b. Solicitation Waiver: **Not Applicable**

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

This vendor has achieved the points required for a contract.

d. Last bid date: 05/25/2017 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?

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:

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:

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	09/21/2017 10:02:02 AM
Division Approval	ghilgar	09/21/2017 10:02:06 AM
Department Approval	jhans4	09/21/2017 10:04:11 AM
Contract Manager Approval	mbenn	09/21/2017 10:12:34 AM
Budget Analyst Approval	aurruty	09/29/2017 15:46:55 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: **19200**

Agency Name: **B&I - REAL ESTATE DIVISION**  
 Agency Code: **748**  
 Appropriation Unit: **3820-15**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **DEE NEWELL**  
 Contractor Name: **DEE NEWELL**  
 Address: **5546 CAMINO AL NORTE STE 2**  
 City/State/Zip: **NORTH LAS VEGAS, NV 89031**  
 Contact/Phone: **DEE NEWELL 702-399-4440**  
 Vendor No.: **T32003744**  
 NV Business ID: **NV20041569813**

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 %	<b>X</b>	Fees	<b>100.00 % Licensing and administrative fees.</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 3437GB**

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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

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

4. Type of contract: **Contract**

Contract description: **Mediation Services**

5. Purpose of contract:

**This is a new contract to provide mediation services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: Not to exceed \$500.00 for the first three hours of mediation.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Real Estate Division requires independent contracts to conduct mediation services.**

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 specialized training to perform mediation services.**

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

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

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

**Henry Melton and Associates  
 Boyack Chtd.  
 Janet Trost, Esq.**

b. Solicitation Waiver: **Not Applicable**

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

This vendor achieved the points required for a contract.

d. Last bid date: 05/25/2017 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?

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:

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	09/20/2017 08:30:11 AM
Division Approval	ghilgar	09/20/2017 08:30:16 AM
Department Approval	jhanse4	09/20/2017 15:47:50 PM
Contract Manager Approval	mbenn	09/21/2017 08:50:58 AM
Budget Analyst Approval	aurruty	09/28/2017 10:36:03 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: **19205**

Agency Name: **B&I - REAL ESTATE DIVISION**  
 Agency Code: **748**  
 Appropriation Unit: **3820-15**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **ERIC DOBBERSTEIN, PLLC**  
 Contractor Name: **ERIC DOBBERSTEIN, PLLC**  
 Address: **601 SOUTH RANCHO DR, STE. A-10**  
 City/State/Zip: **LAS VEGAS, NV 89106**  
 Contact/Phone: **ERIC DOBBERSTEIN 702-382-4002**  
 Vendor No.:  
 NV Business ID: **NV19911031097**

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 %	<b>X</b>	Fees	<b>100.00 % Licensing and administrative fees.</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 3437GB**

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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

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

4. Type of contract: **Contract**

Contract description: **Mediation Services**

5. Purpose of contract:

**This is a new contract to provide mediation services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: Not to exceed \$500.00 for the first three hours of mediation.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Real Estate Division requires independent contracts to conduct mediation services.**

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 specialized training required to perform mediation services.**

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

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

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

**Janet Trost, Esq.  
 Arbitration and Mediation Solutions  
 Boyack Chtd.**

b. Solicitation Waiver: **Not Applicable**



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

This vendor has achieved the points required for a contract.

d. Last bid date: 05/25/2017 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?

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:

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:

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	09/19/2017 10:41:58 AM
Division Approval	ghilgar	09/19/2017 10:42:02 AM
Department Approval	jhanse4	09/20/2017 15:46:28 PM
Contract Manager Approval	mbenn	09/21/2017 08:59:38 AM
Budget Analyst Approval	aurruty	09/29/2017 16:30:42 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: **19203**

Agency Name: **B&I - REAL ESTATE DIVISION**  
 Agency Code: **748**  
 Appropriation Unit: **3820-15**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **HENRY MELTON**  
 Contractor Name: **HENRY MELTON**  
 Address: **2755 CHOKECHERRY AVE**  
 City/State/Zip: **HENDERSON, NV 89074**  
 Contact/Phone: **HENRY MELTON 702-521-4638**  
 Vendor No.: **T32003846**  
 NV Business ID: **NV20111402206**  
 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 %	<b>X</b>	Fees	<b>100.00 % Licensing and administrative fees.</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 3437GB**

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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

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

4. Type of contract: **Contract**

Contract description: **Mediation**

5. Purpose of contract:

**This is a new contract to provide mediation services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: Not to exceed \$500.00 for the first three hours of mediation.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Real Estate Division requires independent contracts to conduct mediation services.

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 specialized training required to perform mediation services.

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

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

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

Arbitration and Mediation Solutions Inc.  
 Boyack Chtd.  
 Janet Trost Esq.

b. Solicitation Waiver: **Not Applicable**

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

This vendor has achieved the points required for a contract

d. Last bid date: 05/25/2017 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?

**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:

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	09/19/2017 11:01:52 AM
Division Approval	ghilgar	09/19/2017 11:01:55 AM
Department Approval	jhanse4	09/20/2017 15:41:38 PM
Contract Manager Approval	mbenn	09/21/2017 08:52:24 AM
Budget Analyst Approval	aurruty	09/29/2017 18:23:19 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: **19204**

Agency Name: <b>B&amp;I - REAL ESTATE DIVISION</b>	Legal Entity Name: <b>JANET TROST DBA JANET TRUST ESQ</b>
Agency Code: <b>748</b>	Contractor Name: <b>JANET TROST DBA JANET TRUST ESQ</b>
Appropriation Unit: <b>3820-15</b>	Address: <b>501 S RANCHO DR STE H56</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89106</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JANET TROST 702-257-2889</b>
	Vendor No.: <b>T81103488</b>
	NV Business ID: <b>NV20091520321</b>

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 %	<b>X</b>	Fees	<b>100.00 % Licensing and administrative fees.</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 3437GB**

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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

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

4. Type of contract: **Contract**

Contract description: **Mediation Services**

5. Purpose of contract:

**This is a new contract to provide mediation services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: Not to exceed \$500.00 for the first three hours of mediation.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Real Estate Division requires independent contracts to conduct mediation services.**

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 specialized training required to perform mediation services.**

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

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

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

**Boyack Chtd.  
Arbitration and Mediation Solutions  
Henry Melton**

b. Solicitation Waiver: **Not Applicable**

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

This vendor has achieved the points required for a contract.

d. Last bid date: 05/25/2017 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?

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:

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	09/19/2017 10:36:37 AM
Division Approval	ghilgar	09/19/2017 10:36:47 AM
Department Approval	jhanse4	09/20/2017 15:45:40 PM
Contract Manager Approval	mbenn	09/21/2017 08:55:40 AM
Budget Analyst Approval	aurruty	09/29/2017 16:28:37 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: **19175**

Agency Name: <b>B&amp;I - REAL ESTATE DIVISION</b>	Legal Entity Name: <b>LAW OFFICES OF DONALD E LOWREY</b>
Agency Code: <b>748</b>	Contractor Name: <b>LAW OFFICES OF DONALD E LOWREY</b>
Appropriation Unit: <b>3820-15</b>	Address: <b>7465 WEST LAKE MEAD BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89128</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>DONALD LOWREY 702-645-7452</b>
	Vendor No.: <b>T27033924A</b>
	NV Business ID: <b>NV20131678251</b>

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 %	<b>X</b>	Fees	<b>100.00 % Licensing and administration fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP #3436GB**

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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

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

4. Type of contract: **Contract**

Contract description: **Referee/Arbitrator**

5. Purpose of contract:

**This is a new contract to provide referee/arbitrator services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$200.00 per hour

Other basis for payment: for referee proceeding, not to exceed \$1,000.00 per referee proceeding; \$300 per arbitration proceeding.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Real Estate Division requires independent contracts to conduct referee/arbitration services.**

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 specialized training required to perform referee and arbitration services.**

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

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

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

Paul H Lamboley  
Boyack Chtd.  
Law Offices of Ira David

b. Solicitation Waiver: **Not Applicable**

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

This is one of four contractors who met requirements.

d. Last bid date: 05/25/2017 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?

**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:  
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:

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	09/19/2017 10:54:42 AM
Division Approval	ghilgar	09/19/2017 10:54:47 AM
Department Approval	jhanse4	09/20/2017 15:26:49 PM
Contract Manager Approval	mbenn	09/21/2017 08:45:07 AM
Budget Analyst Approval	aurruty	09/29/2017 17:21:56 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19202**

Agency Name: <b>B&amp;I - REAL ESTATE DIVISION</b>	Legal Entity Name: <b>LAW OFFICES OF DONALD E LOWREY, PLLC</b>
Agency Code: <b>748</b>	Contractor Name: <b>LAW OFFICES OF DONALD E LOWREY, PLLC</b>
Appropriation Unit: <b>3820-15</b>	Address: <b>7465 W LAKE MEAD BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89128</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>DONALD E LOWREY 702-645-7452</b>
	Vendor No.: <b>T27033924A</b>
	NV Business ID: <b>NV20131678251</b>

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 %	<b>X</b>	Fees	<b>100.00 % Licensing and administrative fees.</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 3437GB**

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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

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

4. Type of contract: **Contract**

Contract description: **Mediation Services**

5. Purpose of contract:

**This is a new contract to provide mediation services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: **Not ot exceed \$500.00 for the first three hours of mediation.**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Real Estate Division requires independent contracts to conduct mediation services.**

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 specialized training required to perform mediation services.**

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

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

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

**Boyack Chtd.  
Janet Trost, Esq.  
Paul H. Lamboley**



b. Solicitation Waiver: **Not Applicable**

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

This vendor has achieved the points required for a contract.

d. Last bid date: 05/25/2017 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?

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:  
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:

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	09/19/2017 10:56:20 AM
Division Approval	ghilgar	09/19/2017 10:56:23 AM
Department Approval	jhanse4	09/20/2017 15:35:42 PM
Contract Manager Approval	mbenn	09/21/2017 08:58:51 AM
Budget Analyst Approval	aurruty	09/29/2017 17:16:19 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: **19197**

Agency Name: <b>B&amp;I - REAL ESTATE DIVISION</b>	Legal Entity Name: <b>PAUL H LAMBOLEY DBA LAW OFFICES OF PAUL H LAMBOLEY</b>
Agency Code: <b>748</b>	Contractor Name: <b>PAUL H LAMBOLEY DBA LAW OFFICES OF PAUL H LAMBOLEY</b>
Appropriation Unit: <b>3820-15</b>	Address: <b>575 FOREST ST STE 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89509</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>PAUL H LAMBOLEY 775-786-8333</b>
	Vendor No.: <b>T29022472</b>
	NV Business ID: <b>NV20111621142</b>

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 %	<b>X</b>	Fees	<b>100.00 % Licensing and administrative fees.</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 3436GB**

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 **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

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

4. Type of contract: **Contract**

Contract description: **Referee/Arbitrator**

5. Purpose of contract:

**This is a new contract to provide referee/arbitrator services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$200.00 per hour

Other basis for payment: for referee proceedings, not to exceed \$1,000 per referee proceeding; \$300 per hour for arbitration proceedings.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Real Estate Division requires independent contracts to conduct referee/arbitration services.**

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 specialized training required to perform referee and arbitration services.**

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

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

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

Boyack Chtd.  
Law Offices of Donald Lowery PLLC  
Law Offices of Ira David

b. Solicitation Waiver: **Not Applicable**

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

This vendor is one of four contractors who met requirements.

d. Last bid date: 05/25/2017 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?

**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:  
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:

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	09/19/2017 10:47:39 AM
Division Approval	ghilgar	09/19/2017 10:48:24 AM
Department Approval	jhanse4	09/20/2017 15:41:14 PM
Contract Manager Approval	mbenn	09/21/2017 08:57:04 AM
Budget Analyst Approval	aurruty	09/29/2017 17:22:18 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19207**

Agency Name: <b>B&amp;I - REAL ESTATE DIVISION</b>	Legal Entity Name: PAUL H LAMBOLEY DBA LAW OFFICES OF PAUL H LAMBOLEY
Agency Code: <b>748</b>	Contractor Name: <b>PAUL H LAMBOLEY DBA LAW OFFICES OF PAUL H LAMBOLEY</b>
Appropriation Unit: <b>3820-15</b>	Address: <b>575 FOREST ST STE 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89509</b>
If "No" please explain: Not Applicable	Contact/Phone: PAUL H LAMBOLEY 775-786-8333
	Vendor No.: T29022472
	NV Business ID: NV20111621142

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 %	<b>X</b>	Fees	<b>100.00 % Licensing and administrative fees.</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: RFP # 3437GB

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 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

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

4. Type of contract: **Contract**

Contract description: **Mediation Services**

5. Purpose of contract:

**This is a new contract to provide mediation services statewide on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: Not to exceed \$500.00 for the first three hours of mediation.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Real Estate Division requires independent contracts to conduct mediation services.

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 specialized training required to perform mediation services.

9. Were quotes or proposals solicited? Yes

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

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

Boyack Chtd.  
Law Offices of Donald Lowery PLLC  
Janet Trost, Esq.

b. Solicitation Waiver: **Not Applicable**

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

This vendor has achieved the points required for a contract.

d. Last bid date: 05/25/2017 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?

**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:  
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:

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	09/19/2017 10:50:13 AM
Division Approval	ghilgar	09/19/2017 10:50:17 AM
Department Approval	jhanse4	09/20/2017 15:42:52 PM
Contract Manager Approval	mbenn	09/21/2017 09:00:22 AM
Budget Analyst Approval	aurruty	09/29/2017 16:43:59 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19128**

Agency Name: <b>B&amp;I - ATHLETIC COMMISSION</b>	Legal Entity Name: <b>LANG, CHRISTOPHER B</b>
Agency Code: <b>749</b>	Contractor Name: <b>LANG, CHRISTOPHER B</b>
Appropriation Unit: <b>3952-04</b>	Address: <b>1518 TOPEKA CIR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89434-8863</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/741-2578</b>
	Vendor No.: <b>T27030635</b>
	NV Business ID: <b>NV20141426255</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018</b>

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

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % ATHLETIC COMMISSION GATE FEES</b>
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 **10/02/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2018**

Contract term: **271 days**

4. Type of contract: **Contract**

Contract description: **Specialty Services**

5. Purpose of contract:

**This is a new contract that continues ongoing services to provide Unarmed Combat Inspector services for weigh-ins and events.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Other basis for payment: \$150.00 per event and \$50.00 per weigh-in or per day of USA Boxing gym inspection; not to exceed \$10,000 over contract term.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.**

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

**Weigh-ins and events occur on evenings, weekends, and holidays. The Commission has a limited staff and would incur overtime in trying to fulfill these obligations.**

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

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

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

**Not Applicable**

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

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

The vendor has knowledge of the rules and regulations of unarmed combat and has been previously contracted with the Athletic Commission. Performance is satisfactory.

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:

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:

Phillips, Nyra, Management Analyst 2 Ph: 702-486-2581

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	avance	08/17/2017 10:33:51 AM
Division Approval	avance	08/17/2017 10:33:52 AM
Department Approval	jhanse4	08/17/2017 10:59:13 AM
Contract Manager Approval	avance	08/28/2017 09:25:06 AM
Budget Analyst Approval	aurruty	10/02/2017 11:10:27 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19296**

Agency Name: <b>DEPARTMENT OF MOTOR VEHICLES</b>	Legal Entity Name: <b>GARTNER INC</b>
Agency Code: <b>810</b>	Contractor Name: <b>GARTNER INC</b>
Appropriation Unit: <b>4715-04</b>	Address: <b>PO BOX 911319</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>DALLAS, TX 75391-1319</b>
If "No" please explain: Not Applicable	Contact/Phone: Jay Friedman 239-561-4815
	Vendor No.: T80976121A
	NV Business ID: NV19941112701

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 %
<b>X Highway Funds</b>	<b>100.00 %</b>	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/28/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2018**

Contract term: **275 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **SubscriptionResearch**

5. Purpose of contract:

**This is a new Work Plan under Master Service Agreement Contract #18964 which provides research and advisory services related to information technology for the subscription-based research and related services for the Motor Vehicle Information Technology Division professional staff of the Department. This includes but not limited to, providing information about best practices related to cloud services, mobile application development, network design, system strategy, and modernizing computer application solutions.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,363.75**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Changes in the Technology sector occur very rapidly. When the Department has to make IT related decisions and provide technical information, it is limited by the realm of the Department's current trends and research related to the ever changing information technology environment. Gartner has been identified as a resource for expertise in IT research in both the government and private sectors. The Department will have access to technology experts and related information that will assist in the selection of the best possible solution for modernization and its success.

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

State employees do not have the expertise.

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

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



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

Not Applicable

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

**Approval #: 170706**

**Approval Date: 07/28/2017**

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:

Mark Froese, IT Administrator Ph: 775-684-4578

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vleigh	09/26/2017 14:23:50 PM
Division Approval	vleigh	09/27/2017 08:20:05 AM
Department Approval	amckinn1	09/27/2017 09:04:31 AM
Contract Manager Approval	hazevedo	09/27/2017 09:59:12 AM
Budget Analyst Approval	pnicks	09/28/2017 15:18:01 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: **19245**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>CANYON ELECTRIC CO INC</b>
Agency Code: <b>901</b>	Contractor Name: <b>CANYON ELECTRIC CO INC</b>
Appropriation Unit: <b>3253-10</b>	Address: <b>PO BOX 363369</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NORTH LAS VEGAS, NV 89036-7369</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Terry Gomes 702/384-4747</b>
	Vendor No.: <b>T27003566</b>
	NV Business ID: <b>NV19881005351</b>
To what State Fiscal Year(s) will the contract be charged? <b>2018-2020</b>	

What is the source of funds that will be used to 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 %	<b>X</b> Other funding	<b>100.00 % Business Enterprise Set-Aside</b>

Agency Reference #: **3110-20-BEN**

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 **09/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

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

4. Type of contract: **Contract**

Contract description: **S. NV Electrical Svc**

5. Purpose of contract:

**This is a new contract to provide ongoing regular and emergency electrical installation, repair and maintenance services for Business Enterprise of Nevada locations in southern Nevada on an as-needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Standard (Monday-Friday 7:00a-5:00p): \$37.50 service fee and \$37.50 per half hour; Emergency, Weekend/After Hours: \$56.25 service fee and \$56.25 per half hour; Holiday Hours: \$75.00 service fee and \$75.00 per half hour. Services fees are charged at the time the request for service is made. The Contractor shall itemize parts and materials on each invoice and be paid cost plus 20%; DETR reserves the right to request original invoices. A \$50.00 trip charge shall be added to the cost of each service call to the sites located at the Hoover Dam. Costs for parking at the Hoover Dam will be reimbursed upon receipt and approval of an original parking receipt. The total contract amount shall not exceed \$20,000.00 for the term of the contract.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program has on-going needs for electrical 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 the city, county and 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 or licensed to perform these services.

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

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

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

Canyon Electric Company, Inc.  
ABN Electrical  
Crescent Electric  
Franko Electric  
G3 Electircal

b. Solicitation Waiver: **Not Applicable**

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

Lowest Price Bid

d. Last bid date: 07/03/2017 Anticipated re-bid date: 07/03/2021

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:

Contractor has provided satisfactory work for DETR since 2005.

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:

null, null Ph: null

David Furse, BEO II Ph: 702-486-2960

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jmcentee	09/26/2017 09:59:40 AM
Division Approval	jmcentee	09/26/2017 09:59:42 AM
Department Approval	jmcentee	09/26/2017 09:59:45 AM
Contract Manager Approval	dohl0	09/26/2017 11:10:58 AM
Budget Analyst Approval	tgreenam	09/29/2017 08:38:06 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: **19127**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>CHROVIAN, JON C DBA</b>
Agency Code: <b>901</b>	Contractor Name: <b>CHROVIAN, JON C DBA</b>
Appropriation Unit: <b>3253-10</b>	Address: <b>PROFFITI SIGNS &amp; GRAPHICS</b>
Is budget authority available?: <b>Yes</b>	<b>948 EMPIRE MESA WAY</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>HENDERSON, NV 89011-1800</b>
	Contact/Phone: <b>702/564-8084</b>
	Vendor No.: <b>T29033075</b>
	NV Business ID: <b>NV20121416359</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2018-2020</b>

What is the source of funds that will be used to 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 %	<b>X</b> Other funding	<b>100.00 % Business Enterprise Set-Aside</b>

Agency Reference #: **3102-20-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/28/2017**

Anticipated BOE meeting date **09/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2019**

Contract term: **1 year and 337 days**

4. Type of contract: **Contract**

Contract description: **Proffiti Signs**

5. Purpose of contract:

**This is a new contract to provide installation and maintenance for commercial signs, banners and displays for the Business Enterprises of Nevada locations in southern Nevada, including three sites at the Hoover Dam, on an as-needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Other basis for payment: The cost of this contract is not to exceed \$10,000.00 for approved project costs. The contractor charges \$75/hour (no other rate applies), plus the cost of materials. The Contractor is required to submit a written estimate for each project that is requested by the Agency. The Contractor shall be paid upon completion of each approved project and receipt of an itemized final invoice. Costs for parking at the Hoover Dam will be reimbursed upon receipt and approval of an original parking receipt. The total amount of this contract is not to exceed \$10,000.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Signs, banners and displays are required for proper business identification.

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

Bureau of Reclamation has their own requirements for signage on the Hoover Dam and the vendor is currently under contract to provide signage that meets the Bureau of Reclamation's requirements.

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):

Proffiti Signs & Graphics  
Signguy  
Signco  
Signarama  
Fast Signs

b. Solicitation Waiver: **Not Applicable**

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

Lowest cost vendor that met the solicitation requirements

d. Last bid date: 07/10/2017 Anticipated re-bid date: 06/01/2021

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:

Vendor has been under contract with BEN since May 2013 and their 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:  
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	jmcentee	09/20/2017 16:17:56 PM
Division Approval	jmcentee	09/20/2017 16:17:58 PM
Department Approval	jmcentee	09/20/2017 16:18:00 PM
Contract Manager Approval	dohl0	09/21/2017 08:18:29 AM
Budget Analyst Approval	tgreenam	09/28/2017 07:58:11 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>18241</b>	Amendment Number: <b>1</b>
Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>TW VENDING DBA</b>
Agency Code: <b>901</b>	Contractor Name: <b>TW VENDING DBA</b>
Appropriation Unit: <b>3253-10</b>	Address: <b>THREE SQUARE MARKET 3329 CASEY STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RIVER FALLS, WI 84022-5852</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>715/386-5700</b>
	Vendor No.: <b>T27038327</b>
	NV Business ID: <b>NV20161318215</b>

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Business Enterprise Set Aside</b>

Agency Reference #: **2097-20-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/15/2016**

Anticipated BOE meeting date **09/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2017**

Contract term: **3 years and 16 days**

4. Type of contract: **Contract**

Contract description: **3 Square Markets**

5. Purpose of contract:

**This is the second amendment to the original contract which provides monthly credit card servicing, maintenance and online or in-person service for an existing Three Square Market Executive Model Kiosk located at the Nevada Department of Transportation building in Carson City. The vendor also provides training of the Business Enterprise of Nevada operator and team members on the use and care of the kiosk. This amendment extends the termination date from December 31, 2017 to December 31, 2019 and increases the maximum amount from \$24,500.00 to \$49,000.00 due to ongoing need for these 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):	\$24,500.00	\$24,500.00	\$49,000.00	Yes - Info
3. New maximum contract amount:	\$49,000.00			
and/or the termination date of the original contract has changed to:	12/31/2019			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The BEN program has an ongoing need to service and maintain the existing 3 Square Kiosk at the Carson City NDOT location.

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 tools or skills 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):

TW Vending  
Breakroom Provisions  
365 Smart Shop

b. Solicitation Waiver: **Not Applicable**

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

Only qualified vendor to respond

d. Last bid date: 09/12/2016 Anticipated re-bid date: 09/01/2019

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:  
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:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

jmcentee

09/13/2017 10:06:55 AM

Division Approval	jmcentee	09/13/2017 10:06:59 AM
Department Approval	jmcentee	09/13/2017 10:07:02 AM
Contract Manager Approval	dohl0	09/13/2017 14:51:30 PM
Budget Analyst Approval	tgreenam	09/21/2017 07:37:55 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: **17888** Amendment Number: **4**

Agency Name: **DETR - EMPLOYMENT SECURITY DIVISION** Legal Entity Name: **WORKFORCE CONNECTIONS**

Agency Code: **902** Contractor Name: **WORKFORCE CONNECTIONS**

Appropriation Unit: **4770-11** Address: **6330 W CHARLESTON BLVD STE 150**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89146-1183**

If "No" please explain: **Not Applicable** Contact/Phone: **702/638-8750**

Vendor No.: **T81079028**

NV Business ID: **Governmental Entity**

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

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **PY16-DW-02-WIOA**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**

Anticipated BOE meeting date **11/2017**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2018**

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

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

Contract description: **WIOA DW Funds**

5. Purpose of contract:

**This is the fourth amendment to the original interlocal agreement which provides ongoing employment and training services to Dislocated Workers (DW) in southern Nevada as required by the Workforce Innovation and Opportunity Act of 2014 (code of Federal Regulations Part 652 et al.) This amendment was necessitated by Department of Labor's Training and Employment Guidance Letter 17-15, Change 3, which restores WIOA fund allocations to their originally appropriated levels. The DW allocation is increased by \$10,011.00.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,232,774.00	\$3,232,774.00	\$3,232,774.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	-\$26,118.00	-\$26,118.00	-\$26,118.00	Yes - Info
c. Amendment 3:	-\$729,257.00	-\$729,257.00	-\$755,375.00	Yes - Action
2. Amount of current amendment (#4):	\$10,011.00	\$10,011.00	\$10,011.00	Yes - Info
3. New maximum contract amount:	\$2,487,410.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Workforce Innovation and Opportunity Act (WIOA) of 2014.

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

The Governor's Workforce Investment Board designated the Local Workforce Investment Boards to facilitate the required employment and training services in compliance with WIOA.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **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:

Workforce Connections has been under contract with the Department of Employment, Training and Rehabilitation since 1999 and has performed satisfactorily.

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	jbende2	09/21/2017 08:57:27 AM
Division Approval	rolso1	09/22/2017 12:05:50 PM
Department Approval	jmcentee	09/26/2017 10:02:23 AM
Contract Manager Approval	dohl0	09/26/2017 11:30:51 AM
Budget Analyst Approval	tgreenam	09/29/2017 08:47:56 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: <b>15129</b>	Amendment Number: <b>2</b>
Agency Name: <b>DETR - ADMINISTRATIVE SERVICES</b>	Legal Entity Name: <b>FAAD JANITORIAL INC</b>
Agency Code: <b>908</b>	Contractor Name: <b>FAAD JANITORIAL INC</b>
Appropriation Unit: <b>All Budget Accounts - Category 04</b>	Address: <b>52 GLEN CARRAN CIR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Donna Leidner 775/351-2405</b>
	Vendor No.: <b>T27017486</b>
	NV Business ID: <b>NV20041538232</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2014-2018</b>
What is the source of funds that 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 <b>1.90 %</b>	Fees <b>0.00 %</b>
<input checked="" type="checkbox"/> Federal Funds <b>69.00 %</b>	Bonds <b>0.00 %</b>
Highway Funds <b>0.00 %</b>	<input checked="" type="checkbox"/> Other funding <b>29.10 %</b>
	<b>BEN, Career Enhancement Program, and ESD Special Fund</b>

Agency Reference #: 1871-16-DETR

2. Contract start date:

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

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2017**

Contract term: **4 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Janitorial service**

5. Purpose of contract:

**This is the second amendment to the original contract that provides ongoing janitorial services for the facility located in Carson City. This amendment extends the termination date from December 31, 2017 to June 30, 2018 and increases the maximum amount from \$135,51.84 to \$151,933.32 due to the need for continued services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$67,525.92	\$67,525.92	\$67,525.92	Yes - Action
a. Amendment 1:	\$67,525.92	\$67,525.92	\$67,525.92	Yes - Action
2. Amount of current amendment (#2):	\$16,881.48	\$16,881.40	\$16,881.40	Yes - Info
3. New maximum contract amount:	\$151,933.32			
and/or the termination date of the original contract has changed to:	06/30/2018			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada must maintain a clean facility for the safety and health of department clients and staff. This second amendment will extend the time necessary for a State contract for janitorial services to be completed by State Purchasing Division.

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 manpower to provide this service in-house.

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):

G-3 Janitorial  
F.A.A.D. Janitorial  
J & L Janitorial

b. Solicitation Waiver: **Not Applicable**

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

Three vendors submitted proposals at the time of the original contract. The Evaluation Committee determined this was the best vendor to provide the needed service.

d. Last bid date: 09/20/2013 Anticipated re-bid date: 03/01/2018

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:

F.A.A.D Janitorial has been under contract with the Department of Employment, Training and Rehabilitation since 2008 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:

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

10/05/2017 08:23:53 AM

Division Approval	jmcentee	10/06/2017 08:59:38 AM
Department Approval	jmcentee	10/06/2017 08:59:47 AM
Contract Manager Approval	dohl0	10/06/2017 09:23:55 AM
Budget Analyst Approval	tgreenam	10/16/2017 13:42:07 PM



<b>Purchasing Use Only:</b>	
Approval #:	203

## CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

<b>1</b>	<b>Agency Contact Information – Note: Copy(s) will be sent to only the contact(s) listed below:</b>		
	State Agency:	Department of Employment, Training and Rehabilitation	
	Contact Name(s) and Titles:	Debbie Ohl, Management Analyst II	
	Telephone Number(s):	775-684-3863	
	Email Address(s):	d-ohl@nvdeetr.org	

<b>2</b>	<b>Contractor Information:</b>		
	Contractor:	FAAD	
	Contact Name:	Donna Leidner	
	Address:	52 Glen Carran Cir, Sparks, NV 89431	
	Phone Number:	775-351-2405	
Email Address:	faad@faadjanitorial.com		

<b>3</b>	<b>Ongoing relationship disclosure – List all previous contract information:</b>			
	Procurement method:	RFP conducted by DETR		
	CETS #:	15129		
	Contract #:	1871-16-DETR.AM1		
	Contract “not to exceed amount”:	\$135,051.84		
Contract term:	Start date:		End date:	
	01/01/14		12/31/17	

<b>4</b>	<b>Procurement method used to award the current contract:</b>	
	RFP, solicitation # if applicable:	RFP conducted by DETR
	Quote, solicitation # if applicable:	
	Waiver, provide number:	
Other:		

<b>5</b>	<b>Current contract information:</b>			
	CETS #:	15129		
	Contract #:	1871-16-DETR.AM1		
	Initial contract “not to exceed amount”:	\$67,525.92		
	Contract term:	Start date:		End date:
	01/01/14		12/31/15	

<b>Amendment information – List all previously approved amendments: Contract #1871-16-DETR.AM1</b>			
<b>Amd #:</b>	<b>Brief synopsis of what amendment accomplished:</b>	<b>Change in “not to exceed” amount:</b>	<b>Change in end date: mm/dd/yy</b>
6	<i>This is the first amendment to the original contract that provides ongoing janitorial services for the facility located in Carson City. This amendment extends the termination date from December 31, 2015 to December 31, 2017 and increases the maximum amount from \$67,525.92 to \$135,051.84 due to the continued need for the services.</i>	<i>Adding \$67,525.92</i>	<i>12/31/17</i>

<b>Proposed amendment information: Contract #1871-16-DETR.AM2</b>			
<b>Amd #:</b>	<b>Brief synopsis of what the requested amendment will accomplish</b>	<b>Change in “not to exceed” amount:</b>	<b>Change in end date: mm/dd/yy</b>
7	<i>This is the second amendment to the original contract and first amendment that provides ongoing janitorial services for the facility located in Carson City. This amendment extends the termination date from December 31, 2017 to June 30, 2018 and increases the maximum amount by adding \$16,881.48 (\$2,813.58 per month x 6 months) increasing the maximum contract from \$135,051.84 to \$151,933.32 due to the continued need for the services. The six month extension should allow enough time for the Division of Purchasing to complete the Request for Proposal for a state janitorial contract.</i>	<i>Adding \$16,881.48</i>	<i>06/30/18</i>

8	<b>What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338):</b>
	<i>State Purchasing Division is in progress of a statewide Request for Proposal (RFP) for janitorial services. The RFP has not been approved for release at this point in time. I emailed Gail Burchett who agreed with my concern of the RFP and recommended that I extend the contract out 6 months. The extension of time should be sufficient for the RFP process to be completed.</i>

9	<b>What are the potential consequences to the State if the contract extension request is denied?</b>
	<i>We will have no janitorial service and our building will become unsanitary.</i>

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



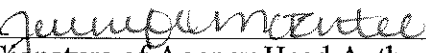
Signature of Agency Representative Initiating Request

Deborah L. Ohl

8/29/17

Print Name of Agency Representative Initiating Request

Date



Signature of Agency Head Authorizing Request

8/30/17

Jenn McEntee for Don Soderberg Director of Employment, Training and Rehabilitation

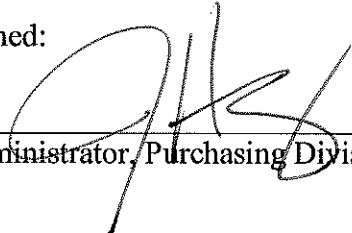
Print Name of Agency Head Authorizing Request

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

9.8.2017

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: **19241**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: Colleen Platt dba Platt Law Group
Agency Code: <b>BDC</b>	Contractor Name: <b>Colleen Platt dba Platt Law Group</b>
Appropriation Unit: <b>B032 - All Categories</b>	Address: <b>1575 Delucchi Lane Suite 115</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89502</b>
If "No" please explain: Not Applicable	Contact/Phone: 7754401052
	Vendor No.: T32003750
	NV Business ID: NV20151428689

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 %	<b>X Other funding</b>	<b>100.00 % Board Funds</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/13/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

Contract term: **1 year and 352 days**

4. Type of contract: **Contract**

Contract description: **Legal Services**

5. Purpose of contract:

**This is a new contract to retain legal assistance from outside counsel for the State Board of Examiners for Alcohol, Drug and Gambling Counselors.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,999.00**

Payment for services will be made at the rate of \$100.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board periodically finds it necessary to engage an independent contractor for the purpose of performing work of the Board under statute authority. NRS 333.700 authorizes the hiring of independent legal counsel.

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

Some of the legal needs of the Board and its staff are not provided by the Attorney General's office. Legal services provided by the contractor pertain to a specific area of knowledge.

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 contractor has experience and knowledge of the Board's area of practice.

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:

Nevada State Board of Examiners for Alcohol, Drug and Gambling Counselors, service has been satisfactory
Nevada Housing Division, service has been satisfactory
Nevada State Board of Massage Therapy, service has been satisfactory
Nevada State Board of Pharmacy, service has been satisfactory
Nevada State Board of Athletic Trainers, 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: 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:

Table with 3 columns: Approval Level, User, Signature Date. Rows include Budget Account Approval, Division Approval, Department Approval, Contract Manager Approval, and Budget Analyst Approval.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19240**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: Colleen Platt dba Platt Law Group
Agency Code: <b>BDC</b>	Contractor Name: <b>Colleen Platt dba Platt Law Group</b>
Appropriation Unit: <b>B036 - All Categories</b>	Address: <b>1575 Delucchi Lane Suite 115</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89502</b>
If "No" please explain: Not Applicable	Contact/Phone: 7754401052
	Vendor No.: T32003750
	NV Business ID: NV20151428689

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 %	<b>X Other funding</b>	<b>100.00 % Board Funds</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/13/2017**

Anticipated BOE meeting date 11/2017

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2019**

Contract term: **1 year and 352 days**

4. Type of contract: **Contract**

Contract description: **Legal Services**

5. Purpose of contract:

**This is a new contract to retain legal assistance from outside counsel required by the Board of Massage Therapists.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00**

Payment for services will be made at the rate of \$100.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board periodically finds it necessary to engage an independent contractor for the purpose of performing work of the Board under statute authority. NRS 333.700 authorizes the hiring of independent legal counsel.

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

Some of the legal needs of the Board and its staff are not provided by the Attorney General's office. Legal services provided by the contractor pertain to a specific area of knowledge.

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 contractor has experience and knowledge of the Board's area of practice.

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:

Nevada State Board of Massage Therapy, service has been satisfactory
Nevada Housing Division, service has been satisfactory
Nevada State Board of Examiners for Alcohol, Drug and Gambling Counselors, service has been satisfactory
Nevada State Board of Pharmacy, service has been satisfactory
Nevada State Board of Athletic Trainers, 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: 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:

Table with 3 columns: Approval Level, User, Signature Date. Rows include Budget Account Approval, Division Approval, Department Approval, Contract Manager Approval, and Budget Analyst Approval.

Brian Sandoval  
Governor



James R. Wells, CPA  
Director

Paul Nicks  
Deputy Director

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

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

Date: November 3, 2017

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

From: Melanie Young, Executive Branch Budget Officer  
Governor's Finance Office

A handwritten signature in blue ink, appearing to read "Melanie Young".

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

**DEPARTMENT OF MOTOR VEHICLES – COMPLETE STREETS PROGRAM**

Agenda Item Write-up:

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

Additional Information:

During this time period the Department of Motor Vehicles collected \$85,560 as compared to \$84,358 for the same period last year and \$89,033 collected last quarter. Of the amounts collected, approximately 77.4% was from Clark County, 16.5% was from Washoe County, 3.3% was from Carson City and 2.8% was from Douglas County. After deducting 1% to administer the program, Clark County received \$65,587.50; Washoe County received \$13,992.66; Carson City received \$2,768.04 and Douglas County received \$2,356.20.

For the first quarter of State Fiscal Year 2018, 13.8% is the average of those registering vehicles who contributed to the Complete Streets Program. This is a .5% reduction from the year to date total of 14.3% from State Fiscal Year 2017. For the first quarter of State Fiscal Year 2018, Clark County received on average 14.83% where Douglas County on average 10% of vehicle registrations donating.

Uses:

- Clark County funding is being utilized for the City of Mesquite Rectangular Rapid Flashing Beacon project and the City of Henderson Buffered Bike Lanes and Road Diet project.
- Douglas County is accumulating funds for the Tillman Lane Road Reconstruction project that will include bike lanes and ADA features.
- Washoe County funds will be used for the construction of the Oddie – Wells corridor multi-modal improvements.
- Carson City utilized funding for the Downtown Complete Street project and plans to accumulate funds for future projects.

Going forward future uses will be reported annually.

Statutory Authority: NRS 482.480, Subsection 11

REVIEWED: <u>my</u>
INFO ITEM: _____

**Department of Motor Vehicles  
Complete Streets: Monthly Report FY18**

**Report Date: 10/09/2017**

Reporting Period: September 2017

Contributions												
County	July		August		September		Year to Date		FY 17		FY 16	
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$ 1,014.00	3.50%	\$ 898.00	3.09%	\$ 884.00	3.21%	\$ 2,796.00	3.27%	\$ 10,351.00	3.43%	\$ 9,312.00	3.09%
Clark	\$ 22,330.00	77.10%	\$ 22,596.00	77.67%	\$ 21,324.00	77.53%	\$ 66,250.00	77.43%	\$ 254,228.00	84.23%	\$ 240,872.00	79.80%
Douglas	\$ 754.00	2.60%	\$ 886.00	3.05%	\$ 740.00	2.69%	\$ 2,380.00	2.78%	\$ 9,320.00	3.09%	\$ 1,304.00	0.43%
Washoe	\$ 4,864.00	16.79%	\$ 4,714.00	16.20%	\$ 4,556.00	16.56%	\$ 14,134.00	16.52%	\$ 54,669.75	18.11%	\$ 50,350.00	16.68%
<b>Total</b>	<b>\$28,962.00</b>	<b>100.00%</b>	<b>\$29,094.00</b>	<b>100.00%</b>	<b>\$27,504.00</b>	<b>100.00%</b>	<b>\$85,560.00</b>	<b>100%</b>	<b>\$328,568.75</b>	<b>108.86%</b>	<b>\$301,838.00</b>	<b>100.00%</b>

DMV Commission (1%)												
County	July		August		September		Year to Date		FY 17		FY 16	
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$ 10.14	3.50%	\$ 8.98	3.09%	\$ 8.84	3.21%	\$ 27.96	3.27%	\$ 103.51	3.15%	\$ 93.12	3.09%
Clark	\$ 223.30	77.10%	\$ 225.96	77.67%	\$ 213.24	77.53%	\$ 662.50	77.43%	\$ 2,542.28	77.37%	\$ 2,408.72	79.80%
Douglas	\$ 7.54	2.60%	\$ 8.86	3.05%	\$ 7.40	2.69%	\$ 23.80	2.78%	\$ 93.20	2.84%	\$ 13.04	0.43%
Washoe	\$ 48.64	16.79%	\$ 47.14	16.20%	\$ 45.56	16.56%	\$ 141.34	16.52%	\$ 546.70	16.64%	\$ 503.50	16.68%
<b>Total</b>	<b>\$289.62</b>	<b>100%</b>	<b>\$290.94</b>	<b>100%</b>	<b>\$275.04</b>	<b>100%</b>	<b>\$855.60</b>	<b>100%</b>	<b>\$3,285.69</b>	<b>100.00%</b>	<b>\$3,018.38</b>	<b>100.00%</b>

Distributions												
County	July		August		September		Year to Date		FY 17		FY 16	
	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total	Amount	% of Total
Carson City	\$ 1,003.86	3.50%	\$ 889.02	3.09%	\$ 875.16	3.21%	\$ 2,768.04	3.27%	\$ 10,247.49	3.15%	\$ 9,218.88	3.09%
Clark	\$ 22,106.70	77.10%	\$ 22,370.04	77.67%	\$ 21,110.76	77.53%	\$ 65,587.50	77.43%	\$ 251,685.72	77.37%	\$ 238,463.28	79.80%
Douglas	\$ 746.46	2.60%	\$ 877.14	3.05%	\$ 732.60	2.69%	\$ 2,356.20	2.78%	\$ 9,226.80	2.84%	\$ 1,290.96	0.43%
Washoe	\$ 4,815.36	16.79%	\$ 4,666.86	16.20%	\$ 4,510.44	16.56%	\$ 13,992.66	16.52%	\$ 54,123.05	16.64%	\$ 49,846.50	16.68%
<b>Total</b>	<b>\$28,672.38</b>	<b>100%</b>	<b>\$28,803.06</b>	<b>100%</b>	<b>\$27,228.96</b>	<b>100%</b>	<b>\$84,704.40</b>	<b>100%</b>	<b>\$325,283.06</b>	<b>100.00%</b>	<b>\$298,819.62</b>	<b>100.00%</b>

Note:

1. DMV began accepting contributions on 12/15/14.
2. DMV began accepting Douglas County contributions on 5/9/16.

**Department of Motor Vehicles  
Complete Streets Report: Donations  
2018**

County	July	August	September	Year To Date	FY17	FY16
<b>Carson City</b>						
Donations	507	449	442	1,398	5,176	4,656
Registrations	3,402	3,609	3,366	10,377	38,308	36,588
Percent that Donated	14.90%	12.44%	13.13%	13.47%	13.51%	12.73%
<b>Clark</b>						
Donations	11,165	11,298	10,662	33,125	127,114	120,436
Registrations	72,181	77,348	73,808	223,337	849,399	835,131
Percent that Donated	15.47%	14.61%	14.45%	14.83%	14.97%	14.42%
<b>Douglas</b>						
Donations	377	443	370	1,190	4,660	652
Registrations	3,853	4,269	3,761	11,883	43,407	7,791
Percent that Donated	9.78%	10.38%	9.84%	10.01%	10.74%	8.37%
<b>Washoe</b>						
Donations	2,432	2,357	2,278	7,067	29,711	25,175
Registrations	21,284	22,535	20,665	64,484	234,293	232,229
Percent that Donated	11.43%	10.46%	11.02%	10.96%	12.68%	10.84%
<b>Total</b>						
Donations	14,481	14,547	13,752	42,780	166,661	150,919
Registrations	100,720	107,761	101,600	310,081	1,165,407	1,111,739
Percent that Donated	14.38%	13.50%	13.54%	13.80%	14.30%	13.58%

**Notes**

1. Registration transaction counts come from: G:\Crystal Report\VR\Registrations\New and Renewal Registrations
2. Registration transactions include new registrations and registration renewals completed on the Kiosk, Web and MyDMV Portal only.
3. DMV began accepting Douglas County contributions on 5/9/16.





600 S. Grand Central Pkwy. • Las Vegas, Nevada 89106-4512 • 702-676-1500 • FAX: 702-676-1518

Tina Quigley,  
General Manager

October 16, 2017

Mr. Paul Nicks, Budget Analyst  
State of Nevada – Governor’s Finance Office  
209 E. Musser Street, Room 200  
Carson City, NV 89701-4298

Dear Mr. Nicks:

I am writing to provide the update for the 3rd Quarter of calendar 2017 on the RTC’s activities on projects funded with the Complete Streets Program funds (CSP funds).

During calendar year 2016, the RTC received a total of **\$242,947.98** in CSP funds from the DMV. Following the procedure described in the Q4 2015 report, the local jurisdictions met on November 24, 2016 and it was determined these funds will be allocated to the City of Henderson and the City of Mesquite for complete streets projects to be constructed during calendar 2017.

Interlocal contracts between the RTC and Mesquite and Henderson were executed at the February 9, 2017 RTC board meeting. The projects to be completed during calendar 2017 are summarized as follows:

**1. City of Mesquite Rectangular Rapid Flashing Beacon Project (\$24,000.00 allocation).**

The interlocal contract between the RTC and the city of Mesquite (COM) was executed on February 9, 2017, establishing RTC Project 191D-CSF. As of September 30, 2017 COM indicates Design is 100% complete with construction anticipated to be complete on or before November 30, 2017 as shown in Exhibit A.

**2. City of Henderson Buffered Bike Lanes/Road Diets Project (\$218,947.98 allocation).**

The interlocal contract between the RTC and the City of Henderson (COH) was executed on February 9, 2017, establishing RTC Project 191C-CSF. As of September 30, 2017 COH indicates that they chose Priority 2 - Cassia Way - American Pacific to Wigwam, as identified in RTC’s letter dated March 29, 2017. The project is a road diet consisting of

re-stripping with buffered bike lanes and on street parking. The project plans are 100% complete with construction start anticipated for October 2017 and project completion in March 2018 as shown in Exhibit B. The Engineer's estimate (+/- \$215k) for the project is consistent with the city's allocation of the funding.

Finally, during Q3 2017 RTC received a total of \$66,531.96 in CSP funds from the DMV as follows:

07/21/2017	\$22,055.22
08/30/2017	\$22,106.70
09/13/2017	\$22,370.04
	<u>\$66,531.96</u>

Q1, Q2 and Q3 receipts for calendar 2017 total \$194,208.30. These funds will accrue until the end of 2017, at which time the local jurisdictions will meet to allocate the 2017 CSP proceeds to the complete streets project(s) to be constructed during 2018 as described in the Q4 2015 report.

Should you have any questions or require any additional information, please don't hesitate to contact me at (702) 676-1611 or by email to [penuelasj@rtcsonv.com](mailto:penuelasj@rtcsonv.com).

Sincerely,



John R. Peñuelas, Jr., P.E., PTOE  
Director of Engineering Services – Streets & Highways

Attachment

cc: (via e-mail)

Tina Quigley, General Manager  
Fred Ohene, Deputy General Manager  
Joe Damiani, Engineering Manager  
Robert Herr, Director of Public Works, Parks and Recreation, City of Henderson  
Bill Tanner, Director of Public Works, City of Mesquite  
Travis Anderson, City Engineer, City of Mesquite

Exhibit A  
**REGIONAL TRANSPORTATION COMMISSION  
PROJECT STATUS REPORT**

ENTITY: City of Mesquite DATE: 10/05/17

REVIEW PERIOD FROM: 9/1/17 TO: 9/30/17

PROJECT: 191D-CSF Complete Streets Fund, City of Mesquite – FY2017

DESCRIPTION: Engineering and Installation of RRFB's at various crosswalks

**PERCENT COMPLETE:**

Design: 100% ESTIMATED COST OF PROJECT: \$ 24,000.00

Construction 95%

**SCHEDULE FOR COMPLETION:**

(dates)

DESIGN: July 2017

R/W CLEARANCES: Completed

ENVIR CLEARANCES: Completed

BIDS OPEN: \_\_\_\_\_

START CONSTRUCTION: September 2017

CONSTRUCTION COMPLETE: November 2017

CONSULTANT/PROJECT MANAGER: City of Mesquite, Travis Anderson, PE

CONSTRUCTION PRIME CONTRACTOR: City of Mesquite

**DELAYS OR PROBLEM AREAS:**

**WORK COMPLETED DURING CURRENT MONTH:** All conduit and hardware have been installed. Electrical wire has been installed and Overton Power District #5 has installed the electrical meters. The RRFB's are operational and functioning.

**WORK TO BE COMPLETED DURING NEXT MONTH:** Finish closeout documents and final billing from contractors.

PROJECT MANAGER: Travis Anderson - COM

PHONE # 702-346-5237

Exhibit B  
**REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA  
PROJECT STATUS REPORT**

ENTITY: CITY OF HENDERSON DATE: OCTOBER 4, 2017  
REVIEW PERIOD—FROM: SEPTEMBER 1, 2017 TO: SEPTEMBER 30, 2017

PROJECT COMPLETE STREETS 2018 – CASSIA WAY (191-CSF)

DESCRIPTION: TRAFFIC CALMONG AND COMPLETE STREET ELEMENTS ALONG CASSIA WAY

PERCENT COMPLETE: Design—100% ESTIMATED COST OF PROJECT: \$218,948  
Construction—0%

SCHEDULE FOR COMPLETION:  
(Dates)

DESIGN: January 2017

R/W CLEARANCES: \_\_\_\_\_

ENVIR CLEARANCES: \_\_\_\_\_

BIDS OPEN: August 2017

START CONSTRUCTION: October 2017

CONSTRUCTION COMPLETE: March 2018

CONSULTANT/PROJECT MANAGER: Ron Maurizi

CONSTRUCTION PRIME CONTRACTOR: American Pavement Preservation

DELAYS OR PROBLEM AREAS:
WORK COMPLETED DURING CURRENT MONTH: <u>project awarded</u>
WORK TO BE COMPLETED DURING NEXT MONTH: <u>preconstruction meeting</u>

PROJECT MANAGER: RON MAURIZI PHONE NUMBER: 267-3070



## BOARD OF COMMISSIONERS

1594 Esmeralda Avenue, Minden, Nevada 89423

Lawrence A. Werner  
COUNTY MANAGER  
775-782-9821

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Steven Thaler, VICE-CHAIRMAN  
Nancy McDermid  
Larry Walsh  
Dave Nelson

October 9, 2017

Paul Nicks  
Executive Branch Budget Officer  
Governor's Finance Office  
209 E. Musser St. Suite 200  
Carson City, NV 89701

Dear Mr. Nicks,

Douglas County received \$1,623.60 for the First Quarter FY18. These funds are being accumulated to partially fund our Tillman Lane Road Reconstruction project, which includes bike lanes and ADA features.

Please let me know if you have any questions.

Thank you,

Caroline Chieffo  
Senior Accountant  
Douglas County Finance Division  
1594 Esmeralda Ave  
Minden NV 89423  
Ph: 775-783-6451 Fax: 775-782-6271

Via Email Only, No Hard Copy Will Be Mailed

Mailing Address: P.O. Box 218, Minden, NV 89423

**Paul Nicks**

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**To:** Stephanie Haddock  
**Subject:** RE: Complete Street Report

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**From:** Stephanie Haddock [<mailto:Shaddock@rtcwashoe.com>]  
**Sent:** Sunday, October 08, 2017 8:29 AM  
**To:** Paul Nicks  
**Cc:** Melanie Young  
**Subject:** RE: Complete Street Report

Hi Paul –

Please see the attached Complete Streets report through September 30, 2017. The funds will be used towards the construction of the Oddie/Wells corridor multi-modal improvements which RTC's anticipate to begin sometime in FY 2019.

Thanks,  
Stephanie Haddock, CGFM  
Director of Finance/CFO  
*Regional Transportation Commission (RTC)*  
*1105 Terminal Way, Suite 300*  
*Reno, NV 89502*  
*775-335-1845 (phone)*  
*775-348-3223 (fax)*



**CARSON CITY NEVADA**  
**Consolidated Municipality and State Capital**  
**PUBLIC WORKS**

October 4, 2017

Mr. Paul Nicks  
Budget Analyst V  
State of Nevada, Governor's Finance Office  
209 E. Musser Street, Room 200  
Carson City, NV 89701

RE: Complete Streets Program Fund

Dear Mr. Nicks:

In response to a letter received from the Director of the Governor's Finance Office, Carson City is pleased to report on the use of funds received through the Department of Motor Vehicles' (DMV's) Complete Streets Program. On December 16, 2016, Carson City used all available funds of Carson City's DMV Complete Streets Program funds on the City's Downtown Complete Streets Project. Staff plans to let the funds accumulate for the near future, however, future Complete Streets projects are in development and would benefit from these funds.

Carson City is grateful to be a part of this program. Staff believes this is a very beneficial program that will continue to grow as the public sees more successful projects like the Downtown Carson Complete Street project. Please feel free to contact me at 283-7396 with any questions or concerns. Thank you.

Sincerely,

Dirk Goering, AICP  
Senior Transportation Planner  
Carson City Public Works