Governor Steve Sisolak
Chairman

Susan Brown
Clerk of the Board

Attorney General Aaron Ford
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: January 15, 2019, 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 December 4, 2018 Minutes** **(For possible action)**

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

Department of Taxation

Pursuant to NRS 333.705, subsection 1, the Department requests to contract with a former employee, Danette Kluever, to assist the Department with various duties relating to the management of applications as well as legislative tracking and research. Ms. Kluever will be hired through Master Service Agreement #18404, with Manpower Temporary Services.

5. Request for Approval to Pay a Claim From the Stale Claims Account (For possible action)

A. Department of Education

Pursuant to NRS 353.097, subsection 4, the Department requests approval to pay $80,615.89 from the General Fund, Stale Claims Account, for a partial amount of a 2018 request for funds for the Pre-School Development program from Lyon County School District.

B. Nevada Department of Transportation

Pursuant to NRS 353.097, subsection 4, the Department requests approval to pay $60,871.45 from the Highway Fund, Stale Claims Account, for a fiscal year 2018 invoice from Clean Harbors Environmental Services, Inc. for Culvert Cleaning Services.

6. Request for Approval to Pay a Claim From the School Remediation Trust Fund (For possible action)

Department of Education (4)

Pursuant to NRS 353.097, subsection 4, the Department requests approval to pay $73,500 from the School Remediation Trust Fund account for a 2018 request for funds for the New Teacher Incentive program from Carson City School District.

Pursuant to NRS 353.097, subsection 4, the Department requests approval to pay $170,335.77 from the School Remediation Trust Fund account for a 2018 request for funds for the Social Workers in Schools program from Carson City School District.

Pursuant to NRS 353.097, subsection 4, the Department requests approval to pay $60,784.28 from the School Remediation Trust Fund account for a 2018 request for funds for the English Language Learners - Rural program from Lyon County School District.

Pursuant to NRS 353.097, subsection 4, the Department requests approval to pay $80,960 from the School Remediation Trust Fund account for a 2018 request for funds for the Social Workers in Schools program from White Pine County School District.

7. Request for Approval to Pay a Claim From the Professional Development Program Account (For possible action)

Department of Education (2)

Pursuant to NRS 353.097, subsection 4, the Department requests approval to pay $185,033.25 from the Professional Development Program account for a 2018 request for funds for the Great Teaching & Leading program from the Board of Regents, University of Nevada, Reno.

Pursuant to NRS 353.097, subsection 4, the Department requests approval to pay $2,754,231.34 from the Professional Development Program account for a 2018 request for funds for the Regional Professional Development program from Clark County School District.

8. 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 Motor Vehicles – Central Services

Pursuant to NRS 353.268, the Division requests an allocation of $84,000 from the Interim Finance Committee General Fund Contingency Account to cover projected costs related to the passage of Automatic Voter Registration Initiative.

B. Secretary of State

Pursuant to NRS 353.268, the Office requests the Board's recommendation to the Interim Finance Committee for an allocation of $234,320 from the Interim Finance Committee Contingency Account to implement Ballot Question 5, Automatic Voter Registration initiative.

9. Approval of Proposed Leases (For possible action)

10. Approval of Proposed Contracts (For possible action)

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

12. 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 November 10, 2018 through December 17, 2018.

13. 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).

14. Adjournment (For possible action)

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body may place reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint. We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Dale Ann Luzzi at (775) 684-0223 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at daluzzi@finance.nv.gov. Supporting materials for this meeting are available at: 209 E. Musser Street, Suite 200, Carson City, NV 89701 or by contacting Dale Ann Luzzi at (775) 684-0223 or by email at daluzzi@finance.nv.gov

Agenda Posted at the Following Locations:

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

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

Governor Brian Sandoval
Chairman

Paul Nicks
Clerk of the Board

Attorney General Adam Paul Laxalt
Member

Secretary of State Barbara K. Cegavske
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MINUTES

Date and Time: December 4, 2018, 10:00 AM

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

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

MEMBERS PRESENT:
Governor Brian Sandoval
Attorney General Adam Laxalt - Excused
Secretary of State, Barbara Cegavske
Paul Nicks, Clerk of the Board

OTHERS PRESENT:
Sarah Adler, Member of the Public
Caroline Bateman, Chief Deputy, Attorney General's Office
Michelle Morgando, Senior Appeals Officer, Department of Administration, Hearings and Appeals Division
Rebecca Salazar, Program Manager, Department of Administration, Victims of Crime Program
Charles Donohue, Division Administrator, Department of Conservation and Natural Resources
Peter Barton, Division Administrator, Department of Tourism and Cultural Affairs
Vic Redding, Vice President of Administration and Finance, University of Nevada, Reno

1. Call to Order / Roll Call

Governor: Good morning ladies and gentlemen, I will call the Board of Examiners (BOE) Meeting to order. The Attorney General is excused so it will be just me and the Secretary of State.

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

Governor: We'll move to agenda item number 2, Public Comment. Is there any member of the public present in Carson City that would like to provide public comment to the Board?

Sarah Adler: Good morning Governor and Members of the Board of Examiners. My name is Sarah Adler and I am the President of the National Alliance of Mental Illness (NAMI), Western Nevada. I just want to bring to your attention and appreciate the Department of Health and Human Services (DHHS) for a contract they're bringing before you today to write a Medicaid 1115(a) waiver. This will assist our state in moving forward in certified community behavioral health centers which have been very important for our community and we urge your support for that measure with that contract, thank you.

Governor: Thank you, Ms. Adler.

Is there anyone else present in Carson City that would like to provide public comment? I hear and see no one.

Is there anyone present in Las Vegas that would like to provide public comment to the Board? There is none.

3. Approval of the November 13, 2018 Minutes (For possible action)

Governor: We'll move to agenda item number 3, which is Approval of the November 13, 2018 minutes. Madam Secretary, have you had an opportunity to review the minutes?

Secretary of State: I have, Governor and I move for approval of the November 13, 2018 Minutes of the Board of Examiners.

Governor: I'll second the motion. All in favor, say aye. That motion passes, 2-0.

4. Department of Administration – Victims of Crime Fiscal Year 2019 1st Quarter Report and Fiscal Year 2019 2nd Quarter Recommendation (For possible action)

Pursuant to Nevada Revised Statute (NRS) 217.260, Department of Administration shall prepare and submit quarterly to the Board of Examiners, for its approval, estimates of available revenue in the Fund for the compensation of victims of crime,

and the anticipated claim costs for the quarter. If revenues are insufficient to pay anticipated claims, the statute directs a proportional decrease in claim payments.

The 1st quarter fiscal year 2019 Victims of Crime Program report states all approved claims were resolved totaling $5,512,951.49 with $2,107,457.87 paid out of the Victims of Crime Program account and $3,405,493.62 resolved through vendor fee adjustments and cost containment policies.

The program anticipates future cash available at $3.4 million at the end of Fiscal Year 2019 to help defray crime victims' medical costs.

Based on these projections, the Victims of Crime Program recommends paying Priority One, Two and Three claims at 100% of the approved amount for the 2nd quarter of fiscal year 2019.

Governor: We'll move on to agenda item number 4, Department of Administration, Victims of Crime, Fiscal Year 2019, 1st Quarter Report and Fiscal Year 2019, 2nd Quarter Recommendations. Mr. Nicks, good morning.

Clerk: Good morning Governor and Madam Secretary. Pursuant to Nevada Revised Statute (NRS) 217.260, the Board of Examiners is required to estimate the available revenue and anticipated claim costs for the State Victims of Crime Program. This item includes a report on the claims paid in the 1st quarter of fiscal year 2019 and a recommendation to pay Priority 1, 2 and 3 claims at 100% for the 2nd quarter of fiscal year 2019.

When this report was submitted, the Program anticipated having a reserve at the end of the 2nd quarter of Fiscal Year (FY) 2019 of approximately $5.3 million, after covering all expenses, and a 45-day operating reserve, which is a decrease of approximately $4 million from the projected reserve of $9.3 million at the end of the 1st quarter. The decrease is primarily due to the number of claims filed subsequent to the Route 91 Harvest Music Festival mass casualty incident on October 1, 2017. Agency representatives still expect to obtain additional federal funding to offset the expenses associated with the October 1 incident. At this time, the $5.3 million should be a reasonable reserve for the program. Representatives from the department are available to answer any questions the Board may have.

Governor: Thank you.

I do have one question if I could please. Good morning. Just a straightforward question. So, the State was the beneficiary of a significant grant, recently, within the last week. Is that relevant and will it reimburse some of the funding that we've paid out, associated with the tragedy on October 1?

Rebecca Salazar: At the time of writing this report, we were unsure of the status of that grant, but yes, we expect to receive it. We've received notification that we will and we expect that to fully reimburse everything that we have paid out for Route 91 victims.

Governor: Yes, so, what is everything we have paid out? Do you have a ballpark figure?

Rebecca Salazar: I do. We've spent roughly $3.5 million so far, in victim's payments and another $100,000 on operating costs. We expect reimbursement of that and then, we expect additional funds to help with future costs.

Governor: Do you recall how much that grant was?

Rebecca Salazar: The State received roughly $16 million. Our portion is about $7.5 million.

Governor: So, if it's $7.5 million and we have spent $3.6 million, we'll essentially have in a savings account, over $4 million for future claims?

Rebecca Salazar: That's correct.

Governor: What if that pot of money isn't used completely? What happens to the balance?

Rebecca Salazar: I believe it will go back to the federal government but we haven't received enough instruction about it at this point. I can't answer that with certainty but my understanding is that it will go back. So, we will try to avoid that. We'll try to use as much as we can.

Governor: Certainly. Are there any significant outstanding claims that haven't been paid that now will be able to be paid?

Rebecca Salazar: There's nothing outstanding. We pay as we receive claims so, everything we have so far, that we've been able to settle, we've settled. There are many bills which we are still working to obtain all the pieces and parts needed to process so, we think we can use it.

Governor: Yes, and for the benefit of the victims, absolutely. I'm really pleased and appreciative of the Department of Justice and its grant of that award and those that were responsible for writing the grant application. Elyse Monroy is here and I know that she and her team played a significant role in making that happen for these victims. I want to thank the two of you for your hard work in ensuring that all of those victims get the attention and the resources that they deserve so, thank you.

Rebecca Salazar: Thank you, Governor.

Governor: Madam Secretary, any questions?

Secretary of State: No questions, Governor. I just want to say I agree with everything you said and the questions you asked were right on, and again, our thanks to all of you. Thank you, Governor.

Rebecca Salazar: Thank you, Madam Secretary.

Governor: Is there anything else you wanted to add?

Michelle Morgando: If I may comment on behalf of the Victims of Crime Program and particularly, Ms. Salazar. We appreciate the efforts and the interest and support of the Board of Examiners this past year. It's been trying and emotional and we appreciate your guidance. Thank you.

Governor: Thank you very much. If there are no further questions or comments, the Chair will accept a motion to approve the Victims of Crime Fiscal Year 2019 1st Quarter Report and Fiscal Year 2019 2nd Quarter Recommendation.

Secretary of State: I'll move for approval, Governor.

Governor: The Secretary of State has moved for approval. I second the motion. All in favor, say aye. That motion passes 2-0. Thank you very much.

5. State Vehicle Purchases **(For possible action)**

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Administration – Buildings and Grounds	3	$101,357
Department of Agriculture – Division of Consumer Equitability	2	$73,132
Department of Conservation and Natural Resources – Environmental Protection Division	1	$27,502
Department of Corrections	1	$12,231
Department of Wildlife	12	$381,314
Total	**19**	**$ 595,536**

Governor: Agenda item number 5, State Vehicle Purchases, Mr. Nicks.

Clerk: There are five requests for 19 vehicles on this agenda item, one vehicle is being removed from this agenda item reducing the total vehicles requested to 18.

The first request is from the Department of Administration, State Public Works Division, Buildings and Grounds to purchase one replacement vehicle and two new vehicles for $101,357. This request has been modified to remove one new vehicle. The agency plans to request that vehicle in their FY 2020/2021 budget. The revised amount for the vehicle purchase is $66,434. The vehicle being replaced has met the mileage and age requirements in the State Administrative Manual (SAM) and was included in the agency's legislatively approved budget. The amount funded is less than the current cost of the vehicle. The difference will be covered by realized savings. The new vehicle was not part of the agency's legislatively approved budget and will be funded through realized savings and reserves. The new vehicle purchase is dependent on approval of a work program in the December Interim Finance Committee (IFC) meeting.

The second request is from the Department of Agriculture, Division of Consumer Equitability for the purchase of two replacement vehicles for $73,132. The vehicles being replaced have met the mileage and/or age requirements in SAM and were included in the agency's legislatively approved budget. The funding is insufficient due to price increases. The additional cost will be funded through reserves and is dependent on approval of a work program at the December IFC meeting.

The third request is from the Department of Conservation and Natural Resources, Environmental Protection Division to purchase one replacement vehicle for $27,502. The vehicle being replaced has met the age requirements in SAM and was included in the agency's legislatively approved budget.

The fourth request is from the Department of Corrections to purchase one replacement vehicle for $12,231. The vehicle being replaced was totaled in an accident. The vehicle replacement is being funded using insurance settlement funds.

The fifth request is from the Department of Wildlife to purchase 12 replacement vehicles for $381,314. The vehicles being replaced have met the age and/or mileage requirements in SAM and were included in the agency's legislatively approved budget.

Representatives from the departments are available to answer any questions the Board may have.

Governor: Thank you, Mr. Nicks. Madam Secretary, any questions on this agenda item?

Secretary of State: No questions. I move for approval of the state vehicle purchases in item number 5.

Governor: Secretary of State has moved for the approval of the state vehicle purchases, as presented in agenda item number 5, with the amendment to the Department of Administration, Buildings and Grounds for the decrease of one vehicle, for a balance of $66,434.

Secretary of State: Correct, thank you, Governor.

Governor: I second the motion. All those in favor, say aye. That motion passes, 2-0.

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

Department of Corrections (2)

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Jacques Graham, a current Administrative Assistant IV with the Nevada Department of Corrections, to deliver packages to inmates.

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with Danyele Sipes, a current Administrative Assistant II with the Nevada Department of Corrections, to deliver packages to inmates.

Governor: We'll move to agenda item number 6, Authorization to Contract with a Current and/or Former State Employee by the Department of Corrections. Mr. Nicks.

Clerk: Item 6 includes one request to contract with current and/or former employees pursuant to NRS 333.705, subsection 1. The request is from the Department of Corrections to contract with two current employees to deliver packages to inmates through September 2019. The deliveries will occur off-hours. Representatives from the Department are available to answer any questions the Board may have.

Governor: Thank you, Mr. Nicks. We had several of these in our last meeting, I have no questions. Madam Secretary, any questions?

Secretary of State: No questions, Governor. I move for authorization to contract with a current and/or former state employee.

Governor: Okay, the Secretary has moved to authorize the contract with a current and/or former state employee by the Department of Corrections as presented in agenda item number 6. I second the motion. All in favor say aye. That motion passes 2-0.

7. Request for Approval to Pay a Claim From the Stale Claims Account (For possible action)

Department of Education

Pursuant to NRS 353.097, subsection 4, the Division requests approval to pay $100,000 from the General Fund, Stale Claims Account, for FY 2018 invoice from WestED for work related to the Department of Education's assessment system.

Governor: Agenda item number 7, Request for Approval to Pay a Claim from the Stale Claims Account. Mr. Nicks.

Clerk: Item 7 includes one request to pay late invoices pursuant to NRS 353.097. The request is from the Department of Education to pay $100,000 to WestED for work related to the Department of Education's assessment system. The invoice was received by the Department after the cutoff for processing fiscal year 2018 transactions. Funds in this program did not balance forward and the Department did revert sufficient funds to cover the costs of this claim. The claim will be paid from the Stale Claims Account. Representatives from the Department are available to answer any questions the Board may have.

Governor: Thank you, Mr. Nicks. I have no questions. Madam Secretary?

Secretary of State: Thank you, Governor, I have no questions. I move for approval for the request to pay a claim from the Stale Claims Account on item number 7.

Governor: Thank you. The Secretary of State has moved to approve the request to approve the payment of a claim from the Stale Claims Account by the Department of Education in the amount of $100,000. I second the motion. All in favor, say aye. That motion passes 2-0.

8. 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 Conservation and Natural Resources – Division of Forestry

Pursuant to NRS 353.268, the Division requests an allocation of $3,837,742 from the Interim Finance Committee General Fund Contingency Account to cover incurred and projected emergency response costs until the Division can make a supplemental request during the 2019 Legislative session.

B. Department of Public Safety – Division of Emergency Management

Pursuant to NRS 353.268, the Division requests the Board's recommendation to the Interim Finance Committee for $291,773 from Contingency Account to cover costs associated with providing security support to Clark County during the upcoming New Year's Eve activities.

C. Governor's Finance Office

Pursuant to NRS 353.268, the Governor's Finance Office requests the Board's recommendation to the Interim Finance Committee for an allocation of $427,929 from the IFC Contingency Account to replenish the Stale Claims account through June 30, 2019.

Governor: Agenda item number 8, Request for Recommendation of Approval to the IFC for an Allocation Amount from the Contingency Account. Mr. Nicks.

Clerk: Item 8 has three requests for a positive recommendation to the Interim Finance Committee pursuant to NRS 353.268. The General Fund Contingency Account has an approximate balance of $7 million to cover unanticipated costs for the remainder of the 2017-2019 biennium. If these items are approved, the remaining balance of the account will be approximately $1.9 million.

The first request is from the Department of Conservation and Natural Resources, Division of Forestry in the amount of $3,837,742 to account for incurred and projected emergency response costs until a supplemental appropriation can be received from the 2019 legislative session.

The second request is from the Department of Public Safety, Division of Emergency Management in the amount of $291,773 to fund the security support to Clark County during the upcoming New Year's Eve activities.

The third request is from the Governor's Finance Office in the amount of $427,929 to replenish the Stale Claims Account. Additional stale claims have been received since the agenda was posted. Due to the additional stale claims, the agency is now requesting $890,000 to replenish the Stale Claims Account.

Representatives from the departments are available to answer any questions the Board may have.

Governor: Thank you, Mr. Nicks. I don't have any questions. We've had several requests by the Division of Forestry and obviously, they're necessary, given the severity of the fire season that we had and the resources we provided outside the state as well, and I'm really grateful for what they've done. Certainly, it does take a significant amount out of the account but at the same time, the Legislature will be coming into session so, barring any really bad things happen, we should be okay between now and when IFC can put more money into that account, correct?

Clerk: That is correct, Governor.

Governor: Alright. Then, no questions with regard to agenda 8-B, I see Chief Cage in the audience. Obviously, it's really important to be able to provide the resources to assist Clark County associated with New Year's Eve activities. I had the privilege of joining the Sheriff last New Year's Eve and you'd be overwhelmed about the number of resources, but it's really important to protect and make all those people feel safe. With regard to agenda item C, it's straightforward, $890,000.

Caroline Bateman: Governor, just a note on agenda item 8-C – based on the amount listed on the agenda, $427,929, I advise that to increase that amount without noticing it on the agenda may constitute an Open Meeting Law violation. I would advise the Board to either stick with the agenda amount now or make those representations to the IFC if necessary or to bring that agenda item back on your January meeting.

Governor: Alright, why don't we just make it simple. Why don't we approve the amount that was on the agenda and continue the balance to the next regularly scheduled meeting which is the first week of January, correct, Mr. Nicks?

Clerk: The January meeting has been pushed back a week. It was originally scheduled for the day after the inauguration, so we're going to push it back a week. This shouldn't have an impact on us. There is another IFC scheduled before the Legislative Session starts. We haven't gotten the final date on when that is. We should be okay to put the additional funds in on the January IFC and move forward or the January BOE and IFC and move forward from there.

Governor: Alright, thank you.

Thank you for the heads-up, Ms. Bateman. I was not aware of that issue. I appreciate the catch.

Madam Secretary, I have no further questions. Why don't we move forward with a motion to approve agenda item number 8 as presented on the agenda. The $427,929 is what we'll approve today.

Secretary of State: Governor, I will move for approval of 8-A, B and C, as presented in the agenda.

Governor: Thank you, Madam Secretary. The Secretary has moved to approve agenda item number 8-A, B and C. I second the motion. All in favor say aye. That motion passes 2-0.

9. Request to Exchange Land (For possible action)

Department of Conservation and Natural Resources – Division of State Lands

Pursuant to NRS 323.100, the State Land Registrar may, with the approval of the Board and the Interim Finance Committee, exchange state lands for any other lands if the Division determines that the value of the lands are equal, or if the values are not equal, that the land value may be equalized by the payment of money if the payment is not more than 25% of the total land value.

The State Land Registrar and the Board of Regents, Nevada System of Higher Education OBO University of Nevada Reno (UNR) seek the Board's approval of an exchange of money and properties, including undeveloped land on and near the UNR campus which fulfills the requirements of NRS 323.100.

Governor: We'll move on to agenda item number 9 which is a Request to Exchange Land. Mr. Nicks.

Clerk: This item is a request from the Department of Conservation and Natural Resources, Division of State Lands for the Board to approve the exchange of state land between the Division and the University of Nevada, Reno, Board of Regents. The properties are located in Washoe County near the University of Nevada, Reno. The Division will exchange the Nevada Historical Society building, two parcels of undeveloped land and $773,625 for the Warren Nelson property. All parties concur with the exchange which must be approved by the Interim Finance Committee before it can be finalized. Representatives from the Division of State Lands and the Museums and History Division are available to answer any questions the Board may have.

Governor: Good morning gentlemen. So, who is leading on this?

Charlie Donahue: Good morning, Governor, Madam Secretary. I think your staff just captured the exchange very well. The exchange is to provide an opportunity for museums to expand their operations on Second Street and to move off of the University campus. The University is also anxious to secure this property, the Historical Society Building, because they need that space for, we've been informed, faculty or administrative purposes.

It's a unique transaction. We have done these before, Governor but in this case, it's interesting that we are actually bundling a building, as well as undeveloped properties and supplementing that with a little bit of cash from Museums, which is allowed by NRS 323.100.

Governor: Thank you. I think this is classic win-win. In terms of the money amounts, do they match the value of the Nelson building, as compared to the University property, or our properties on the University campus?

Charlie Donahue: Yes. The appraised value for the Nelson building was $4.5 million. The appraised value for the historical society building was $2.85 million. The appraised value for the two undeveloped portions of state property on the campus was just under $900,000 at $876,000. The Division of Museums is providing cash in the amount of $773,625.

Governor: Thank you. Mr. Barton, just a question for you. I think it's fabulous to have a museum in downtown Reno, is that building in move-in shape or will there have to be some improvements done to that to make it compatible with the museum?

Peter Barton: Good morning, Governor. The Warren Nelson building was and is currently being used by the University for various programs so, it's in virtually move-in condition. It wouldn't be fair for me to say that we're not going to do some renovations to expand ceiling heights to provide engaging exhibit spaces but our program can move in now. We can restore the research library function without further improvements to the building, then, gradually restore the public exhibition galleries.

For us, it's a critical move. We've completely outgrown the space available to us on the campus. We've got collections stored in three offsite locations. This will allow us to consolidate and serve the public in a better location. As you know, West Second Street is seeing some redevelopment, some fine dining is moving in. We're along the riverfront. It's just more central to the audience we attract.

Governor: Yes, and I'm biased because you know how I feel about museums. It's just a fabulous location and something that downtown Reno, well, I don't want to say 'needs it,' because I think it's doing well, but it's just another nice compliment to what is already happening there. Frankly, for me to have historical artifacts in a warehouse is not the purpose and now, an opportunity to be able to make them accessible and available to the public is wonderful. So, do you know, that building up on campus, I've been there several times, it's very small – can you give a better sense of how many more exhibits you'll be able to put out there as a result of moving into the Nelson building?

Peter Barton: Governor, we will certainly be expanding over time the number of exhibits, the breadth, the depth, the focus and the theme of the exhibits that we can produce in the Warren Nelson building. It's more than two and a half times the size of what we occupy now. It has the wonderful 200 seat Laxalt theater that is fully functional, equipped and can be used immediately for public programming. So, over the course of time, we really expect the historical society to be the anchor for Reno History and Northern Nevada History.

Governor: Thank you and one last question, Mr. Barton. When do you anticipate taking occupancy and those exhibits starting to be available to the public?

Peter Barton: Governor, the agreement as it stands now calls to close escrow by March 31, 2020. We hope to be able to accelerate that. I believe the University would like to see us execute escrow or complete escrow on a quicker timetable and, of course, is dependent upon approval at IFC next week. Once escrow closes, we anticipate an 8 to 10 month period when the Historical Society will be closed while we're packing and doing the physical move. So, within a year after escrow closes, we would anticipate being back available to the public and developing those exhibits over time.

Governor: Thank you, Mr. Barton. I think I read but has the Board of Regents approved this transaction?

Vic Redding: Good morning, the Board of Regents did approve this at their meeting last week.

Governor: Do they feel the same way I do? I think this is marvelous.

Vic Redding: Absolutely, Governor. On behalf of UNR, we will be thrilled to get that space on campus. One of our biggest bottlenecks right now is office space for both faculty and administrative staff. We will utilize that space immediately with up to 70 workspaces. Most likely it will either go to a fast-growing academic program or likely, a consolidation of other back-office functions across campus, opening up faculty space in the core. Either way, we are ready to use it immediately.

Governor: Yes, my only regret is that it didn't happen sooner. So, Madam Secretary, any questions?

Secretary of State: Thank you, Governor, no. I just echo what you said as I've seen the pieces and the sections here and there. This is really exciting that it all gets to come together, so, thank you for all your work on putting this together. Thank you, Governor for your insights on museums. We really appreciate it.

Governor: Well, just tell me when the opening day is, so I can be there. It's not often that we get really good news with win-win scenarios like this on our agenda. So, I'm really pleased and particularly for the University and for the public to be able to have access to those historical artifacts. Gentlemen, thank you. If there are no further questions, Madam Secretary, do you have a motion?

Secretary of State: I do, Governor. I move that item number 9, the Request to Exchange Lands, be approved.

Governor: The Secretary of State has moved to approve the request to exchange land as presented in agenda item number 9. I second the motion. All in favor, say aye. That motion passes 2-0. Well done, thank you.

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

Governor: Agenda item number 10, Approval of Proposed Leases, Mr. Nicks.

Clerk: There are four leases in agenda item 10 for approval by the Board this morning. No additional information was requested by Members.

Governor: Okay. I have no questions. Madam Secretary, any questions on agenda item number 10?

Secretary of State: No, move for approval of item number 10, Proposed Leases.

Governor: The Secretary of State has moved to approve the proposed leases presented in agenda item number 10. I second the motion. All in favor, say aye. That motion passes 2-0.

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

Governor: We'll move to agenda item number 11, Contracts.

Clerk: There are 32 contracts in agenda item 11 for approval by the Board this morning. No additional information has been requested by Members.

Governor: Thank you, Mr. Nicks. This is the first time in eight years, and I've never missed a meeting, that I haven't had a question on a single contract. So, sorry everyone that I waited until the last meeting but it was a pretty clean agenda. Did we, Mr. Nicks, maybe you said this, did we remove, I think its Contract 33, from the agenda?

Clerk: That's correct, Governor. Contract 33 will be placed on January's agenda.

Governor: If there are no further questions, the Chair will accept a motion to approve Contracts 1 through 32 as presented in agenda item number 11.

Secretary of State: So moved.

Governor: Secretary of State has moved for approval. I second the motion. All in favor, say aye. That motion passes 2-0.

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

Governor: We'll move to 12, Approval of Proposed Master Service Agreements. Mr. Nicks.

Clerk: There are 17 Master Service Agreements in agenda item 12 for approval by the Board this morning. One of these agreements replaces existing provider agreements as explained at the June BOE meeting. No additional information has been requested by Members.

Governor: I have no questions on agenda item number 12. Madam Secretary?

Secretary of State: I move for approval of the proposed Master Service Agreements in item number 12.

Governor: Thank you. The Secretary of State has moved to approve the Master Service Agreements in agenda item number 12. I second the motion. All in favor, say aye. That motion passes 2-0.

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

Governor: Agenda item 13, Approval of Proposed Work Plan. Mr. Nicks.

Clerk: There is one work program for approval by the Board this morning. No additional information has been requested by Members.

Governor: Thank you, Mr. Nicks. I have no questions. Madam Secretary, a motion?

Secretary of State: No questions, Governor. Thank you. I move for approval of the proposed Work Plan in item number 13.

Governor: The Secretary of State has moved to approve the Work Plan in agenda item number 13. I second the motion. All in favor, say aye. That motion passes 2-0.

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 October 23, 2018 through November 9, 2018.

Governor: We'll move to agenda item 14, Information Item, Mr. Nicks.

Clerk: There were 21 contracts under the $50,000 threshold approved by the Clerk between October 23, 2018 and November 9, 2018. This item is informational only. No additional information has been requested by Members.

Governor: Thank you, Mr. Nicks. Madam Secretary, any questions?

Secretary of State: No, Governor.

Governor: Thank you, I have none.

15. Information Item – Reports

A. Statewide Quarterly Overtime Report – Fiscal Year 2018 4th Quarter

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget Division regarding the report. The Budget Division submits the 1st Quarter Overtime Report and analysis for Fiscal Year 2019.

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

Pursuant to NRS 321.5954, the Division is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, the agency is to report quarterly on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. This submittal reports on program activities for the 1st quarter of Fiscal Year 2019.

Governor: We'll move to agenda item number 15, which is another information item. Mr. Nicks.

Clerk: The first report is on overtime and accrued compensatory leave for the first quarter of FY 2019. My staff summarized the report into a two-page summary, so I will not read the details but will hit a few highlights.

For the first three months of fiscal year 2019, overtime pay and compensatory leave accounted for a total of approximately $13.04 million, or 5.1%, of total pay; a 14.7% decrease from fiscal year 2018. The Department of Health and Human Services had the highest amount of overtime and compensatory time at $2.93 million, or 4.09% of their base pay; followed by the Department of Corrections, at $2.83 million, or 7.79% of base pay. Those two agencies accounted for 44.2% of the overtime for the quarter. On Page 2, the Department of Corrections, at the seven locations, overtime and compensatory time accounted for 73.3% of the total overtime for the Department. By event code, the highest four causes on Page 2 accounted for 76.4% of the overtime at the Department of Corrections for first quarter of 2019. At the Department of Health and Human Services, the four event codes on the bottom of Page 2 accounted for 69.9% of their overtime.

I did look at the second quarter for these two departments and through four of seven pay periods for the quarter, the Department of Corrections has incurred $1.68 million in overtime and compensatory time, while DHHS has incurred $1.73 million.

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

This report is for the quarter ending September 30, 2018. There were no activities under the Tahoe Basin Act but there were five transactions under the Lake Tahoe Mitigation Program resulting in a sale of 5,263 square feet of land coverage resulting in proceeds of $108,482 for the Nevada Land Bank.

Governor: Thank you, Mr. Nicks. Madam Secretary, any questions with regard to agenda item 15?

Secretary of State: No Governor, thank you.

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).

Governor: Public Comment – is there any public comment from Las Vegas? I hear and see none. Is there any public comment from Carson City? I hear none.

I just wanted to wish everybody a happy holiday, a Happy New Year and thank you for the privilege and honor of serving with all of you. Thank you.

Secretary of State: Thank you, Governor. I want to, and I believe from all the agencies too, we want to thank you for your eight years of dedication. I'm thrilled because I got to sit next to you in 1997. You helped me with judiciary. I'm just thrilled to be here today, with you, your last meeting for BOE. We want to thank you for not only your knowledge, the information, but your staff has been absolutely tremendous. We call and ask them questions we have, we get resolutions before we come, which is very, very helpful. Just wanted to thank you very much for everything you've done. Thank you for your service to our great State.

Governor: Thank you, Madam Secretary. The Secretary of State and I sat next to one another in 1997 in the State Legislature, some people don't know that.

I too want to complement our office staff. They've done a fabulous job.

Most importantly, thank you to all of you for what you do for the people of this great State. You've heard me say it before – public service is a gift. It's a place of work where you can walk into your office every day and make somebody's life better, so I really am appreciative of these eight years and as I said, the opportunity to work with all of you.

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

Governor: So, Madam Secretary, is there a motion to adjourn?

Secretary of State: There is, Governor; though with reluctance because I think if I leave it open, then you have to stay?

Governor: Well, there's a little thing called the Constitution, so . . .

Secretary of State: With that, I'll move for an adjournment.

Governor: I'll second the motion. All in favor, say aye. That motion passes. Thank you everybody, this meeting is adjourned.

Steve Sisolak
Governor

Susan Brown
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 | Fax: (775) 684-0260

Date: December 10, 2018

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Andre Urruty, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF TAXATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Taxation requests to contract with a former employee, Danette Kluever, to assist the Department with various duties relating to the management of applications as well as legislative tracking and research. Ms. Kluever will be hired through Master Service Agreement #18404, with Manpower Temporary Services.

Additional Information:

This individual was previously employed as Deputy Administrator for the Division of Child and Family Services within the Department of Health and Human Services. Ms. Kluever retired from State service in April 2018 after 30 years of employment, and is currently collecting benefits through PERS. Ms. Kluever anticipates to continue collecting PERS benefits through the duration of her temporary employment.

The agency advises that the individual was hired on a temporary basis under emergency circumstances, pursuant to NRS 0323, beginning August 27, 2018 for a four-month period through December 24, 2018. The agency has requested that the contractor's services be extended on a part-time basis (20 hours per week) through June 30, 2019, citing extensive workload demands that prevent current agency staff resources from meeting the necessary deadlines.

Statutory Authority:
NRS 333.705 (1)
SAM 0323

REVIEWED: _____
ACTION ITEM: _____

Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

Authorization to Contract with a Former Employee

Employee Information	
Former Employee Name:	Danette Kluever
Former Employee ID Number:	10449
Former Job Title:	Deputy Administrator
Former Employee Agency:	DHHS-Division of Child and Family Services
Former Class and Grade:	Unclassified
Former Employment Dates:	April 1988 – April 2018 (30 years)
Contracting Agency:	Department of Taxation

Please check which of the following applies:

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

a. Summarize scope of contract work.

1. Manage the application process
2. Review and score applications
3. Review business plans
4. Collect and analyze data
5. Compare applications in relation to regulations
6. Legislative responses
7. Communication with business
8. Prepare statistical and narrative reports
9. Document and organize application results

b. Document former job description.

Deputy Administrator over Support Services.
Under general direction of the Division Administrator, the Deputy Administrator over Support Services manages the operation and maintenance of the Division's Fiscal Services and Information Management Services (IT) departments. Provider leadership, direction, and executive oversight of the business, accounting, budgeting, fiscal management and IT management statewide.

c. Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a time frame for the transfer?

No

d. Explain why existing State employees within your agency cannot perform this function.

This contractor is being utilized to assist with the program needs. Due to extensive workload demands current staff resources are unable to meet necessary deadlines.

e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.

No

f. List contractor's hourly rate.

$42 per hour

g. List the range of comparable State employee rages.

Grade 39 Health Program Manager

h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?

N/A

i. Document justification for hiring contractor.

This contract was hired for a 4 month period to manage and assist in reviewing applications. The application period has commenced and this position is needed to continue on a part time basis through June 30, 2019 to document results, prepare statistical and narrative reports for the upcoming legislative session, organize and summarize the applicant results.

j. Will the employee be collecting PERS at any time during the contract?

YES

k. What is the duration of the contract with the former employee? (include start and end date)

Through June 30, 2018

l. Will the former employee be working FT/PT? If PT how many hours

Part time 20 hours per week

Comments:

William D. Anderson 12/4/18

Contracting Agency Head's Signature and Date

12/10/18

Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and Date

Steve Sisolak
Governor

Susan Brown
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: December 4, 2018

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Catherine Brekken, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

Department of Education

Agenda Item Write-up:

Pursuant to NRS 353.097, subsection 4, the Department requests approval to pay $80,615.89 from the General Fund, Stale Claims Account, for a partial amount of a 2018 request for funds for the Pre-School Development program from Lyon County School District.

Additional Information:

The request for funds was received by the Department of Education on October 1, 2018 through ePage and represents a final truing up of expenditures for fiscal year 2018 for the Pre-School Development program. The total request for funds is $230,331.10. $149,715.21 will be paid from grant funds in the current year. General funds for this program did not balance forward from fiscal year 2018 to fiscal year 2019.

Statutory Authority:
BOE approval required pursuant to NRS 353.097, subsection 4.

REVIEWED: _____

ACTION ITEM: _____

STALE CLAIM REQUEST

To: **Catherine Brekken, Executive Branch Budget Officer I**
Department of Administration, Budget Division

Date: **10/11/18**

RECEIVED
OCT 30 2018
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

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

Subject: **Stale Claim for State Fiscal Year -** 18

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

Vendor/Employee Name: Lyon County SD

Vendor/Employee Number: T40233900

Invoice/Term Date: 06/30/18

Invoice Number: N/A

Invoice/Claim Amount: $ 230,331.10

Original Budget, Fund and Category Information

Budget	Fund	Category	Amount
2709	101	34	230,331.10
Total			230,331.10

Stale Claim Budget, Fund and Category Information

Budget	Fund	Category	Amount
2709	101	34	149,915.21
4888	101	10	80,615.89
Total			230,331.10

See email backup

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 the FY18 closing deadline so it became a stale claim. See attached memo for full explanation.

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

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

REVISED: April 2012

BRIAN SANDOVAL
Governor

STEVE CANAVERO, Ph.D.
Superintendent
of Public Instruction

STATE OF NEVADA

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

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

10/02/18

To: Andrea Osborne, Fiscal Director
From: Soni Bigler, Grants and Projects Analyst

Re: PDG Stale Claim-Lyon

Andrea,

Attached please find a Request for Funds in the amount of $230,331.10 which was submitted in ePAGE on 10/01/2018. This RFF was generated when the LEA submitted their Final Financial Report, and represents a final truing up of expenditures for the SFY 18.

Please let me know if you have any questions or need anything else.

Thank you.

Sincerely,

Soni Bigler
Grants and Projects Analyst

FY18 Stale claim Final

Request

Lyon County SD (10) - FY 2018 - Preschool Development

General Information	
Project Number	18-795-10000
DUNS Number	80-0503919
C.F.D.A. Number	84.419A
Voucher Number	#7

Fiscal Summary	
Allocation	$1,797,042.04
Available Budget	$1,797,042.04
Fiscal Information As Of	6/30/2018
Cash Received	$1,566,710.94
Total Cash Basis Expenditures	$1,797,042.04
Cash Balance On Hand	($230,331.10)
Cash Available	$230,331.10
Total Amount Requested	$230,331.10

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OCT 0 2 2018
BUSINESS SERVICES
NEVADA DEPARTMENT OF EDUCATION

remaining Ø

FOR DEPARTMENT OF EDUCATION USE ONLY

Remarks:

T/D No. : T40233900

Allocation Source Type	Fund	Spending Plan Account No.	Category	Disbursement Code	Common Account No.	Program Project No.	Amount
Federal	101	2709	34	8611	17084419	84419-15	149,915.21
Federal	101	2709	34	8611	NRSTATE	84419-NR	80,415.89
						Total	$230,331.10

OK OK

OK Ren S Jagner SB 10/2/18

Signature of Person Authorized to Approve Payment Date Approved

Payment Details

Lyon County SD (10) - FY 2018 - Preschool Development

Payment Summary	
Request Amount:	$230,331.10
Total Specified:	$230,331.10
Unspecified:	$0.00

Preschool Development		
Eligible Allocation	Already Paid	Amount Remaining
$1,797,042.04	$1,566,710.94	$230,331.10

Sources				
	Pre-K Dev-2017 (F) (Source Code:16088419)	Pre-K Dev Match-2018 (S) (Source Code:NRSTATE)	Pre-K Dev-2018 (F) (Source Code:17084419)	Total
Allocation	$2,890.46	$718,935.00	$1,075,216.58	$1,797,042.04
Amount Paid to Date	$2,890.46	$547,337.17	$1,016,483.31	$1,566,710.94
Pending Payment(s) to Other Grant(s)	$0.00	$0.00	$0.00	$0.00
Remaining	$0.00	$171,597.83	$58,733.27	$230,331.10
Percent Funded	100.00 %	100.00 %	100.00 %	N/A
Available to Pay	$0.00	$171,597.83	$58,733.27	$230,331.10
Amount to Pay	$0.00	$171,597.83	$58,733.27	$230,331.10
Amount Remaining	$0.00	$0.00	$0.00	$0.00

Expenditure Details

Lyon County SD (10) - FY 2018 - Preschool Development

Function Code / Object Code	1000 - Instruction	2100 - Student Support Services	2200 - Instructional Support Services	2213 - Expenditures for Prof. Dev.	3300 - Comm. & Parent Involvement	Total
100 - Salaries	859,700.83	23,463.00	93,980.00			977,143.83
200 - Retirement Fringe Benefits	377,574.88	8,681.00	39,592.18			425,848.06
300 - Purchased Professional/Technical Services				350.00		350.00
610 - General Supplies		181,876.00			2,384.05	184,260.05
730 - Equipment		209,440.10				209,440.10
Total	1,237,275.71	423,460.10	133,572.18	350.00	2,384.05	1,797,042.04

<1566710.94>

$ 230,331.10

RECEIVED
OCT 02 2018
BUSINESS SERVICES
NEVADA DEPARTMENT OF EDUCATION

Catherine Brekken

From: Soni Bigler
Sent: Tuesday, November 13, 2018 10:12 AM
To: Catherine Brekken
Cc: Vickie Rutledge; Andrea Osborne; Stephanie M. Pacheco
Subject: RE: Stale Claims

Follow Up Flag: Follow up
Flag Status: Completed

Here is the breakdown:

Lyon County SD for $230,331.10 = $80,615.89 State/$149,915.21 Federal
CSA-$564.71 = $197.65 State/$367.06 Federal
SPCSA- $100% federal $59,168.37

Let me know if you need anything else (I will work with the new GPA to get SPCSA's requests sent to fiscal today)

Soni

From: Catherine Brekken
Sent: Tuesday, November 13, 2018 10:02 AM
To: Soni Bigler
Subject: RE: Stale Claims

Soni,

If you could please break it down by the sub recipient that would be helpful.

Currently I have the following stale claims:

1. Lyon County SD - $230,331.10
2. Community Services Agency - $564.71

Then I believe there is one more that Andrea stated would be completely federal for SPCSA.

Catherine

From: Soni Bigler
Sent: Tuesday, November 13, 2018 9:50 AM
To: Andrea Osborne <andreao@doe.nv.gov>
Cc: Vickie Rutledge <vickierutledge@doe.nv.gov>; Catherine Brekken <cbrekken@finance.nv.gov>
Subject: RE: Stale Claims

Catherine, do you need this by subrecipient or just a total?

From: Andrea Osborne
Sent: Friday, November 9, 2018 4:47 PM
To: Soni Bigler

Cc: Vickie Rutledge; Catherine Brekken
Subject: Stale Claims

Hi Soni,

Catherine has asked that we let her know the split for any stale claims for 2709. Would you be able to provide those?

Thanks!
Andrea ☺

Andrea Osborne, Administrative Services Officer III
Department of Education
Business Support Services, Department Support
700 East Fifth St
Carson City, NV 89701
775-687-9169

"Every accomplishment starts with the decision to try." Gold medalist Gail Devers

Steve Sisolak
Governor

Susan Brown
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 | Fax: (775) 684-0260

Date: December 16, 2018

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Bridgette Mackey-Garrison, 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.

NEVADA DEPARTMENT OF TRANSPORTATION

Agenda Item Write-up:

Pursuant to NRS 353.097, subsection 4, the department requests approval to pay $60,871.45 from the Highway Fund, Stale Claims Account, for a fiscal year 2018 invoice from Clean Harbors Environmental Services, Inc. for Culvert Cleaning Services.

Additional Information:

The department seeks approval to pay an invoice for the time period of June 5, 2018 through June 26, 2018 as this invoice was not submitted until after the closing of fiscal year 2018.

Statutory Authority:

NRS 353.097, subsection 4.

REVIEWED: _____
ACTION ITEM:

STALE CLAIM REQUEST

To: Bridgette Mackey-Garrison

Governor's Finance Office, Budget Division

Date: 11/02/2018

RECEIVED
NOV - 7 2018
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

From: Jamie Vacek

NDOT

Subject: Stale Claim for State Fiscal Year 2018

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: Clean Harbors Environmental Services, Inc.

Vendor/Employee Number: T27000924 B

Invoice Term Date: 06/04/18 - 06/26/18

Invoice Number: 1002543328

Invoice/Claim Amount: $60,871.45

Coding from original obligation

Fund	Budget	Category	Amount
201	4660	06	60,871.45
Total			60,871.45

Coding used to pay Stale Claim

Fund	Budget	Category	Amount
201	6010	01	60,871.45
Total			60,871.45

Request to pay from current fiscal year account? YES [X] NO [ ]

-If yes, full or partial payment from current year funds? FULL [X] 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 [X]

Explanation: Reason (Justification or Detail) for Stale Claim/Funding Allocations/Attachments:

Research has been done and it has been determined that this invoice has not been paid.

Jamie Vacek

Signature (Agency Fiscal Approval)

BOARD OF EXAMINERS /BUDGET DIVISION 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 $50,000 require BOE approval

REVISED: April 2016

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:

November 2, 2018

Bridgette Mackey-Garrison
Department of Administration
209 E. Musser Street
Carson City NV 89710

I would like permission to move the attached payable for Clean Harbors Environmental Services, Inc. (206047) with a stale claim. We have researched our files and determined that this payment has not been paid in FY18.

The expenditure was incurred during fiscal year 2018 and should have been paid from budget account #4660. The Department has remaining authority in Category #06 in the amount of $77,210,070.13 for fiscal year 2018.

If you have any further questions, please contact me at 888-7457.

Sincerely,

Jamie Vacek

Jamie Vacek
Accountant III

STATE OF NEVADA
DEPARTMENT OF TRANSPORTATION
Payment Voucher And Purchase Order

stale206047

Vendor	Ship To	Invoice To
Clean Harbors Environmental Services, Inc. Po Box 3442 Boston, MA 02241-3442	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	
10/30/18	FY 18	T27000924B		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.

Quantity	Item No.	Description	UOM	Unit Price	Extended Price
1		Culvert Cleaning - dates of service 6/04/18 - 6/26/18			$ 60,871.45
		STALE CLAIM			
				Total	60,871.45

Janel Stuffelen
Receiver

Anita Bush
Authorized Signature

Approval for Expenditures Exceeding $10,000

11/1/18

Line	Org	Approp	Activity	Object	Job/Project	Revenue	Agreement	Amount
1	C050	466006	9187	813S			19416	$ 60,871.45
2								
3								
4								
5								
6								
7								
8								
9								
10								

NEVADA DEPT. OF TRANSPORTATION
REC'D ACCOUNTING
NOV 01 2018

NEVADA DEPT. OF TRANSPORTATION
REC'D ACCOUNTING
NOV 02 2018

RECEIVED
NOV 01 2018
DIRECTOR'S OFFICE

NDOT 060-067Excel Revised 3/02

CleanHarbors
42 Longwater Drive
P.O. Box 9149
Norwell, MA 02061-9149

INVOICE
Invoice No 1002543328

REMIT TO:
Clean Harbors Env. Services
PO Box 3442
Boston, MA 02241-3442

OFFICE:
Clean Harbors Environmental Services, Inc.
191 Coney Island Drive
Sparks, NV 89431
(775) 331-9400
If you have any questions regarding this invoice, please contact your customer service representative at the telephone number listed above

MDG2018 00000003 05

Bill Walter
Nevada Department Of Transportation (North)
1263 S Stewart Street
Carson City, NV 89712 - 0000

JOB SITE/GENERATOR:
Nevada Department Of Transportation (North)
1263 S Stewart Street
Carson City, NV 89712 - 0000

T27000924B

EIN: 04-2698999

Job Description: Tahoe Basin Contract No. 194-16-050R

**** Payable in USD funds ****

Last Service Date	Invoice No	Customer	Branch	Sales Order	Purchase Order	Terms
26 Jun 2018	1002543328	ND0028	NV	1703540306	RFP194-16-050R	Net 30 Days

Last Service Date	Task	Task Type	Description	Total
26 Jun 2018	1703540306-002	GENERAL	Items 2, and 3 D.I.'s 1,153 ea	$36,580.00
26 Jun 2018	1703540306-003	GENERAL	Item 4 Slotted Drains 7,914 LNFT	$5,186.45
14 Jun 2018	1703540306-010	GENERAL	Items 23,24/ 36"x8',36"x10',48"x10' Silt Traps and Se	$5,605.00
26 Jun 2018	1703540306-013	GENERAL	Items 32,33,34,35/ 6x6x8 Vault, 450g, 900g,950g	$4,000.00
05 Jun 2018	1703540306-014	GENERAL	Items 36/ 1200g S/O Separators	$2,000.00
06 Jun 2018	1703540306-016	GENERAL	Item 41/ 15,000g S/O Separator	$7,500.00

	SUBTOTAL	**$60,871.45**
	TAX	**$0.00**
PLEASE PAY THIS AMOUNT →	**INVOICE TOTAL**	**$60,871.45**
REMIT PAYMENT BY →	**DUE DATE**	**09 Nov 2018**

RECEIVED
C-050
OCT 17 2018
MAINTENANCE

"ONLY AVAILABLE DOCUMENTATION:
TO BE USED AS ORIGINAL INVOICE"

Org	Approp	Activity	Object	Job/Project	Rep Cat	Agreement	Amount
C050	466006	9187	8135			194165 0	6087145

Signature: Bill Walter
$ REMAINING: 356,035.45 DATE: 10/22/18

000000 01 22 000003 000060 H

Interest will be charged at a rate of 1.5% per month for all past due amounts.

Invoice Date: 10 Oct 2018

PLEASE RETURN A COPY OF INVOICE WITH PAYMENT - THANK YOU

Steve Sisolak
Governor

Susan Brown
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: December 4, 2018

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Catherine Brekken, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

Department of Education

Agenda Item Write-up:

Pursuant to NRS 353.097, subsection 4, the Department requests approval to pay $73,500 from the School Remediation Trust Fund account for a 2018 request for funds for the New Teacher Incentive program from Carson City School District.

Additional Information:

The request for funds was received by the Department of Education on August 8, 2018 for reimbursement of costs incurred by Carson City School District for the New Teacher Incentive program in fiscal year 2018. Funds for this program did balance forward from fiscal year 2018 to fiscal year 2019.

Statutory Authority:
NRS 353.097

REVIEWED: JC

ACTION ITEM:_____

STALE CLAIM REQUEST

To: **Catherine Brekken, Executive Branch Budget Officer I**
Department of Administration, Budget Division

Date: **10/9/18**

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

RECEIVED
OCT 30 2018
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Subject: **Stale Claim for State Fiscal Year -** 18

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 SD

Vendor/Employee Number: T40231500

Invoice/Term Date: 06/30/18

Invoice Number: 18CC226001

Invoice/Claim Amount: $ 73,500.00

Original Budget, Fund and Category Information

Budget	Fund	Category	Amount
2615	101	12	73,500.00
Total			73,500.00

Stale Claim Budget, Fund and Category Information

Budget	Fund	Category	Amount
2615	101	12	73,500.00
Total			73,500.00

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 the FY18 closing deadline so it became a stale claim. See attached memo for full explanation.

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

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

REVISED: April 2012

BRIAN SANDOVAL
Governor

STEVE CANAVERO, Ph.D.
Superintendent of Public Instruction

STATE OF NEVADA

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

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

MEMORANDOM

September 11, 2018

To: Andrea Osborn, Fiscal Director

From: Sondra L. Neudauer, Grants Analyst

Re: Request for Funds (RFF) – Stale Claims

I hereby submit for payment the following RFF's received as stale claims:

Project No:	Name of Subgrantee	Project Title	Amount of RFF
• 18-252-12000	Nye County	Computer Science	$23,210.55
• 18-252-89409	Beacon	Computer Science	$500.00
• 18-325-68410	EIAA	Teachers Supplies Reimbursement	$970.24
• 18-226-13000	Carson City	New Teacher Incentive	$73,500.00
• 18-248-40000	UNR	Great Teaching Leading Fund	$185,033.25

Each of the RFF's are for the Period ending June 30, 2018, were signed and dated prior the August 10, 2018 deadline, however NDE missed the deadline for payment. Corrective action is being implemented with a new e-mail system. All RFF's listed above are hereby submitted as stale claims.

Please let me know if you have any questions or need additional information.

Sincerely,

Sondra L. Neudauer
Grants and Project Analyst
Business and Support Services

10-8-18

FY 18
State Claim

REQUEST FOR FUNDS FOR PROJECT ACTIVITIES

RETURN TO:
NEVADA DEPARTMENT OF EDUCATION
Attention: Grants Management Unit
700 E. Fifth Street
Carson City, Nevada 89701

Each Request for Funds must be accompanied by a General Ledger.

Name and Address of Subgrantee:		
Carson City School District **PO Box 603** **Carson City, NV 89703**	Project No.:	**18-226-13000**
	Project Title:	**New Teacher Incentive**

Source of project or grant funds:

State X Federal ____ Request No.: 1

Federal GAN Project Title ____

PART I: RFF Period Beginning Date: 1/1/18 RFF Period Ending Date: 6/30/18

1. Total Subaward	$	73,500.00
2. Less total requests for funds already submitted	$	-
3. Less current period expenditures being requested for current period	$	73,500.00
4. Remaining award at end of current period (1. - 2. - 3.)	$	-

PART II: Actual Request for Current Period:

	Requested	NDE $ Approved
Current Request for Funds	$ 73,500.00	$ 73,500.00
		GPA Initial and Date: 8/31/18

Signature Date 8-7-18

Valerie Dockery - Director of Grants and Special Projects
Print - Name and Title of Reporting Official

FOR DEPARTMENT OF EDUCATION USE ONLY

CFDA Number: Inv # ~~UEI (DUNS)~~: 18CC226001 Vendor Number: T40231500

	Organization Code	Budget Account	Category	G/L (Object Code)	Federal Common Account No.	Federal Job Number
Federal	0000					State
	Organization Code	**Budget Account**	**Category**	**G/L (Object Code)**		
State	0000	2615	12	8601		

Signature of Person Authorized to Approve Payment 8/31/18 Date Approved 8/08/18

State or Federal Report of Expenditures
Nevada Department of Education

Project Number: 18-226-13000
Request Number: 1
Period Ending: 6/30/18

Object	Description	(A) Instruction Cost Budget	(B) Instruction Cost Actual	Instruction Cost Remainder	(C) Support Cost Budget	(D) Support Cost Actual	Support Cost Remainder	(A+C) Total Budget	(B+D) Total Actual	Total Remainder
100	Salaries	$ 73,500.00	$ 73,500.00	$ -	$ -	$ -	$ -	$ 73,500.00	$ 73,500.00	$ -
200	Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
300	Purchased Professional/Technical Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
400	Purchased Property Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
500	510 Student Transportation Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	580 Staff Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other (520, 530, 540, 550, 560, 570, 590)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total 500	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
600	610 General Supplies (exclude 612)		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	* 612 Non-Technology Items of Higher Value	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	620 Energy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	640 Books and Periodicals (exclude 641)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	641 Textbooks	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	650 Supplies - Information Technology Related (exclude 651, 652, 653)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	651 Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	* 652 Technology Items of Higher Value		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	653 Web-based and Similar Programs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total 600	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
800	810 Dues and Fees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	890 Other Miscellaneous	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other (820, 830)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total 800	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal 100 – 600 & 800		$ 73,500.00	$ 73,500.00	$ -	$ -	$ -	$ -	$ 73,500.00	$ 73,500.00	$ -
Approved Indirect Cost Rate - %				$ -			$ -	$ -	$ -	$ -
700	730 Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other (710, 720, 740, 790)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total 700	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Grand Total Expended		$ 73,500.00	$ 73,500.00	$ -	$ -	$ -	$ -	$ 73,500.00	$ 73,500.00	$ -

Steve Sisolak
Governor

Susan Brown
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: December 4, 2018

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Catherine Brekken, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

Department of Education

Agenda Item Write-up:

Pursuant to NRS 353.097, subsection 4, the Department requests approval to pay $170,335.77 from the School Remediation Trust Fund account for a 2018 request for funds for the Social Workers in Schools program from Carson City School District.

Additional Information:

The request for funds was received by the Department of Education on August 29, 2018 for reimbursement of costs incurred by Carson City School District for the Social Workers in Schools program in fiscal year 2018. Funds for this program did balance forward from fiscal year 2018 to fiscal year 2019.

Statutory Authority:
NRS 353.097

REVIEWED:_____

ACTION ITEM:_____

STALE CLAIM REQUEST

To: Catherine Brekken, Executive Branch Budget Officer I
Department of Administration, Budget Division

Date: 10/9/18

RECEIVED
OCT 30 2018
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

From: Andrea Osborne, ASO III AO
Department of Education, Business & Support Division

Subject: Stale Claim for State Fiscal Year - 18

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 SD

Vendor/Employee Number: T40231500

Invoice/Term Date: 06/30/18

Invoice Number: 18CC243002

Invoice/Claim Amount: $ 170,335.77

Original Budget, Fund and Category Information

Budget	Fund	Category	Amount
2615	101	19	170,335.77
Total			170,335.77

Stale Claim Budget, Fund and Category Information

Budget	Fund	Category	Amount
2615	101	19	170,335.77
Total			170,335.77

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 the FY18 closing deadline so it became a stale claim. See attached memo for full explanation.

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

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

REVISED: April 2012

BRIAN SANDOVAL
Governor

STEVE CANAVERO, Ph.D.
Superintendent
of Public Instruction

STATE OF NEVADA

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

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

September 4, 2018

To: Andrea McCalla, Fiscal Director
From: James L. Kirkpatrick, Business Services, District Support

Re: Stale Claims for
- Carson City School District
- Fort McDermitt Paiute Shoshone Tribe
- Nye County School District
- White Pine School District

Andrea,

We hereby submit for payment the following Request for Funds received from our recipients as stale claims:
- Carson City School District, Project #18-243-13000 – Social Worker (Liaison) for $27,648.00
- Carson City School District, Project #18-243-13000 – Social Worker for $170,335.77
- Fort McDermitt Paiute Shoshone Tribe, Project #18-618-39750 – Native Youth Community Project for $8,577.82
- Nye County School District, Project #18-715-12000 – Title IVA for $35,754.23
- Nye County School District, Project #18-300-12000 – State CTE Allocation for $44,955.24
- P White Pine School District, Project #18-243-17000 – Social Worker for $80,960.00

The RFF attached was not processed due to a turnover in staff responsible for the oversite of the grant. The NDE grants supervisor is developing new agency policy and procedures to mitigate RFF processing errors in the future.

Please let me know if you have any questions or need anything else.

Sincerely,

JD 10-8-18

James Kirkpatrick
Business Services, District Support

RECEIVED
SEP 12 2018
BUSINESS SERVICES
NEVADA DEPARTMENT OF EDUCATION

SFY 18

REQUEST FOR FUNDS FOR PROJECT ACTIVITIES

RETURN TO:

NEVADA DEPARTMENT OF EDUCATION
Attention: Grants Management Unit
700 E. Fifth Street
Carson City, Nevada 89701

Each Request for Funds must be accompanied by a General Ledger.

Name and Address of Subgrantee:		
Carson City School District **PO Box 603** **Carson City, NV 89703**	Project No.:	**18-243-13000**
	Project Title:	**Social Workers in Schools - SSWs**

Source of project or grant funds:

State **X** Federal _____ Request No.: **4**

Federal GAN Project Title _____

PART I: RFF Period Beginning Date: 1/1/18 **RFF Period Ending Date: 6/30/2018**

1. Total Subaward	$	684,480.00
2. Less total requests for funds already submitted	$	487,375.70
3. Less current period expenditures being requested for current period	$	170,335.77
4. Remaining award at end of current period (1. - 2. - 3.)	$	26,768.53

PART II: Actual Request for Current Period:

	Requested	NDE $ Approved
Current Request for Funds	$ 170,335.77	$ 170,335.77
		GPA Initial and Date: JK 8/29/18

Signature

7-31-18
Date

Valerie Dockery - Director of Grants and Special Projects
Print - Name and Title of Reporting Official

18CC243002

FOR DEPARTMENT OF EDUCATION USE ONLY

CFDA Number: UEI (DUNS): Vendor Number: T40231500

	Organization Code	Budget Account	Category	G/L (Object Code)	Federal Common Account No.	Federal Job Number
Federal	0000	—	—	—	—	—
State	0000	2615	19	8601		

Signature of Person Authorized to Approve Payment

8/29/18
Date Approved

RECEIVED
AUG 29 2018
BUSINESS SERVICES
NEVADA DEPARTMENT OF EDUCATION

BT

State or Federal Report of Expenditures
Nevada Department of Education

Project Number: 18-243-13000
Request Number: 4
Period Ending: 6/30/18

Object	Description	(A) Instruction Cost Budget	(B) Instruction Cost Actual	Instruction Cost Remainder	(C) Support Cost Budget	(D) Support Cost Actual	Support Cost Remainder	(A+C) Total Budget	(B+D) Total Actual	Total Remainder
100	Salaries	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
200	Benefits	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
300	Purchased Professional/Technical Services	$ -	$ -	$ -	$ 684,480.00	$657,711.47	$ 26,768.53	$ 684,480.00	$ 657,711.47	$ 26,768.53
400	Purchased Property Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
500	510 Student Transportation Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	580 Staff Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other (520, 530, 540, 550, 560, 570, 590)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total 500	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
600	610 General Supplies (exclude 612)		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	* 612 Non-Technology Items of Higher Value	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	620 Energy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	640 Books and Periodicals (exclude 641)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	641 Textbooks	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	650 Supplies - Information Technology Related (exclude 651, 652, 653)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	651 Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	* 652 Technology Items of Higher Value		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	653 Web-based and Similar Programs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total 600	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
800	810 Dues and Fees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	890 Other Miscellaneous	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other (820, 830)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total 800	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal 100 – 600 & 800		$ -	$ -	$ -	$ 684,480.00	$657,711.47	$ 26,768.53	$ 684,480.00	$ 657,711.47	$ 26,768.53
Approved Indirect Cost Rate - %				$ -			$ -	$ -	$ -	$ -
700	730 Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other (710, 720, 740, 790)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total 700	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Grand Total Expended		$ -	$ -	$ -	$ 684,480.00	$657,711.47	$ 26,768.53	$ 684,480.00	$ 657,711.47	$ 26,768.53

8/29/18

Steve Sisolak
Governor

Susan Brown
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: December 4, 2018

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Catherine Brekken, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

Department of Education

Agenda Item Write-up:

Pursuant to NRS 353.097, subsection 4, the Department requests approval to pay $60,784.28 from the School Remediation Trust Fund account for a 2018 request for funds for the English Language Learners - Rural program from Lyon County School District.

Additional Information:

The request for funds was received by the Department of Education on October 11, 2018 for reimbursement of costs incurred by Lyon County School District for the English Language Learners – Rural program in fiscal year 2018. Funds for this program did balance forward from fiscal year 2018 to fiscal year 2019.

Statutory Authority:
NRS 353.097

REVIEWED: _____

ACTION ITEM: _____

STALE CLAIM REQUEST

To: **Catherine Brekken, Executive Branch Budget Officer I**
Department of Administration, Budget Division

Date: **10/16/18**

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

RECEIVED
OCT 30 2018
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Subject: **Stale Claim for State Fiscal Year -** 18

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

Vendor/Employee Name: Lyon County SD

Vendor/Employee Number: T40233900

Invoice/Term Date: 06/30/18

Invoice Number: 18LY289006

Invoice/Claim Amount: $ 60,784.28

Original Budget, Fund and Category Information

Budget	Fund	Category	Amount
2615	101	16	60,784.28
Total			60,784.28

Stale Claim Budget, Fund and Category Information

Budget	Fund	Category	Amount
2615	101	16	60,784.28
Total			60,784.28

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 the FY18 closing deadline so it became a stale claim. See attached memo for full explanation.

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

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

REVISED: April 2012

BRIAN SANDOVAL
Governor

STEVE CANAVERO, Ph.D.
Superintendent of Public Instruction

STATE OF NEVADA

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

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

MEMORANDOM

October 11, 2018

To: Andrea Osborn, Fiscal Director

From: Sondra L. Neudauer, Grants Analyst, Business Support Services

Re: Request for Funds (RFF) – SFY 2018 – Stale Claims

I hereby submit for payment the following RFF received as stale claims:

Project No:	Name of Subgrantee	Project Title	Amount of RFF
18-289-10000	Lyon County School District	ZOOM	$60,784.28

All of the requests have a fiscal information "as of date" 6/30/18. The attached request for funds are a direct result of the district expenditures exceeding the amount of cash received, and are a negative balance request for funds that were automatically generated during the final financial report reconciliation and submission.

Please let me know if you have any questions or need additional information.

Sincerely,

Sondra L. Neudauer
Grants and Project Analyst
Business and Support Services

FY18
state Claim

Request

Lyon County SD (10) - FY 2018 - SB 390 Zoom EL Funding

RECEIVED
BUSINESS SERVICES
NEVADA DEPARTMENT OF EDUCATION

General Information

Project Number	18-289-10000
DUNS Number	80-0503919
C.F.D.A. Number	
Voucher Number	#6

Fiscal Summary

Allocation	$314,122.25
Available Budget	$314,122.25
Fiscal Information As Of	6/30/2018
Cash Received	$168,190.35
Total Cash Basis Expenditures	$228,974.63
Cash Balance On Hand	($60,784.28)
Cash Available	$145,931.90
Total Amount Requested	$60,784.28

FOR DEPARTMENT OF EDUCATION USE ONLY

Remarks: 18LY289006

T/D No. : T40233900

Allocation Source Type	Fund	Spending Plan Account No.	Category	Disbursement Code	Common Account No.	Program Project No.	Amount
State	101	2615	16	8611	STATE	N/A	$60,784.28
						Total	$60,784.28

Signature of Person Authorized to Approve Payment

10/11/18
Date Approved

Fiscal 10/11/18

Payment Details

Lyon County SD (10) - FY 2018 - SB 390 Zoom EL Funding

Payment Summary	
Request Amount:	$60,784.28
Total Specified:	$60,784.28
Unspecified:	$0.00

SB 390 Zoom EL Funding		
Eligible Allocation	Already Paid	Amount Remaining
$228,974.63	$168,190.35	$60,784.28

Sources		
	SB 405-2018 (S) (Source Code:STATE)	Total
Allocation	$228,974.63	$228,974.63
Amount Paid to Date	$168,190.35	$168,190.35
Pending Payment(s) to Other Grant(s)	$0.00	$0.00
Remaining	$60,784.28	$60,784.28
Percent Funded	100.00 %	N/A
Available to Pay	$60,784.28	$60,784.28
Amount to Pay	$60,784.28	$60,784.28
Amount Remaining	$0.00	$0.00

Expenditure Details

Lyon County SD (10) - FY 2018 - SB 390 Zoom EL Funding

Function Code / Object Code	1000 - Instruction	Total
100 - Salaries	160,606.99	160,606.99
200 - Retirement Fringe Benefits	68,023.45	68,023.45
610 - General Supplies	344.19	344.19
Total	228,974.63	228,974.63

Steve Sisolak
Governor

Susan Brown
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: December 4, 2018

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Catherine Brekken, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

Department of Education

Agenda Item Write-up:

Pursuant to NRS 353.097, subsection 4, the Department requests approval to pay $80,960 from the School Remediation Trust Fund account for a 2018 request for funds for the Social Workers in Schools program from White Pine County School District.

Additional Information:

The request for funds was received by the Department of Education on August 29, 2018 for reimbursement of costs incurred by White Pine County School District for the Social Workers in Schools program in fiscal year 2018. Funds for this program did balance forward from fiscal year 2018 to fiscal year 2019.

Statutory Authority:
NRS 353.097

REVIEWED: SB.

ACTION ITEM:_____

STALE CLAIM REQUEST

To: Catherine Brekken, Executive Branch Budget Officer I
Department of Administration, Budget Division

Date: 10/9/18

RECEIVED
OCT 30 2018
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

From: Andrea Osborne, ASO III
Department of Education, Business & Support Division

Subject: Stale Claim for State Fiscal Year - 18

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

Vendor/Employee Name: White Pine County SD

Vendor/Employee Number: T40127700

Invoice/Term Date: 06/30/18

Invoice Number: 18WP243001

Invoice/Claim Amount: $ 80,960.00

Original Budget, Fund and Category Information

Budget	Fund	Category	Amount
2615	101	19	80,960.00
Total			80,960.00

Stale Claim Budget, Fund and Category Information

Budget	Fund	Category	Amount
2615	101	19	80,960.00
Total			80,960.00

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 the FY18 closing deadline so it became a stale claim. See attached memo for full explanation.

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

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

REVISED: April 2012

BRIAN SANDOVAL
Governor

STEVE CANAVERO, Ph.D.
Superintendent
of Public Instruction

STATE OF NEVADA

SOUTHERN NEVADA OFFICE
9890 S. Maryland Parkway, Suite 221
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DEPARTMENT OF EDUCATION
700 E. Fifth Street
Carson City, Nevada 89701-5096
(775) 687 - 9200 · Fax: (775) 687 – 9101
http://www.doe.nv.gov

September 4, 2018

To: Andrea McCalla, Fiscal Director
From: James L. Kirkpatrick, Business Services, District Support

Re: Stale Claims for
- Carson City School District
- Fort McDermitt Paiute Shoshone Tribe
- Nye County School District
- White Pine School District

Andrea,

We hereby submit for payment the following Request for Funds received from our recipients as stale claims:
- Carson City School District, Project #18-243-13000 – Social Worker (Liaison) for $27,648.00
- Carson City School District, Project #18-243-13000 – Social Worker for $170,335.77
- Fort McDermitt Paiute Shoshone Tribe, Project #18-618-39750 – Native Youth Community Project for $8,577.82
- Nye County School District, Project #18-715-12000 – Title IVA for $35,754.23
- Nye County School District, Project #18-300-12000 – State CTE Allocation for $44,955.24
- P White Pine School District, Project #18-243-17000 – Social Worker for $80,960.00

The RFF attached was not processed due to a turnover in staff responsible for the oversite of the grant. The NDE grants supervisor is developing new agency policy and procedures to mitigate RFF processing errors in the future.

Please let me know if you have any questions or need anything else.

Sincerely,

James Kirkpatrick
Business Services, District Support

HD 10-8-18

REQUEST FOR FUNDS FOR PROJECT ACTIVITIES

RETURN TO:

NEVADA DEPARTMENT OF EDUCATION

Attention: _____

700 E. Fifth Street
Carson City, Nevada 89701

SFY 18

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

Name and Address of Subgrantee: White Pine County School District 1135 Ave C Ely, NV 89301	Project No.:	18-243-17000
	Project Title:	Social Workers in Schools

Source of project or grant funds:

State x _____ Federal _____ Request No.: 1

Name of Program: Social Workers in Schools

PART I: Period Ended - Last Request: **Period Ended - Current Request:**

1. Total Subgrant Award	$	80,960.00
2. Less total requests for funds already submitted	$	-
3. Less current period expenditures being requested for current period	$	80,960.00
4. Remaining award at end of current period (1. - 2. - 3.)	$	-

PART II: Actual Request for Current and Next Period:

	Requested	NDE Approved
1. Less cash on hand at end of past period (same as Part I, No. 3)	$ -	
2. Current Request for Funds	**$ 80,960.00**	JK 8/29/18

Signature

~~8/3/2018~~
Date

Paul Johnson, CFO
Name and Title of Reporting Official

FOR DEPARTMENT OF EDUCATION USE ONLY

Remarks: 18WP243001 Vendor Number: T40127700

	Organization Code	Budget Account	Category	G/L (Object Code)	Federal Common Account No.	Federal Job Number
Federal	—	—	—	—	—	—
	Organization Code	**Budget Account**	**Category**	**G/L (Object Code)**		
State	300	2615	19	8617		

Signature of Person Authorized to Approve Payment

8/29/18
Date Approved

SFP-02
Revised 12/2015

830-3 Request for Funds Page 1

RECEIVED
AUG 29 2018

BT

State or Federal Report of Expenditures
Nevada Department of Education

Project Number: 18-234-17000
Request Number: 1
Period Ending: 6/30/18

Object	Description	(A) Instruction Cost Budget	(B) Instruction Cost Actual	Instruction Cost Remainder	(C) Support Cost Budget	(D) Support Cost Actual	Support Cost Remainder	(A+C) Total Budget	(B+D) Total Actual	Total Remainder
100	Salaries	$ -	$ -	$ -	$ 56,343.37	$ 56,343.37	$ -	$ 56,343.37	$ 56,343.37	$ -
200	Benefits	$ -	$ -	$ -	$ 24,616.63	$ 24,616.63	$ -	$ 24,616.63	$ 24,616.63	$ -
300	Purchased Professional/Technical Services	$ -	$ -	$ -			$ -	$ -	$ -	$ -
400	Purchased Property Services	$ -	$ -	$ -			$ -	$ -	$ -	$ -
500	510 Student Transportation Services	$ -	$ -	$ -			$ -	$ -	$ -	$ -
	580 Staff Travel	$ -	$ -	$ -			$ -	$ -	$ -	$ -
	Other (520, 530, 540, 550, 560, 570, 590)	$ -	$ -	$ -			$ -	$ -	$ -	$ -
	Total 500	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
600	610 General Supplies (exclude 612)	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -
	* 612 Non-Technology Items of Higher Value	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -
	620 Energy	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -
	640 Books and Periodicals (exclude 641)	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -
	641 Textbooks	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -
	650 Supplies - Information Technology Related (exclude 651, 652, 653)	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -
	651 Software	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -
	* 652 Technology Items of Higher Value	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -
	653 Web-based and Similar Programs	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -
	Total 600	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
800	810 Dues and Fees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	890 Other Miscellaneous	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other (820, 830)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total 800	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal 100 – 600 & 800		$ -	$ -	$ -	$ 80,960.00	$ 80,960.00	$ -	$ 80,960.00	$ 80,960.00	$ -
Approved Indirect Cost Rate - %				$ -			$ -	$ -	$ -	$ -
700	730 Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other (710, 720, 740, 790)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total 700	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Grand Total Expended		$ -	$ -	$ -	$ 80,960.00	$ 80,960.00	$ -	$ 80,960.00	$ 80,960.00	$ -

8/29/18

Steve Sisolak
Governor

Susan Brown
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: December 10, 2018

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Catherine Brekken, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

Department of Education

Agenda Item Write-up:

Pursuant to NRS 353.097, subsection 4, the Department requests approval to pay $185,033.25 from the Professional Development Program account for a 2018 request for funds for the Great Teaching & Leading program from the Board of Regents, UNR.

Additional Information:

The request for funds was received by the Department of Education on August 14, 2018 for reimbursement of costs incurred by Board of Regents, UNR for the Great Teaching and Leading program in fiscal year 2018. Funds for this program did balance forward from fiscal year 2018 to fiscal year 2019.

Statutory Authority:
NRS 353.097

REVIEWED:_____

ACTION ITEM:_____

STALE CLAIM REQUEST

To: Catherine Brekken, Executive Branch Budget Officer I
Department of Administration, Budget Division

Date: 10/16/18

From: Andrea Osborne, ASO III
Department of Education, Business & Support Division

RECEIVED
DEC 07 2018
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Subject: Stale Claim for State Fiscal Year - 18

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: Board of Regents, UNR

Vendor/Employee Number: D35000816

Invoice/Term Date: 06/30/18

Invoice Number: 18UNR24804

Invoice/Claim Amount: $ 185,033.25

Original Budget, Fund and Category Information

Budget	Fund	Category	Amount
2618	101	10	185,033.25
Total			185,033.25

Stale Claim Budget, Fund and Category Information

Budget	Fund	Category	Amount
2618	101	10	185,033.25
Total			185,033.25

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 the FY18 closing deadline so it became a stale claim. See attached memo for full explanation.

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

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

REVISED: April 2012

BRIAN SANDOVAL
Governor

STEVE CANAVERO, Ph.D.
Superintendent of Public Instruction

STATE OF NEVADA

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

MEMORANDOM

September 11, 2018

To: Andrea Osborn, Fiscal Director

From: Sondra L. Neudauer, Grants Analyst

Re: Request for Funds (RFF) – Stale Claims

I hereby submit for payment the following RFF's received as stale claims:

	Project No:	Name of Subgrantee	Project Title	Amount of RFF
•	18-252-12000	Nye County	Computer Science	$23,210.55
•	18-252-89409	Beacon	Computer Science	$500.00
•	18-325-68410	EIAA	Teachers Supplies Reimbursement	$970.24
•	18-226-13000	Carson City	New Teacher Incentive	$73,500.00
•	18-248-40000	UNR	Great Teaching Leading Fund	$185,033.25

Each of the RFF's are for the Period ending June 30, 2018, were signed and dated prior the August 10, 2018 deadline, however NDE missed the deadline for payment. Corrective action is being implemented with a new e-mail system. All RFF's listed above are hereby submitted as stale claims.

Please let me know if you have any questions or need additional information.

Sincerely,

Sondra L. Neudauer
Grants and Project Analyst
Business and Support Services

FY 18
State Claim

RECEIVED
SEP 14 2018
BUDGET ANALYSTS
NEVADA DEPARTMENT OF EDUCATION

REQUEST FOR FUNDS FOR PROJECT ACTIVITIES

RETURN TO:
NEVADA DEPARTMENT OF EDUCATION
Attention: Grants Management Unit
700 E. Fifth Street
Carson City, Nevada 89701

AWD-01-0001261

Each Request for Funds must be accompanied by a General Ledger.

Name and Address of Subgrantee:
University of Nevada, Reno
Sponsored Projects/MS325
Reno, NV 89557-0240

Project No.: 18-248-4000

Project Title: Great Teaching & Leading Fund

Source of project or grant funds:

State X Federal _____ Request No.: 4 **FINAL UNR INV# CI-01-00003398**

Project Title: Great Teaching & Leading Fund **(Fiscal Yr 18)**

PART I: RFF Period Beginning Date: 03/01/18 **RFF Period Ending Date: 06/30/18**

1. Total Subaward	$	248,423.00
2. Less total requests for funds already submitted	$	45,411.23
3. Less current period expenditures being requested for current period	$	185,033.25
4. Remaining award at end of current period (1. - 2. - 3.)	$	17,978.52

PART II: Actual Request for Current Period:

	Requested	NDE $ Approved
Current Request for Funds	$ 185,033.25	$ 185,033.25
		GPA Initial and Date: 8/14/18

Smehtaji
Signature

8/7/2018
Date

Samir Mehtaji, Manager, Post-Award, Sponsored Projects, UNR
Name and Title of Reporting Official

FOR DEPARTMENT OF EDUCATION USE ONLY

CFDA Number: _____ Inv # 18UNR24804 Vendor Number: D35 000816

	Organization Code	Budget Account	Category	G/L (Object Code)	Federal Common Account No.	Federal Job Number
Federal	0000					State
	Organization Code	**Budget Account**	**Category**	**G/L (Object Code)**		
State	0000	2618	10	8647		

Kellyn Charlet
Signature of Person Authorized to Approve Payment

8/14/18

8/8/18
Date Approved

Revised 1/30/17

State or Federal Report of Expenditures
Nevada Department of Education

Project Number: GTLF: NEVADA LEADS 2.0
Request Number: 4
Period Ending: 6/30/2018

Object	Description	(A) Instruction Cost Budget	(B) Instruction Cost Actual	Instruction Cost Remainder	(C) Support Cost Budget	(D) Support Cost Actual	Support Cost Remainder	(A+C) Total Budget	(B+D) Total Actual	Total Remainder
100	Salaries	$138,623.00	$133,705.98	$ 4,917.02	$ -	$ -	$ -	$ 138,623.00	$ 133,705.98	$ 4,917.02
200	Benefits	$ 7,000.00	$ 6,851.66	$ 148.34	$ -	$ -	$ -	$ 7,000.00	$ 6,851.66	$ 148.34
300	Purchased Professional/Technical Services	$ 6,000.00	$ 4,408.22	$ 1,591.78	$ -	$ -	$ -	$ 6,000.00	$ 4,408.22	$ 1,591.78
400	Purchased Property Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
500	510 Student Transportation Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	580 Staff Travel	$ 52,000.00	$ 41,007.95	$ 10,992.05	$ -	$ -	$ -	$ 52,000.00	$ 41,007.95	$ 10,992.05
	Other (520, 530, 540, 550, 560, 570, 590)	$ 1,000.00	$ 912.00	$ 88.00	$ -	$ -	$ -	$ 1,000.00	$ 912.00	$ 88.00
	Total 500	$ 53,000.00	$ 41,919.95	$ 11,080.05	$ -	$ -	$ -	$ 53,000.00	$ 41,919.95	$ 11,080.05
600	610 General Supplies (exclude 612)		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	* 612 Non-Technology Items of Higher Value	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	620 Energy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	640 Books and Periodicals (exclude 641)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	641 Textbooks	$ 42,800.00	$ 42,659.67	$ 140.33	$ -	$ -	$ -	$ 42,800.00	$ 42,659.67	$ 140.33
	650 Supplies - Information Technology Related (exclude 651, 652, 653)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	651 Software	$ 1,000.00	$ 899.00	$ 101.00	$ -	$ -	$ -	$ 1,000.00	$ 899.00	$ 101.00
	* 652 Technology Items of Higher Value	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	653 Web-based and Similar Programs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total 600	$ 43,800.00	$ 43,558.67	$ 241.33	$ -	$ -	$ -	$ 43,800.00	$ 43,558.67	$ 241.33
800	810 Dues and Fees	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	890 Other Miscellaneous	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other (820, 830)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total 800	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subtotal 100 – 600 & 800		$248,423.00	$230,444.48	$ 17,978.52	$ -	$ -	$ -	$ 248,423.00	$ 230,444.48	$ 17,978.52
Approved Indirect Cost Rate - 0%				$ -			$ -	$ -	$ -	$ -
700	730 Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other (710, 720, 740, 790)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total 700	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Grand Total Expended		$248,423.00	$230,444.48	$ 17,978.52	$ -	$ -	$ -	$ 248,423.00	$ 230,444.48	$ 17,978.52

0 *
230 • 444 • 48+
45 • 411 • 23-
185 • 033 • 25*
0

O/K to pay

Accounting Date	Billable Transaction	Transaction Source	Transaction Line	Worker	Amount To Bill
3/31/2018	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:200, Credit:0 Activity	Payroll Actual	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:200, Credit:0 Activity	Susan Denning	200.00
3/31/2018	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:200, Credit:0 Activity	Payroll Actual	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:200, Credit:0 Activity	Salwa Zaki	200.00
3/31/2018	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:300, Credit:0 Activity	Payroll Actual	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:300, Credit:0 Activity	Leah Keuscher	300.00
3/31/2018	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:300, Credit:0 Activity	Payroll Actual	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:300, Credit:0 Activity	Melissa Thoroughman	300.00
3/31/2018	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:300, Credit:0 Activity	Payroll Actual	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:300, Credit:0 Activity	Kevin Carroll	300.00
3/31/2018	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:300, Credit:0 Activity	Payroll Actual	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:300, Credit:0 Activity	Kelly Humphreys	300.00
3/31/2018	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:600, Credit:0 Activity	Payroll Actual	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:600, Credit:0 Activity	Peggy Wozniak	600.00
3/31/2018	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:600, Credit:0 Activity	Payroll Actual	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:600, Credit:0 Activity	Andrew Feuling	600.00
3/31/2018	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:600, Credit:0 Activity	Payroll Actual	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:600, Credit:0 Activity	Amy Wright	600.00
3/31/2018	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:600, Credit:0 Activity	Payroll Actual	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:600, Credit:0 Activity	Susan Denning	600.00
3/31/2018	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:600, Credit:0 Activity	Payroll Actual	Operational Accounting Details: University of Nevada, Reno - 03/31/2018, 5100:Letter of Appointment Base Pay, Debit:600, Credit:0 Activity	Salwa Zaki	600.00
4/30/2018	Operational Accounting Details: University of Nevada, Reno - 04/30/2018, 5100:Letter of Appointment Base Pay, Debit:200, Credit:0 Activity	Payroll Actual	Operational Accounting Details: University of Nevada, Reno - 04/30/2018, 5100:Letter of Appointment Base Pay, Debit:200, Credit:0 Activity	Susan Denning	200.00
4/30/2018	Operational Accounting Details: University of Nevada, Reno - 04/30/2018, 5100:Letter of Appointment Base Pay, Debit:200, Credit:0 Activity	Payroll Actual	Operational Accounting Details: University of Nevada, Reno - 04/30/2018, 5100:Letter of Appointment Base Pay, Debit:200, Credit:0 Activity	Salwa Zaki	200.00

13

Steve Sisolak
Governor

Susan Brown
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: December 4, 2018

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Catherine Brekken, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

CB

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

Department of Education

Agenda Item Write-up:

Pursuant to NRS 353.097, subsection 4, the Department requests approval to pay $2,754,231.34 from the Professional Development Program account for a 2018 request for funds for the Regional Professional Development program from Clark County School District.

Additional Information:

The request for funds was received by the Department of Education on August 14, 2018 for reimbursement of costs incurred by Clark County School District for the Regional Professional Development program in fiscal year 2018. Funds for this program did balance forward from fiscal year 2018 to fiscal year 2019.

Statutory Authority:
NRS 353.097

REVIEWED: SG.

ACTION ITEM:_____

STALE CLAIM REQUEST

To: **Catherine Brekken, Executive Branch Budget Officer I**
Department of Administration, Budget Division

Date: **10/16/18**

RECEIVED
NOV - 7 2018
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

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

Subject: **Stale Claim for State Fiscal Year -** 18

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 SD

Vendor/Employee Number: T40231800 Invoice/Term Date: 06/30/18

Invoice Number: 18CL241002 Invoice/Claim Amount: $ 2,754,231.34

Original Budget, Fund and Category Information

Budget	Fund	Category	Amount
2618	101	11	2,754,231.34
Total			2,754,231.34

Stale Claim Budget, Fund and Category Information

Budget	Fund	Category	Amount
2618	101	11	2,754,231.34
Total			2,754,231.34

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 the FY18 closing deadline so it became a stale claim. See attached memo for full explanation.

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

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

REVISED: April 2012

BRIAN SANDOVAL
Governor

STEVE CANAVERO, Ph.D.
Superintendent of Public Instruction

STATE OF NEVADA

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

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

FY 18 Stale Claims

MEMORANDOM

September 11, 2018

To: Andrea McCalla, Fiscal Director

From: Sondra L. Neudauer, Grants Analyst, Business Support Services

Re: Request for Funds (RFF) – Stale Claims

I hereby submit for payment the following RFF's received as stale claims:

Project No:	Name of Subgrantee	Project Title	Reason for Stale Claim	Amount of RFF
18-325-54428	Learning Bridge	Teachers Supplies Reimbursement	Received after the deadline	$836.21
18-244-04000	Elko	RPDP - Admin	Received after the deadline	$13,414.34
18-244-02000	Clark	RPDP - Admin	Received after the deadline	$14,062.41
18-244-02000	Clark	RPDP	Received after the deadline	$2,754,231.34
18-365-02000	Clark	PAR	Received after the deadline	$4,288.91

Each of the RFF's are for the Period Ending June 30, 2018, were signed and dated after the August 10, 2018 deadline. All listed above are hereby submitted as stale claims. Numerous efforts were made to notify District and Charters of the RFF submission deadlines and ensure each entity was aware that late submissions were subject to delay as stale claims.

Please let me know if you have any questions or need additional information.

Sincerely,

Sondra L. Neudauer
Grants and Project Analyst
Business and Support Services

FY 18
Stale claim

REQUEST FOR FUNDS FOR PROJECT ACTIVITIES

RETURN TO:
NEVADA DEPARTMENT OF EDUCATION
Attention: Sondra L. Neudauer

700 E. Fifth Street
Carson City, Nevada 89701

RECEIVED
SEP 14 2018
BUSINESS SERVICES
NEVADA DEPARTMENT OF EDUCATION

Each Request for Funds must be accompanied by a record of project transactions.

Name and Address of Subgrantee:		
CLARK County SN Regional Professional Development Program	Project No.:	18-241-02000
	Project Title:	SN Regional Professional Development Program

Source of project or grant funds:

State X Federal _____ Request No.: 2

Name of Program: Southern Nevada Regional Professional Development Program

PART I: Period Beginning Date: 01/01/18 Period Ending Date: 6/30/18

1. Total Subaward	$	3,983,356.00
2. Less total requests for funds already submitted	$ 9/10/18	1,199,343.57
3. Less current period expenditures being requested for current period	$	2,754,231.34
4. Remaining award at end of current period (1. - 2. - 3.)	$	29,781.09

PART II: Actual Request for Current Period:

	Requested	NDE Approved
2. Current Request for Funds	$ 2,754,231.34	8/14/18

Signature

8/14/2018
Date

Matthew McCormick, Coordinator
Name and Title of Reporting Official

FOR DEPARTMENT OF EDUCATION USE ONLY

Remarks: 18CL241002 Vendor Number: T40231800

	Organization Code	Budget Account	Category	G/L (Object Code)	Federal Common Account No.	Federal Job Number
Federal	0000					State
	Organization Code	**Budget Account**	**Category**	**G/L (Object Code)**		
State	0000	2618	11	8603		

Signature of Person Authorized to Approve Payment 8/14/18 Date Approved 8/14/18

BT

State or Federal Report of Expenditures
Nevada Department of Education

Project Number: 18-241-02000										
Request Number: 2		(A)	(B)		(C)	(D)		(A+C)	(B+D)	
Period Ending: 06/30/18		Instruction Cost			Support Cost			Total		
Object	Description	Budget	Actual	Remainder	Budget	Actual	Remainder	Budget	Actual	Remainder
100	Salaries	$ -	$ -	$ -	$ 2,048,130.00	$ 2,044,377.44	$ 3,752.56	$ 2,048,130.00	$ 2,044,377.44	$ 3,752.56
200	Benefits	$ -	$ -	$ -	$ 630,698.00	$ 623,551.38	$ 7,146.62	$ 630,698.00	$ 623,551.38	$ 7,146.62
300	Purchased Professional/Technical Services	$ -		$ -	$ 1,165,175.00	$ 1,157,089.89	$ 8,085.11	$ 1,165,175.00	$ 1,157,089.89	$ 8,085.11
400	Purchased Property Services	$ -	$ -	$ -	$ 4,400.00	$ 1,148.40	$ 3,251.60	$ 4,400.00	$ 1,148.40	$ 3,251.60
500	510 Student Transportation Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	580 Staff Travel	$ -	$ -	$ -	$ 122,000.00	$ 118,949.20	$ 3,050.80	$ 122,000.00	$ 118,949.20	$ 3,050.80
	Other (520, 530, 540, 550, 560, 570, 590)	$ -	$ -	$ -	$ (304,595.13)	$ (304,800.78)	$ 205.65	$ (304,595.13)	$ (304,800.78)	$ 205.65
	Total 500	$ -	$ -	$ -	$ (182,595.13)	$ (185,851.58)	$ 3,256.45	$ (182,595.13)	$ (185,851.58)	$ 3,256.45
600	610 General Supplies (exclude 612)	$ -	$ -	$ -	$ 177,748.13	$ 173,927.17	$ 3,820.96	$ 177,748.13	$ 173,927.17	$ 3,820.96
	* 612 Non-Technology Items of Higher Value	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	620 Energy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	640 Books and Periodicals (exclude 641)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	641 Textbooks	$ -	$ -	$ -	$ 87,000.00	$ 86,829.90	$ 170.10	$ 87,000.00	$ 86,829.90	$ 170.10
	650 Supplies - Information Technology Related (exclude 651, 652, 653)	$ -	$ -	$ -	$ 6,800.00	$ 6,790.87	$ 9.13	$ 6,800.00	$ 6,790.87	$ 9.13
	651 Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	* 652 Technology Items of Higher Value	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	653 Web-based and Similar Programs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total 600	$ -	$ -	$ -	$ 271,548.13	$ 267,547.94	$ 4,000.19	$ 271,548.13	$ 267,547.94	$ 4,000.19
800	810 Dues and Fees	$ -	$ -	$ -	$ 46,000.00	$ 45,711.44	$ 288.56	$ 46,000.00	$ 45,711.44	$ 288.56
	890 Other Miscellaneous	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other (820, 830)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total 800	$ -	$ -	$ -	$ 46,000.00	$ 45,711.44	$ 288.56	$ 46,000.00	$ 45,711.44	$ 288.56
Subtotal 100 – 600 & 800		$ -	$ -	$ -	$ 3,983,356.00	$ 3,953,574.91	$ 29,781.09	$ 3,983,356.00	$ 3,953,574.91	$ 29,781.09
Approved Indirect Cost Rate - %				$ -			$ -	$ -	$ -	$ -
700	730 Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Other (710, 720, 740, 790)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total 700	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Grand Total Expended		$ -	$ -	$ -	$ 3,983,356.00	$ 3,953,574.91	$ 29,781.09	$ 3,983,356.00	$ 3,953,574.91	$ 29,781.09

3•953•574•91+
1•199•343•57-
2•754•231•34*

0•*G

Report Group: GM01 | Clark County School District | Page: 1
User: MCCORMJ | Grant Summary Report | Date: 08/14/201

Grant: 4441018 SOUTHERN NV RPDP

Fiscal Year: from 2000 to 2019

Period: 16

Lead column	Budget	Encumbrance	Parked Docs	Expenses	Available
Grant	3,983,356.00	0.00	0.00	3,953,574.91	29,781.09
Salaries	2,048,130.00	0.00	0.00	2,044,377.44	3,752.56
5116000000 Licensed	0.00	0.00	0.00	0.00	0.00
5116175000 Teacher Consultants	1,375,830.00	0.00	0.00	1,375,827.20	2.80
5116540000 Licensed-Extra Duty	404,800.00	0.00	0.00	404,774.61	25.39
5116647000 Substitutes	0.00	0.00	0.00	0.00	0.00
5116810000 Licensed-Prep Buy Out	0.00	0.00	0.00	0.00	0.00
5117000000 Support	177,500.00	0.00	0.00	177,473.79	26.21
5117015000 Budget Assistant	0.00	0.00	0.00	0.00	0.00
5117200000 Support-Overtime	0.00	0.00	0.00	0.00	0.00
5118000000 Admin	90,000.00	0.00	0.00	86,301.84	3,698.16
Benefits	630,698.00	0.00	0.00	623,551.38	7,146.62
5210000000 EGI	135,000.00	0.00	0.00	131,484.83	3,515.17
5220000000 FICA	2,000.00	0.00	0.00	1,565.21	434.79
5221000000 Medicare	30,000.00	0.00	0.00	28,009.19	1,990.81
5230000000 PERS	440,000.00	0.00	0.00	439,376.95	623.05
5260000000 SUI	1,000.00	0.00	0.00	994.79	5.21
5270000000 OIM	17,000.00	0.00	0.00	16,941.88	58.12
5291000000 Accrued Vacation	5,698.00	0.00	0.00	5,178.53	519.47
Expenses	1,304,528.00	0.00	0.00	1,285,646.09	18,881.91
5320000000 Education Services	1,165,175.00	0.00	0.00	1,157,089.89	8,085.11
5441000000 Land/Building Rental	4,400.00	0.00	0.00	1,148.40	3,251.60
5530000001 Communications	2,400.00	0.00	0.00	2,303.09	96.91
5531000001 Postage	0.00	0.00	0.00	0.00	0.00
5534000000 Communications-Cell Phones	0.00	0.00	0.00	0.00	0.00
5550000000 Print & Binding	14,700.00	0.00	0.00	14,591.26	108.74
5560000000 Tuition	-321,695.13	0.00	0.00	-321,695.13	0.00
5580000000 Travel-Other Purchased Serv	112,000.00	0.00	0.00	111,418.44	581.56
5582000000 Mileage in District	10,000.00	0.00	0.00	7,530.76	2,469.24
5610000000 General Supplies	177,748.13	0.00	0.00	173,927.17	3,820.96
5640000000 Books-other	0.00	0.00	0.00	0.00	0.00
5641000000 Textbooks	87,000.00	0.00	0.00	86,829.90	170.10
5650000000 Technology Supplies	6,800.00	0.00	0.00	6,790.87	9.13
5810000000 Dues and Fees	46,000.00	0.00	0.00	45,711.44	288.56

7,530.76+
173,927.17+
86,829.90+
6,790.87+
45,711.44+
4,275,270.04*

4,275,270.04+
321,695.13-
321,695.13+
321,695.13-
3,953,574.91*

3,953,574.91+
1,199,343.57-
2,754,231.34-
0.00*

0.*G

3,953,574.91

RECEIVED
SEP 14 2018
BUSINESS SERVICES
NEVADA DEPARTMENT OF EDUCATION

Steve Sisolak
Governor

Susan Brown
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: December 13, 2018

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Heather Field, 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 MOTOR VEHICLES
CENTRAL SERVICES

Agenda Item Write-up:

Pursuant to NRS 353.268, the Division requests an allocation of $84,000 from the Interim Finance Committee General Fund Contingency Account to cover projected costs related to the passage of Automatic Voter Registration initiative.

Additional Information:

The passage of the AVR initiative (2018 – Nevada General Election ballot measure question 5) requires the department to automatically register an eligible person to vote when he or she submits an application for the issuance, renewal or change of a driver's license or identification card. This request will fund the implementation of the automated process. Corresponds with work program C45978.

Statutory Authority:
BOE approval required pursuant to NRS 353.268.

REVIEWED:_____
ACTION ITEM:_____

Brian Sandoval
Governor

DMV
dmvnv.com
"Driving Nevada"

Cyndie Munoz
Acting Director

Department of Motor Vehicles
555 Wright Way
Carson City, Nevada 89711-0900
Telephone (775) 684-4549

DATE: December 13, 2018

TO: Paul Nicks, Acting Director
Governor's Finance Office

FROM: Cyndie Munoz, Acting Director
Department of Motor Vehicles

SUBJECT: Request of Interim Finance General Fund Contingency Funds

Pursuant to NRS 353.268, the Department of Motor Vehicles requests General Fund Contingency Funds to establish Category 41 – AVR MSA Contract Programmer to allow for the Department to carry out all statutory requirements contained within the Initiative Petition 1 (Automatic Voter Registration, Nevada 2018 General Election Question #5) which passed by vote of the people.

The passage of Automatic Voter Registration (AVR) initiative (2018 - Nevada General Election, ballot measure, Question 5) amended Chapter 293 of the Nevada Revised Statutes. This requires the Department (DMV), along with the Nevada Secretary of State (SOS) and each County Clerk to establish a system to automatically register an eligible person to vote when he or she submits an application for the issuance or renewal of, or change of address for, any type of driver's license or identification card issued by the DMV.

The DMV would be in direct violation of the Nevada Revised Statute and face potential law suits from voting advocacy groups, among others, if the AVR requirements are not successfully implemented.

To supplement this request, the Department is submitting work program C45978.

Driver's License - AVR	
Contract Programmer Breakdown of Hours	
Task Description	**Hours**
Design and Analysis	160
Change to Application (CARRS/COBOL)	534
Changes to Web (MyDMV)	218
Changes to Network	10
Systems Changes (DBA, F&C, Ops)	0
Testing (Incl end-to-end)	152
Documentation	0
Contractor Training time spent by MVIT	480
Vendor Changes (if req) (ITI - Kiosk)	0
Forms Changes (if req)	0
Subtotal	**1555**
Risk Factor	**155**
Total Hours	**1710**
Total Hours FY19	**840.00**
Total Hours FY20	**870.00**
Cost Per Hour	**$ 100.00**
Total for FY19	**$ 84,000.00**

Synopsis of Programming:

Contract for work__X__ **Work in House___**

Includes adding CSD and FSD transactions to VRA Report.
Changes to MV questions on the MyDMV Portal & CARRS includes forms, post cards, and confirmation document changes.
Programming changes, front and backend for opt-out logic.
Electronic Transmission to SOS & all counties (SFTP). Adds transmission, retransmission, and purge process.

Steve Sisolak
Governor

Susan Brown
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 | Fax: (775) 684-0260

Date: December 11, 2018

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: LA Lynnette Aaron, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

Secretary of State

Agenda Item Write-up:

Pursuant to NRS 353.268, the Office requests an allocation of $234,320 from the Interim Finance Committee General Fund Contingency Account to cover the projected costs related to the passage of Automatic Voter Registration initiative.

Additional Information:

Question 5 proposes to amend various sections of the Nevada Revised Statutes to require the Secretary of State (Office), the Department of Motor Vehicles (DMV), and county clerks to cooperatively establish a system by which certain voter registration information that is required to be collected by the DMV pursuant to this question is electronically transmitted to the Secretary of State and the county clerks and registrars of voters.

The intent of the Office is to bring on a team of one MSA Project Manager and two MSA Business Analysts. This team will focus on eliciting and documenting automatic voter registration requirements and developing a production implementation plan and schedule. The estimated timeframe for this project is February 1, 2019 through June 30, 2019. The cost breakdown is as follows:

Position Description	Number of Hours	Hourly Rate	Cost
Project Manager – Level II	808	$110	$88,880
Business Analyst	808	$90	$72,720
Business Analyst	808	$90	$72,720
Total			$234,320

Statutory Authority:

NRS 353.268

REVIEWED: _____

ACTION ITEM: _____

LEASES
SUMMARY

BOE #	LESSEE			LESSOR	AMOUNT
1.	DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION – COMMISSION ON POSTSECONDARY EDUCATION			SREF SCOTTSDALE PLAZA, LLLP	$34,314
		This is an extension of an existing lease.			
		Term of Lease:	**12/01/2018 – 11/30/2019**	**Located in Las Vegas**	
2.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES DIVISION			JS PARK SAHARA, LLC	$534,360
		This is an extension of an existing lease.			
		Term of Lease:	**02/01/2019 – 01/31/2021**	**Located in Las Vegas**	
3.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES – EARLY INTERVENTION SERVICES			O'FLAHERTY RENTALS, LLC	$59,231
		This is an extension of an existing lease.			
		Term of Lease:	**06/01/2019 – 05/31/2024**	**Located in Ely**	
4.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH – OFFICE OF SUICIDE PREVENTION			KIETZKE OFFICE COMPLEX	$64,210
		This is a new lease for the relocation of the office.			
		Term of Lease:	**11/05/2018 – 10/31/2023**	**Located in Reno**	
5.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF WELFARE AND SUPPORTIVE SERVICES			PACIFIC PLACE SITE, LLC	$1,103,730
		This is an extension of an existing lease.			
		Term of Lease:	**01/01/2019 – 12/31/2022**	**Located in Las Vegas**	
6.	PRIVATE INVESTIGATORS LICENSING BOARD			DURANGO DRIVE NV, LLC	$265,444
		This is an extension of an existing lease.			
		Term of Lease:	**12/01/2019 – 11/30/2024**	**Located in Las Vegas**	
7.	DEPARTMENT OF TAXATION			1994 JOHNSTON FAMILY TRUST	$3,602,898
		This lease was negotiated to increase space needed to accommodate the agencies needs and additional employees.			
		Term of Lease:	**02/01/2019 – 11/30/2023**	**Located in Carson City**	

For Budget Division Use Only	
Reviewed by: DB	11/16/18
Reviewed by: JG	11/17/18
Reviewed by:	

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

STATEWIDE LEASE INFORMATION

1. Agency: Department of Employment, Training and Rehabilitation
Commission on Postsecondary Education
500 East Third Street
Carson City, Nevada 89701
Brandon Taylor
(775) 684-3901 Fax: (775) 684-3908 bataylor@nvdetr.org

Remarks: Leasing Services negotiated this one year renewal at the current cost. This lease is retroactive due to extended negotiations.

Exceptions/Special notes:

2. Name of Lessor: SREF Scottsdale Plaza, LLLP
3. Address of Lessor: RW Partners
2944 North 44th Street, Suite 250
Phoenix, Arizona 85018
4. Property contact: Logic LV Property Management
3900 South Hualapai Way, Suite 200
Las Vegas, Nevada 89147
Saffron Kow (702) 954-4128 Fax: (702) 522.9844 skow@logiccre.com
Whitney Donohue (assistant) (702) 954-4136 wdonohue@logiccre.com
5. Address of Lease property: 8778 Maryland Parkway, Suite 115
Las Vegas, Nevada 89123

a. Square Footage: ☐ Rentable ☑ Usable 1,505

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	**Actual** cost per square foot
Increase %	$ 2,859.50	12	$34,314.00	December 1, 2018 - November 30, 2019	$1.90
c. Total Lease Consideration:		12	$34,314.00		

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: One (1) year
g. Pass-thrus/CAM/Taxes ☑ Landlord ☐ Tenant
h. Utilities: ☑ Landlord ☐ Tenant
i. Janitorial: ☑ Landlord ☐ Tenant ☑ 3 day ☐ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)
j. Repairs: Major: ☑ Landlord ☐ Tenant Minor: ☑ Landlord ☐ Tenant
k. Comparable Market Rate: $1.84 - $2.42 - Las Vegas / Henderson Area
l. Specific termination clause in lease: Breach/Default lack of funding
m. Lease will be paid for by Agency Budget Account Number: 2666

6. Purpose of the lease: To house the Commission on Postsecondary Education
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 Expenses: Moving: $0.00 Furnishings: $0.00 Data/Phones: $0.00

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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

_____

For Director

Authorized Agency Signature — Date 11/13/18

For Public Works Information:

8. State of Nevada Business License Information:

a.	Nevada Business ID Number: NV20101838256	Exp: 11/30/2019			4
b.	The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC ☐	INC ☐	CORP ☐	LP ☑
c.	Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	☐YES		☑NO	
d.	Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	☑YES		☐NO	
e.	Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	☑YES		☐NO	
f.	Is the Legal Entity active and in good standing with the Nevada Secretary of States	☑YES		☐NO	
g.	State of Nevada Vendor number: T29033072				

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	☑YES	☐NO
b.	I/we have considered other state leased or owned space available for use by this agency	☑YES	☐NO

Authorized Signature — Date 11/15/18
Public Works Division

PS

For Board of Examiners ☑YES ☐NO

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

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

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
Aging and Disability Services Division
3416 Goni Road, Building D 132-Fiscal
Carson City, Nevada 89706
Lisa Tuttle
(775) 687-0532 Fax: (775) 687-0573 lrtuttle@adsd.nv.gov

Remarks: Leasing Services negotiated this renewal in order to combine four individual leases into one lease with a total savings of $32,400.00 over the term.

Exceptions/Special notes:

2. Name of Lessor: JS Park Sahara, LLC
3. Address of Lessor: c/o The Saunders Property Company
Optima Asset Management Services, Inc.
1600 Dove Street, Suite 480
Newport Beach, California 92660
4. Property contact: Kem Braswell
(949) 852-0900 Fax: (949) 752-5113 kem@optimaasset.com
5. Address of Lease property: 1820 East Sahara Avenue, Suites 201, 205, 207, 208, 208A, and 310
1860 East Sahara Avenue, Suite 100
Las Vegas, Nevada 89104

a. Square Footage: ☐ Rentable ☑ Usable 29,335

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	**Actual** cost per square foot
Increase %	$ 44,529.96	12	$534,359.52	February 1, 2019 - January 31, 2020	$1.52
c. Total Lease Consideration:		12	$534,359.52		
Option to Renew 0%	$ 44,529.96	12	$534,359.52	February 1, 2020 - January 31, 2021	$1.52

d. Option to renew: ☑ Yes ☐ No 90 Renewal terms: Pre-negoriated terms
e. Holdover notice: # of Days required 30 Holdover terms: 5% / 90
f. Term: One (1) year
g. Pass-thrus/CAM/Taxes ☑ Landlord ☐ Tenant
h. Utilities: ☑ Landlord ☐ Tenant
i. Janitorial: ☑ Landlord ☐ Tenant ☐ 3 day ☑ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)
j. Repairs: Major: ☑ Landlord ☐ Tenant Minor: ☑ Landlord ☐ Tenant
k. Comparable Market Rate: $1.84 - $2.42 - Las Vegas / Henderson Area
l. Specific termination clause in lease: Breach/Default lack of funding
m. Lease will be paid for by Agency Budget Account Number: 3266/3151

6. Purpose of the lease: To house the Aging and Disability Services Division
7. This lease constitutes:
☑ An extension of an existing lease
☐ An addition to current facilities (requires a remark)
☐ A relocation (requires a remark)
☐ A new location (requires a remark)
☐ Remodeling only
☐ Other

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

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.
IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

Authorized Agency Signature — Date 11/28/18

For Public Works Information:

8. State of Nevada Business License Information:

a.	Nevada Business ID Number: NV20051400133	Exp: 6/30/2019	165
b.	The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC ☑ INC ☐ CORP ☐ LP ☐	
c.	Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	☐YES	☑NO
d.	Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	☑YES	☐NO
e.	Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	☑YES	☐NO
f.	Is the Legal Entity active and in good standing with the Nevada Secretary of States	☑YES	☐NO
g.	State of Nevada Vendor number: T29007659		

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	☑YES ☐NO
b.	I/we have considered other state leased or owned space available for use by this agency	☑YES ☐NO

Authorized Signature — Date 11/30/18
Public Works Division

PS
For Board of Examiners ☑YES ☐NO

For Budget Division Use Only	
Reviewed by:	12/9/18
Reviewed by:	
Reviewed by:	

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

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
Aging and Disability Services Division, Early Intervention Services
3416 Goni Road, Building 132 - Fiscal
Carson City, Nevada 89706
Lisa Tuttle
(775) 687-0532 Fax: (775) 687-0573 lrtuttle@adsd.nv.gov

Remarks: Leasing Services negotiated this renewal in accordance with current terms.

Exceptions/Special notes:

2. Name of Lessor: O'Flaherty Rentals, LLC
3. Address of Lessor: 965 Pioche Highway
Ely, Nevada 89301
4. Property contact: John O'Flaherty
(775) 289-2801 Fax: (775) 289-8183 oflahertyph@sbcglobal.net
5. Address of Lease property: 1500 Avenue F, Suite B
Ely, Nevada 89301

a. Square Footage: ☐ Rentable ☑ Usable 728

b. Cost:

Increase %	cost per month	# of months in time frame	cost per year	time frame	**Actual** cost per square foot
	$ 960.96	12	$11,531.52	June 1, 2019 - May 31, 2020	$1.32
2%	$ 982.80	12	$11,793.60	June 1, 2020 - May 31, 2021	$1.35
0%	$ 982.80	12	$11,793.60	June 1, 2021 - May 31, 2022	$1.35
2%	$ 1,004.64	12	$12,055.68	June 1, 2022 - May 31, 2023	$1.38
0%	$ 1,004.64	12	$12,055.68	June 1, 2023 - May 31, 2024	$1.38
c. Total Lease Consideration:		60	$59,230.08		

d. Option to renew: ☑ Yes ☐ No 90 Renewal terms: One identical term
e. Holdover notice: # of Days required 30 Holdover terms: 5% / 90
f. Term: Five (5) years
g. Pass-thrus/CAM/Taxes ☑ Landlord ☐ Tenant
h. Utilities: ☑ Landlord ☐ Tenant
i. Janitorial: ☑ Landlord ☐ Tenant ☐ 3 day ☐ 5 day ☐ Rural 3 day ☑ Rural 5 day ☐ Other (see special notes)
j. Repairs: Major: ☑ Landlord ☐ Tenant Minor: ☑ Landlord ☐ Tenant
k. Comparable Market Rate: Not Available - Rural Area
l. Specific termination clause in lease: Breach/Default lack of funding
m. Lease will be paid for by Agency Budget Account Number: 3208

6. Purpose of the lease: To house the Aging and Disability Services Division, Early Intervention 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 Expenses: Moving: $0.00 Furnishings: $0.00 Data/Phones: $0.00

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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

_____

Rique Ross 11/20/18
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a.	Nevada Business ID Number: NV20071746105	Exp: 11/30/2018			3
b.	The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC ☑	INC ☐	CORP ☐	LP ☐
c.	Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	☐YES		☑NO	
d.	Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	☑YES		☐NO	
e.	Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	☑YES		☐NO	
f.	Is the Legal Entity active and in good standing with the Nevada Secretary of States	☑YES		☐NO	
g.	State of Nevada Vendor number: T80692360				

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	☑YES	☐NO
b. I/we have considered other state leased or owned space available for use by this agency	☑YES	☐NO

Paul D. Patrick 11/30/18
Authorized Signature Date
Public Works Division

PS
For Board of Examiners ☑YES ☐NO

For Budget Division Use Only	
Reviewed by: DRF TIN	12-7-18
Reviewed by:	
Reviewed by:	

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

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
Division of Public and Behavioral Health, Office of Suicide Prevention
4150 Technology Way, Suite 300
Carson City, Nevada 89706
Deborah Ohl
775.684.5915 fax: 775.684.4211 dlohl@health.nv.gov

Remarks: Leasing Services negotiated this lease to accommodate the agency's needing to vacate their current location.

Exceptions/Special notes:

2. Name of Lessor: Kietzke Office Complex, LLC
3. Address of Lessor: 4600 Kietzke Lane, Suite G-170
Reno, Nevada 89502
4. Property contact: Lorrie Desiderio
775.825.5311 fax: 775.825.5396 lorrie@desprop.net
5. Address of Lease property: 4600 Kietzke Lane, Suite B-114
Reno, Nevada 89502

a. Square Footage: ☐ Rentable ☑ Usable 798

b. Cost:

Increase %	cost per month	# of months in time frame	cost per year	time frame	**Actual** cost per square foot
	$ 919.83	26 days	$919.83	November 5, 2018 - October 31, 2019	$1.33
	$ 1,061.34	11	$11,674.74	December 1, 2018 - October 31, 2020	$1.33
0%	$ 1,061.34	12	$12,736.08	November 1, 2019 - October 31, 2020	$1.33
2%	$ 1,077.30	12	$12,927.60	November 1, 2020 - October 31, 2021	$1.35
0%	$ 1,077.30	12	$12,927.60	November 1, 2021 - October 31, 2022	$1.35
1%	$ 1,085.28	12	$13,023.36	November 1, 2022 - October 31, 2023	$1.36
c. Total Lease Consideration:		59	$64,209.21		

d. Option to renew: ☑ Yes ☐ No 90 Renewal terms: One Identical Term
e. Holdover notice: # of Days required 30 Holdover terms: 5%/90
f. Term: Five (5) Years
g. Pass-thrus/CAM/Taxes ☑ Landlord ☐ Tenant
h. Utilities: ☑ Landlord ☐ Tenant
i. Janitorial: ☑ Landlord ☐ Tenant ☐ 3 day ☑ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)
j. Repairs: Major: ☑ Landlord ☐ Tenant Minor: ☑ Landlord ☐ Tenant
k. Comparable Market Rate: $1.68 - $2.11 - Reno Area
l. Specific termination clause in lease: Breach/Default lack of funding
m. Lease will be paid for by Agency Budget Account Number: 3222

6. Purpose of the lease: To house the Division of Public and Behavioral Health, Office of Suicide Prevention
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 Expenses: Moving: $0.00 Furnishings: $0.00 Data/Phones: $2000.00

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STATEWIDE LEASE INFORMATION

PDM 12/6/18

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 12/5/18

For Public Works Information:

8. State of Nevada Business License Information:

a.	Nevada Business ID Number: NV20071118750	Exp: 8/31/2019		4
b.	The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC ☑ INC ☐ CORP ☐ LP ☐		
c.	Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	☐YES	☑NO	
d.	Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	☑YES	☐NO	
e.	Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	☑YES	☐NO	
f.	Is the Legal Entity active and in good standing with the Nevada Secretary of States	☑YES	☐NO	
g.	State of Nevada Vendor number: T27020158			

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	☑YES	☐NO
b.	I/we have considered other state leased or owned space available for use by this agency	☑YES	☐NO

Authorized Signature — Date 12/6/18

Public Works Division

For Board of Examiners ☑YES ☐NO

For Budget Division Use Only	
Reviewed by:	11/20/18
Reviewed by:	
Reviewed by:	

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

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
Division of Welfare and Supportive Services
1470 College Parkway
Carson City, NV 89706
Barbara Smith
(775) 684-0652 fax (775) 684-0681 basmith@dwss.nv.gov

Remarks: Leasing Services negotiated this lease renewal at existing rates to include tenant improvements consisting of ADA push button assist for front door and installation of a new drop box.

Exceptions/Special notes:

2. Name of Lessor: Pacific Place Site, LLC
3. Address of Lessor: 6330 Spring Mountain Road, Suite D
Las Vegas, Nevada 89146
4. Property contact: The Ribeiro Company
195 East Reno Avenue
Las Vegas, Nevada 89119
Dan Laliberte
(702) 798-1133 Fax: (702) 798-2944 dan.laliberte@ribeirocorp.com
The Ribeiro Company Quail Park
Alex R-Kaliski - Senior Property Manager
(702)798-6050 direct: (702)876-8557 Alexandra.Rotschenk-Kaliski@ribeirocorp.com
5. Address of Lease property: 3101 Spring Mountain Road Suites 3, 4, 5
Las Vegas, Nevada 89102

a. Square Footage: ☐ Rentable ☑ Usable 8,153

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	**Approximate** cost per square foot
Increase %	$ 20,499.77	12	$245,997.24	January 1, 2019 - December 31, 2019	$2.51
3%	$ 21,114.76	12	$253,377.12	January 1, 2020 - December 31, 2020	$2.59
0%	$ 21,114.76	12	$253,377.12	January 1, 2021 - December 31, 2021	$2.59
3%	$ 21,748.20	12	$260,978.40	January 1, 2022 - December 31, 2022	$2.67
c. Total Lease Consideration:		48	$1,013,729.88		

d. Option to renew: ☑ Yes ☐ No — 90 — Renewal terms: One identical term. Lessor to provide 12 month notice if terminating lease.
e. Holdover notice: # of Days required 30 — Holdover terms: 5% / 90
f. Term: Four (4) years
g. Pass-thrus/CAM/Taxes ☑ Landlord ☐ Tenant
h. Utilities: ☑ Landlord ☐ Tenant
i. Janitorial: ☑ Landlord ☐ Tenant ☐ 3 day ☑ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)
j. Repairs: Major: ☑ Landlord ☐ Tenant Minor: ☑ Landlord ☐ Tenant
k. Comparable Market Rate: $2.05 - $2.60 - Las Vegas / Henderson Area
l. Specific termination clause in lease: Breach/Default lack of funding
m. Lease will be paid for by Agency Budget Account Number: 3233

6. Purpose of the lease: To house the Division of Welfare and Supportive 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 Expenses: Moving: $0.00 Furnishings: $0.00 Data/Phones: $0.00

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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: 11/5/18

For Public Works Information:

8. State of Nevada Business License Information:

a.	Nevada Business ID Number: NV20161532285	Exp: 9/30/2018			43
b.	The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC ☑	INC ☐	CORP ☐	LP ☐
c.	Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	☐YES		☑NO	
d.	Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	☑YES		☐NO	
e.	Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	☑YES		☐NO	
f.	Is the Legal Entity active and in good standing with the Nevada Secretary of States	☑YES		☐NO	
g.	State of Nevada Vendor number: T27042055				

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	☑YES	☐NO
b.	I/we have considered other state leased or owned space available for use by this agency	☑YES	☐NO

Authorized Signature — Date: 11/20/18
Public Works Division

PS
For Board of Examiners ☑YES ☐NO

For Budget Division Use Only	
Reviewed by: Aprasel	12/7/18
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: Private Investigators Licensing Board
704 West Nye Lane, Suite 203
Carson City, Nevada 89703
Kevin Ingram
(702) 486-3003 Fax: (702) 486-3009 kingram@ag.nv.gov

Remarks: Leasing Services negotiated this renewal in accordance with the current terms to include new carpet installation throughout the suite.

Exceptions/Special notes:

2. Name of Lessor: Durango Drive NV LLC
3. Address of Lessor: c/o Moonbeam Leasing and Management LLC
9101 Alta Drive, Suite 1801
Las Vegas, Nevada 89145
4. Property contact: Dino Reynosa, Operations Manager
(702) 544-6245 Fax: (702) 951-5446 d.reynosa@mlgpllc.com
5. Address of Lease property: 3110 South Durango Drive, Suite 203
Las Vegas, Nevada 89117

a. Square Footage: ☐ Rentable ☑ Usable 2,235

b. Cost:

Increase %	cost per month	# of months in time frame	cost per year	time frame	**Approximate** cost per square foot
	$ 4,268.85	12	$51,226.20	December 1, 2019 - November 30, 2020	$1.91
3%	$ 4,396.92	12	$52,763.04	December 1, 2020 - November 30, 2021	$1.97
0%	$ 4,396.92	12	$52,763.04	December 1, 2021 - November 30, 2022	$1.97
3%	$ 4,528.82	12	$54,345.84	December 1, 2022 - November 30, 2023	$2.03
0%	$ 4,528.82	12	$54,345.84	December 1, 2023 - November 30, 2024	$2.03

c. Total Lease Consideration: 60 $265,443.96

d. Option to renew: ☑ Yes ☐ No 90 Renewal terms: One identical term
e. Holdover notice: # of Days required 30 Holdover terms: 5% / 90
f. Term: Five (5) years
g. Pass-thrus/CAM/Taxes ☑ Landlord ☐ Tenant
h. Utilities: ☑ Landlord ☐ Tenant
i. Janitorial: ☑ Landlord ☐ Tenant ☐ 3 day ☑ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)
j. Repairs: Major: ☑ Landlord ☐ Tenant Minor: ☑ Landlord ☐ Tenant
k. Comparable Market Rate: $1.84 - $2.42 - Las Vegas / Henderson Area
l. Specific termination clause in lease: Breach/Default lack of funding
m. Lease will be paid for by Agency Budget Account Number: 1032

6. Purpose of the lease: To house the Private Investigators Licensing 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 Expenses: Moving: $0.00 Furnishings: $0.00 Data/Phones: $0.00

STATEWIDE LEASE INFORMATION

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

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

_____

KH 11/5/18
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a.	Nevada Business ID Number: NV20111446534	Exp: 7/31/2019			10
b.	The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC ☑	INC ☐	CORP ☐	LP ☐
c.	Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	☐YES		☑NO	
d.	Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	☑YES		☐NO	
e.	Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	☑YES		☐NO	
f.	Is the Legal Entity active and in good standing with the Nevada Secretary of States	☑YES		☐NO	
g.	State of Nevada Vendor number: T29028485				

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	☑YES	☐NO
b.	I/we have considered other state leased or owned space available for use by this agency	☑YES	☐NO

Shad D. Patrick 11/20/18
Authorized Signature Date
Public Works Division
W PS
BM For Board of Examiners ☑YES ☐NO

12/10/18

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

STATEWIDE LEASE INFORMATION
FIRST AMENDMENT

1. Agency: Department of Taxation
1550 College Parkway
Carson City, Nevada 89706
Melanie Young
775.684.2071 Fax 775.684.2020 youngm@tax.state.nv.us

Remarks: This lease was negotiated to increase space with an additional 785 square feet, needed to accommodate the agencies needs and additional employees.

Exceptions/Special notes: No change to existing rates.

2. Name of Landlord (Lessor): 1994 Johnston Family Trust
3. Address of Landlord: 3485 Matanzas Creek Lane
Santa Rosa, California 95404
4. Property contact: Sperry Van Ness
311 Up North Carson Street
Carson City, Nevada 89701
Dan Shaheen
P: 775-825-3330 x-106 F: 775-825-8048 E: dan.shaheen@svn.com
5. Address of Lease property: 1550 College Parkway
Carson City, Nevada 89706

a. Square Footage: ☑ Rentable 42,168 sqft plus an additional 785 sqft for a total of 42,953
☐ Usable 42,953

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	**Actual** cost per square foot
Increase %	$59,275.14	10	$592,751.40	February 1, 2019 - November 30, 2019	$1.38
4%	$61,422.79	24	$1,474,146.96	December 1, 2019 - November 30, 2021	$1.43
4%	$63,999.97	24	$1,535,999.28	December 1, 2021 - November 30, 2023	$1.49
c. Total Lease Consideration:		58	$3,602,897.64		

d. Option to renew: ☑ Yes ☐ No 90 Renewal terms: 5%/90
e. Holdover notice: # of Days required 30 Holdover terms: One identical term
f. Term: Four (4) Years Ten (10) 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: $1.66 - $2.07 - Carson City Area
l. Specific termination clause in lease: Breach/Default lack of funding
m. Lease will be paid for by Agency Budget Account Number: 2361

6. Purpose of the lease: To house Department of Taxation
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 Expenses: Moving: $0.00 Furnishings: $0.00 Data/Phones: $0.00

RECEIVED
NOV 29 2018
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 X **No** _____ **Dec Unit** _____

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

_____

William D. Anderson 11/29/18

Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a.	Nevada Business ID Number: NV20161349157	Exp: 6/30/2019		209
b.	The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC ☐ INC ☐ CORP ☐ LLP ☐		
c.	Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	☐YES	☑NO	
d.	Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	☑YES	☐NO	
e.	Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	☑YES	☐NO	
f.	Is the Legal Entity active and in good standing with the Nevada Secretary of States	☑YES	☐NO	
g.	State of Nevada Vendor number: T27007254			

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	☑YES	☐NO
b. I/we have considered other state leased or owned space available for use by this agency	☑YES	☐NO

David Patrick 11/29/18

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.	040	SECRETARY OF STATE'S OFFICE	OPPORTUNITY VILLAGE ARC	GENERAL	$2,200,000	
	Contract Description:	This is a new contract to provide scanning and indexing of approximately 16 million historical public record documents which exist today in various forms of microfilm and microfiche that will be converted to electronic format so that they may be migrated into the new Commercial Recordings processing system.				
		Term of Contract:	Upon Approval - 04/09/2020	Contract # 21342		
2.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ENTERPRISE JANITORIAL, INC.	FEE: BUILDINGS AND GROUND BUILDING RENT INCOME REVENUE	$58,388	
	Contract Description:	This is the second amendment to the original contract which continues ongoing janitorial services for the Stewart Facility, Building #107. This amendment increases the maximum amount from $86,311.90 to $144,699.58 due to higher than anticipated demand and a continued need for these services.				
		Term of Contract:	02/01/2016 - 02/01/2020	Contract # 17487		
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS – NON-EXEC	CIVILWORKS, INC.	BONDS	$24,980	Professional Service
	Contract Description:	This is the fourth amendment to original contract which provides architectural/engineering services for the sanitary sewer rehabilitation projects at the Southern Nevada Adult Mental Health Services, Southern Nevada Child and Adolescent Services main campus and the Desert Regional Center: CIP Project No 15-M14; SPWD Contract No. 109974. This amendment increases the maximum amount of $100,495 to $125,475 due to the need to extend the construction administration services and provide Building #1 revisions.				
		Term of Contract:	01/29/2016 - 06/30/2019	Contract # 17432		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MILITARY CIP PROJECTS – NON-EXEC	CORE CONSTRUCTION SERVICES OF NEVADA ,INC.	FEDERAL	$32,121,999	Professional Service
	Contract Description:	This is a new contract to provide Owner Construction Manager at Risk services for the National Guard Readiness Center in Las Vegas, CIP Project No. 17-C05; SPWD Contract No. 112171.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21349		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MILITARY CIP PROJECTS – NON-EXEC	GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC.	FEDERAL	$326,311	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the National Guard Readiness Center in Las Vegas project to include construction materials, observation and testing services needed for the on and off site improvements: CIP Project No. 17-C05; SPWD Contract No. 112269.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21352		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - CULTURAL AFFAIRS CIP PROJECTS – NON-EXEC	GALLAGHER & ASSOCIATES, LLC	BONDS 97% FEDERAL 3%	$45,000	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural design services for the Stewart Facility - Cultural Center CIP project to include the design of exhibits and interpretive media for the Cultural Center Exhibits located within the administrative building at the Stewart Campus in Carson City: CIP Project No. 17-C08A; SPWD Contract No. 111796. This amendment increases the maximum amount from $272,000 to $317,000 due to the final digital artwork design services need to complete this project.				
		Term of Contract:	02/13/2018 - 06/30/2021	Contract # 19619		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS – NEVADA ARMY NATIONAL GUARD CIP PROJECT	WELLES PUGSLEY ARCHITECTS, LLP DBA SIMPSON COULTER STUDIO	OTHER: AGENCY FUNDED CIP	$98,650	Professional Service
	Contract Description:	This is a new contract to provide professional architectural and engineering services for the Renovation and Addition for the Nevada Army National Guard CIP Project to include construction bid and administrative documents for the renovation within CSMS2 Building that will provide additional restrooms and showers: CIP Project No. 19-A016; Contract No. 112257.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 21324		
8.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	MORRISON MANAGEMENT SPECIALISTS, INC. MORRISON COMMUNITY LIVING	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	$2,800,000	
	Contract Description:	This is a new contract to provide ongoing food and dietary services at the Southern Nevada State Veterans Home.				
		Term of Contract:	12/04/2018 - 12/31/2020	Contract # 21285		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	400	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE - PROBLEM GAMBLING	PROBLEM GAMBLING SOLUTIONS, INC.	OTHER: SLOT TAX	$31,880	
	Contract Description:	This is the fourth amendment to the original contract which provides technical assistance to grantees, and assists the Grant Management Unit, Advisory Committee on Problem Gambling (ACPG) and to the ACPG groups. This amendment increases the maximum amount from $215,526 to $247,406 due to the increased need for these services.				
		Term of Contract:	07/01/2014 - 06/30/2019	Contract # 15814		
10.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SENIOR RX AND DISABILITY RX	HOMETOWN HEALTH PLAN, INC. DBA HMO PREMIUM	OTHER: HEALTHY NEVADA FUNDS	$169,335	Exempt
	Contract Description:	This is a new contract to provide ongoing State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, that subsidizes monthly premiums on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.				
		Term of Contract:	03/10/2019 - 03/09/2021	Contract # 21337		
11.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SENIOR RX AND DISABILITY RX	SILVERSCRIPT INSURANCE COMPANY	OTHER: HEALTHY NEVADA FUNDS	$124,345	Exempt
	Contract Description:	This is a new contract to provide ongoing State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, that subsidizes monthly premiums on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.				
		Term of Contract:	03/10/2019 - 03/09/2021	Contract # 21310		
12.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SENIOR RX AND DISABILITY RX	WELLCARE PRESCRIPTION INSURANCE, INC.	OTHER: HEALTHY NEVADA FUNDS	$57,865	Exempt
	Contract Description:	This is a new contract to provide ongoing State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, that subsidizes monthly premiums on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.				
		Term of Contract:	03/10/2019 - 03/09/2021	Contract # 21309		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER GOVERNMENTAL TRANSFER PROGRAM	WASHOE COUNTY SCHOOL DISTRICT	OTHER: INTER GOVERNMENTAL TRANSFER	$9,180,000	
	Contract Description:	This is a new revenue contract to provide ongoing receipt of non-federal share for school-based Medicaid services, medical screening and diagnostic services for children who are Nevada Medicaid/Check Up eligible. This contract allows the Washoe County School District to make payments of the state share of school based services.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 21274		
14.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	BOARD OF REGENTS OBO UNIVERSITY OF NEVADA, RENO SCHOOL OF MEDICINE NEVADA - STATE PUBLIC HEALTH LAB	OTHER: TRANSFER 10% FEDERAL 90%	$176,563	
	Contract Description:	This is a new interlocal agreement to provide Health Information Technology for Economic Clinic Health Act funds for Nevada State Public Health Lab to implement unidirectional connections as included in the State HealtHIE Nevada contract. These connections will allow participation which will improve care coordination and quality of care for Medicaid recipients.				
		Term of Contract:	09/11/2018 - 09/30/2019	Contract # 21284		
15.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	PUBLIC CONSULTING GROUP, INC.	GENERAL 50% FEDERAL 50%	$118,707	Professional Service
	Contract Description:	This is a new contract to provide ongoing support, maintenance and report development related to AlloCAP Access-based software.				
		Term of Contract:	11/01/2018 - 10/31/2019	Contract # 21306		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN & SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	MYERS AND STAUFFER, LC	GENERAL	$349,945	Professional Service
	Contract Description:	This is a new contract to provide accounting services to design, develop and implement a reimbursement methodology for community-based living arrangement homes.				
		Term of Contract:	Upon Approval - 09/30/2019	Contract # 21315		
17.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - WOMEN, INFANT, AND CHILDREN FOOD SUPPLEMENT	WESTERN MICHIGAN UNIVERSITY	FEDERAL	$127,520	
	Contract Description:	This is a new interlocal agreement to develop online nutrition education training modules to educate Supplemental Nutrition Assistance Program participants regarding the benefits of utilizing supplemental food benefits to purchase healthy nutritious foods.				
		Term of Contract:	Upon Approval - 09/30/2019	Contract # 21260		
18.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH	BOARD OF REGENTS – OBO UNIVERSITY OF NEVADA, LAS VEGAS	OTHER: MULTIPLE FUNDING SOURCES BASED ON AGENCY RESOURCES	$21,500,000	
	Contract Description:	This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.				
		Term of Contract:	Upon Approval - 12/31/2023	Contract # 20879		
19.	650	DEPARTMENT OF PUBLIC SAFETY - CRIMINAL HISTORY REPOSITORY	SPILLMAN TECHNOLOGIES, INC.	OTHER: COST ALLOCATION	$368,142	
	Contract Description:	This is the seventh amendment to the original contract which provides a statewide multi-jurisdictional public safety information system. This amendment increases the maximum amount from $9,166,843.67 to $9,534,985.67 and changes the scope of work to add Attachment MM - Scope of Work/GIS Flex Solutions.				
		Term of Contract:	10/12/2010 - 06/30/2020	Contract # 11555		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	702	DEPARTMENT OF WILDLIFE - OPERATIONS	SHAW ENGINEERING, LTD	FEE: SPORTSMEN REVENUE 25% BONDS 25% FEDERAL 50%	$115,241	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides civil engineering services in the southern, eastern and western regions of the state. This amendment increases the maximum amount from $124,759 to $240,000 due an increased need for these services.				
		Term of Contract:	03/15/2016 - 09/30/2020	Contract # 17541		
21.	702	DEPARTMENT OF WILDLIFE – LAW ENFORCEMENT	UNITED STATES DEPARTMENT OF AGRICULTURE, FOREST SERVICE	OTHER: REVENUE	$105,000	
	Contract Description:	This is a new revenue interlocal agreement to provide radio dispatch services to U. S. Department of Agriculture Forest Service law enforcement officers and special agents and authorizes them to use the Department's radio frequencies when working within the state. The contract also provides computerized access to the Nevada Criminal Justice Information System through the Forest Service's originating agency identifier.				
		Term of Contract:	01/01/2019 - 12/31/2023	Contract # 21215		
22.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WASTE MANAGEMENT AND CORRECTIVE ACTION	TERRAPHASE ENGINEERING, INC.	OTHER: MITIGATION FUNDS	$200,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides support services for the Abandoned Mine Lands Program at the Anaconda Copper Mine site by conducting specific review and assessment of clean-up activities. This amendment increases the maximum amount from $500,000 to $700,000 due to an increased need for services.				
		Term of Contract:	05/08/2018 - 05/07/2020	Contract # 19872		
23.	960	SILVER STATE HEALTH INSURANCE EXCHANGE - ADMINISTRATION	SENET INTERNATIONAL CORPORATION	FEE: EXCHANGE CARRIER PREMIUM	$97,500	
	Contract Description:	This is a new contract to provide a Minimum Acceptable Risk Standards for Exchanges v2.0 Security and Privacy Control Assessment and produce an accompanying Security Assessment Report as required by the Centers for Medicare and Medicaid Services.				
		Term of Contract:	01/16/2019 - 08/31/2019	Contract # 21328		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	B011	LICENSING BOARDS AND COMMISSIONS - CONTRACTORS	THE FERRARO GROUP	FEE: LICENSING	$288,000	
	Contract Description:	This is a new contract to provide lobbyist services as well as public outreach including: regulatory meetings and hearings; media training; and coordination of community partnerships to disseminate information about unlicensed contractors and other topics to assist vulnerable groups such as seniors and non-English speaking homeowners.				
		Term of Contract:	01/01/2019 - 12/31/2020	Contract # 20999		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21342**

		Legal Entity Name:	Opportunity Village ARC
Agency Name:	**SECRETARY OF STATE'S OFFICE**	Contractor Name:	**Opportunity Village ARC**
Agency Code:	**040**	Address:	**6050 S. Buffalo Drive**
Appropriation Unit:	**1050-10**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas , NV 89113**
If "No" please explain:	Not Applicable	Contact/Phone:	Sarah Stephens 702/564-7400
		Vendor No.:	PUR0005506
		NV Business ID:	NV19541000506

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/09/2020**

Contract term: **1 year and 98 days**

4. Type of contract: **Contract**

Contract description: **Scan/Microfiche**

5. Purpose of contract:

This is a new contract to provide scanning and indexing of approximately 16 million historical public record documents which exist today in various forms of microfilm and microfiche that will be converted to electronic format so that they may be migrated into the new Commercial Recordings processing system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$2,200,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The new Commercial Recordings processing system includes functionality that provides for immediate fulfillment of public record copies requests online. This work is required in order to convert over 100 years of official state documentation into a compatible electronic format. The microform being scanned and indexed will then be available to the agency&#65533;s new Business Entity/UCC/Notary Filing Management system and that this will permit the Office to offer these records for online purchase and search, and also reduce access time for agency staff. Without this contract, online access is impossible and staff access remains our current, laborious process.

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

Nevada state employees do not have the experience or expertise to create this type 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. Soliciation Waiver: **Not Applicable**

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

State of Nevada Preferred 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?

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

    Not Applicable

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

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

    Not Applicable

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

    Non-profit Corporation

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

    Yes

17. Not Applicable

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	svaldez	11/29/2018 10:58:05 AM
Division Approval	svaldez	11/29/2018 10:58:11 AM
Department Approval	svaldez	11/29/2018 11:11:39 AM
Contract Manager Approval	svaldez	11/29/2018 11:11:43 AM
Budget Analyst Approval	laaron	12/10/2018 09:00:21 AM
BOE Agenda Approval	tgreenam	12/10/2018 12:06:47 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17487**

Amendment Number: **2**

Legal Entity Name: ENTERPRISE JANITORIAL, INC.

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **ENTERPRISE JANITORIAL, INC.**

Agency Code: **082**

Address: **PO BOX 19913**

Appropriation Unit: **1349-12**

Is budget authority available?: **Yes**

City/State/Zip **RENO, NV 89511**

If "No" please explain: Not Applicable

Contact/Phone: 775-691-2939

Vendor No.: T32003728

NV Business ID: NV20141642364

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

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

General Funds	0.00 %	**X**	Fees	**100.00 %**	**B&G Builiding Rent Income Revenue**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2016**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **02/01/2020**

Contract term: **4 years and 1 day**

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 Stewart Facility, Building #107. This amendment increases the maximum amount from $86,311.90 to $144,699.58 due to higher than anticipated demand and a continued need for these services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$27,924.30	$27,924.30	$27,924.30	Yes - Info
	a. Amendment 1:	$58,387.60	$58,387.60	$86,311.90	Yes - Action
2.	Amount of current amendment (#2):	$58,387.68	$58,387.28	$58,387.58	Yes - Action
3.	New maximum contract amount:	$144,699.58			

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide a safe, clean and healthy work environment for state employees and the public. Upkeep of the buildings is vital to the integrity of the building.

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

Buildings and Grounds custodial department does not have enough personnel to handle the care of all the state 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. Soliciation Waiver: **Not Applicable**

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

   This vendor was the lowest bid.

   d. Last bid date: 12/01/2015 Anticipated re-bid date: 07/01/2016

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Buildings and Grounds 2010 to present 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	10/24/2018 13:52:08 PM
Division Approval	ssands	10/24/2018 13:52:12 PM
Department Approval	ssands	10/24/2018 13:52:16 PM
Contract Manager Approval	ssands	11/27/2018 06:59:25 AM
Budget Analyst Approval	hfield	11/28/2018 12:03:49 PM
BOE Agenda Approval	hfield	11/28/2018 12:03:52 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17432**

Amendment Number: **4**

Legal Entity Name: CIVILWORKS, INC.

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **CIVILWORKS, INC.**

Agency Code: **082**

Address: **4945 W. PATRICK LN.**

Appropriation Unit: **1535-18**

Is budget authority available?: **Yes**

City/State/Zip **LAS VEGAS, NV 89118-2858**

If "No" please explain: Not Applicable

Contact/Phone: 702-534-1816

Vendor No.: T29033909

NV Business ID: NV19981075781

To what State Fiscal Year(s) will the contract be charged? **2016-2019**

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

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

Agency Reference #: 109974

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/29/2016**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **3 years and 152 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng Serv**

5. Purpose of contract:

This is the fourth amendment to original contract which provides architectural/engineering services for the sanitary sewer rehabilitation projects at the Southern Nevada Adult Mental Health Services, Southern Nevada Child and Adolescent Services main campus and the Desert Regional Center: CIP Project No 15-M14; SPWD Contract No. 109974. This amendment extends the maximum amount of $100,495 to $125,475 due to the need to extend the construction administration services and provide Building #1 revisions.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$23,840.00	$23,840.00	$23,840.00	Yes - Info
	a. Amendment 1:	$23,720.00	$23,720.00	$47,560.00	Yes - Info
	b. Amendment 2:	$22,975.00	$22,975.00	$70,535.00	Yes - Action
	c. Amendment 3:	$29,960.00	$29,960.00	$29,960.00	Yes - Info
2.	Amount of current amendment (#4):	$24,980.00	$24,980.00	$54,940.00	Yes - Action
3.	New maximum contract amount:	$125,475.00			

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. Soliciation 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:

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	lmars1	11/07/2018 12:19:59 PM
Division Approval	lmars1	11/07/2018 12:20:04 PM
Department Approval	lmars1	11/07/2018 12:20:09 PM
Contract Manager Approval	lmars1	11/07/2018 13:53:07 PM

Budget Analyst Approval	mmoren1	11/13/2018 11:40:43 AM
BOE Agenda Approval	hfield	11/21/2018 15:12:29 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: **21349**

		Legal Entity Name:	CORE CONSTRUCTION SERVICES OF Nevada, Inc.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**CORE CONSTRUCTION SERVICES OF Nevada, Inc.**
Agency Code:	**082**	Address:	**NEVADA INC.**
Appropriation Unit:	**1577-33**		**7150 CASCADE VALLEY CT.**
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89128-0455**
If "No" please explain:	Not Applicable	Contact/Phone:	702-794-0500
		Vendor No.:	T81092744
		NV Business ID:	NV19861002524

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: 112171

2. Contract start date:

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

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Owner-CMAR**

5. Purpose of contract:

This is a new contract to provide Owner Construction Manger at Risk services for the National Guard Readiness Center in Las Vegas, CIP Project No. 17-C05; SPWD Contract No. 112171.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$32,121,999.00**

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:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Owner Construction Manager at Risk (CMAR) are provided by SPWD to support the State 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. Soliciation 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: 11/12/2018 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Nalley, Kirsten, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	12/04/2018 07:21:24 AM
Division Approval	lmars1	12/04/2018 07:21:26 AM
Department Approval	lmars1	12/04/2018 07:21:30 AM
Contract Manager Approval	lmars1	12/04/2018 07:21:33 AM
Budget Analyst Approval	mmoren1	12/06/2018 12:40:43 PM
BOE Agenda Approval	hfield	12/07/2018 17:41:10 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21352**

		Legal Entity Name:	GEOTECHNICAL & ENVIRONMENTAL Services, Inc.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**GEOTECHNICAL & ENVIRONMENTAL Services, Inc.**
Agency Code:	**082**	Address:	**SERVICES, INC.**
Appropriation Unit:	**1577-33**		**7150 PLACID ST.**
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89119-4203**
If "No" please explain:	Not Applicable	Contact/Phone:	702-365-1001
		Vendor No.:	T81085017
		NV Business ID:	NV19921050120

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: 112269

2. Contract start date:

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

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Miscellaneous**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the National Guard Readiness Center in Las Vegas project to include construction materials, observation and testing services needed for the on and off site improvements: CIP Project No. 17-C05; SPWD Contract No. 112269.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$326,311.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP Project

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

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering provided by SPWD to support the State 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. Soliciation Waiver: **Professional Service (As defined in NAC 333.150)**

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

    Nevada Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

    Nalley, Kirsten, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	12/04/2018 13:24:33 PM
Division Approval	lmars1	12/04/2018 13:24:37 PM
Department Approval	lmars1	12/04/2018 13:24:39 PM
Contract Manager Approval	lmars1	12/04/2018 13:24:42 PM
Budget Analyst Approval	mmoren1	12/06/2018 11:27:56 AM
BOE Agenda Approval	hfield	12/07/2018 17:31:00 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: **19619**

		Amendment Number:	**2**
		Legal Entity Name:	Gallagher & Associates, LLC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**Gallagher & Associates, LLC**
Agency Code:	**082**	Address:	**290 KING STREET,**
Appropriation Unit:	**1592-25**		**SUITE 10b**
Is budget authority available?:	**Yes**	City/State/Zip	**SAN FRANCISCO, CA 94107**
If "No" please explain:	Not Applicable	Contact/Phone:	415-975-0905
		Vendor No.:	T27042033
		NV Business ID:	NV20181726650

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

	General Funds	0.00 %		Fees	0.00 %
X	Federal Funds	**3.00 %**	**X**	Bonds	**97.00 %**
	Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 111796

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/13/2018**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **3 years and 137 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the second amendment to the original contract which provides professional architectural design services for the Stewart Facility - Cultural Center CIP project to include the design of exhibits and interpretive media for the Cultural Center Exhibits located within the administrative building at the Stewart Campus in Carson City: CIP Project No. 17-C08A; SPWD Contract No. 111796. This amendment increases the maximum amount from $272,000 to $317,000 due to the final digital artwork design services need to complete this project.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$247,000.00	$247,000.00	$247,000.00	Yes - Action
	a. Amendment 1:	$25,000.00	$25,000.00	$25,000.00	Yes - Info
2.	Amount of current amendment (#2):	$45,000.00	$45,000.00	$70,000.00	Yes - Action
3.	New maximum contract amount:	$317,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

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

Professional 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. Soliciation 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

No Registered Agent required for Non-Title 7 Business Licenses.

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	12/04/2018 08:53:36 AM
Division Approval	lmars1	12/04/2018 08:53:41 AM
Department Approval	lmars1	12/04/2018 08:53:45 AM
Contract Manager Approval	lmars1	12/04/2018 08:53:49 AM
Budget Analyst Approval	mmoren1	12/06/2018 13:39:27 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: **21324**

		Legal Entity Name:	WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER**
Agency Code:	**082**	Address:	**DBA SIMPSON COULTER STUDIO**
Appropriation Unit:	**All Budget Accounts - Category 10**		**151 E WARM SPRINGS RD.**
Is budget authority available?:	**No**	City/State/Zip	**LAS VEGAS, NV 89119-4101**
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 10, Army Facilities.		Contact/Phone:	702-435-1150
		Vendor No.:	T27038348
		NV Business ID:	NV20031000034

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**AGENCY FUNDED CIP**

Agency Reference #: 112257

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

   Anticipated BOE meeting date 01/2019

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2023**

   Contract term: **4 years and 180 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 Renovation and Addition for the Nevada Army National Guard CIP Project to include construction bid and administrative documents for the renovation within CSMS2 Building that will provide additional restrooms and showers: CIP Project No. 19-A016; Contract No. 112257.

6. NEW CONTRACT

   The maximum amount of the contract for the term of the contract is: **$98,650.00**

   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   2019 Agency CIP.

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

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering are provided by SPWD to support the State 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. Soliciation 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:

    LLP

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:

    Pang, Justus, Project Manager Ph: 702-486-5115

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	11/19/2018 08:42:42 AM
Division Approval	lmars1	11/19/2018 08:42:45 AM
Department Approval	lmars1	11/19/2018 08:42:48 AM
Contract Manager Approval	lmars1	11/19/2018 08:42:51 AM
Budget Analyst Approval	mmoren1	11/27/2018 09:05:29 AM
BOE Agenda Approval	hfield	11/28/2018 11:38:03 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: **21285**

		Legal Entity Name:	Morrison Management Specialists, Inc. Morrison Community Living
Agency Name:	**DEPARTMENT OF VETERANS SERVICES**	Contractor Name:	**Morrison Management Specialists, Inc. Morrison Community Living**
Agency Code:	**240**	Address:	**dba: Morrison Community Living**
Appropriation Unit:	**2561-08**		**400 Northridge Road, Suite 600**
Is budget authority available?:	**Yes**	City/State/Zip	**Sandy Springs, GA 30350**
If "No" please explain:	Not Applicable	Contact/Phone:	Shawn Leary, Regional Vice President 949-922-7009
		Vendor No.:	PUR0002019
		NV Business ID:	NV20011302439

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/04/2018**

Anticipated BOE meeting date 01/2019

Retroactive? **Yes**

If "Yes", please explain

Contract negotiations resulting from the RFP took longer than anticipated causing a delay in the contract being received by the Board of Examiners Office. Approval of this retroactive request will allow food services to continue without interruption.

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

Contract term: **2 years and 28 days**

4. Type of contract: **Contract**

Contract description: **Food/Dietary Service**

5. Purpose of contract:

This is a new contract to provide ongoing food and dietary services at the Southern Nevada State Veterans Home.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$2,800,000.00**

Other basis for payment: Monthly based on Cost Schedule provided in RFP response

II. JUSTIFICATION

7. What conditions require that this work be done?

NDVS is required to provide food/dietary services for the residents of the SNSVH.

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 staffing capacity, technical expertise or resources to fulfill this full time requirement.

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):

Morrison Management Specialists, Inc.
Acorn Food Services, Inc.

b. Soliciation Waiver: **Not Applicable**

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

Vendor was chosen by RFP selection committee in response to RFP #24VS-S307.

d. Last bid date: 10/10/2018 Anticipated re-bid date: 08/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

    Yes If "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 is currently providing this service to the the SNSVH 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:

    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	12/05/2018 10:15:40 AM
Division Approval	agarland	12/05/2018 10:15:44 AM
Department Approval	agarland	12/05/2018 10:15:48 AM
Contract Manager Approval	agarland	12/05/2018 10:15:54 AM
Budget Analyst Approval	mmoren1	12/07/2018 09:44:33 AM
BOE Agenda Approval	hfield	12/07/2018 17:15:56 PM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor

STATE OF NEVADA
NEVADA DEPARTMENT OF VETERANS SERVICES
6630 S. McCarran Blvd., Bldg C – Suite 204
Reno, Nevada 89509
(775) 688-1653 • Fax (775) 688-1656

MEMORANDUM

TO: Bridgette Mackey-Garrison, Budget Division

FROM: Joseph Theile, Management Analyst II

DATE: November 29, 2018

SUBJECT: Request for Retroactive Approval –Morrison Management Specialists, Inc.
CETS: 21285

This retroactive memo requests this contract be made retroactive to December 4, 2018. Contract negotiations resulting from the RFP took longer than anticipated causing a delay in the contract being received by the Board of Examiners Office. Approval of this retroactive request will allow food services to continue without interruption.

Thank you for your time and consideration with this request. Should you have any questions please do not hesitate to let me know.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15814**

Amendment Number: **4**

Legal Entity Name: PROBLEM GAMBLING SOLUTIONS,Inc.

Agency Name: **DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE**

Contractor Name: **PROBLEM GAMBLING SOLUTIONS,Inc.**

Agency Code: **400**

Address: **1602 S.W. WESTWOOD DRIVE**

Appropriation Unit: **3200-19**

Is budget authority available?: **Yes**

City/State/Zip **PORTLAND, OR 97239**

If "No" please explain: Not Applicable

Contact/Phone: DR. JEFF MAROTTA 503-706-1197

Vendor No.: T27018160

NV Business ID: NV20101605733

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

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

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

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 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **Professional Service**

5. Purpose of contract:

This is the fourth amendment to the original contract which provides technical assistance to grantees, and assists the Grant Management Unit, Advisory Committee on Problem Gambling (ACPG) and to the ACPG groups. This amendment increases the maximum amount from $215,526 to $247,406 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:	$41,000.00	$41,000.00	$41,000.00	Yes - Info
	a. Amendment 1:	$41,000.00	$41,000.00	$82,000.00	Yes - Action
	b. Amendment 2:	$92,526.00	$92,526.00	$92,526.00	Yes - Action
	c. Amendment 3:	$41,000.00	$41,000.00	$41,000.00	Yes - Info
2.	Amount of current amendment (#4):	$31,880.00	$31,880.00	$72,880.00	Yes - Action
3.	New maximum contract amount:	$247,406.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The contractor led an effort in FY11 to develop a Strategic Treatment Plan and establish a fee-for-service payment system for grants supported by the Revolving Account for Problem Gambling. Both projects were implemented July 1, 2011, and have increased the overall cost-effectiveness of efforts to address problem gambling behaviors in Nevada. The contractor will continue to work closely with DHHS and grantees in FY15 to ensure that the plan and payment system are successfully integrated into program activities and that the plan objectives are rolled out as intended. In addition, the contractor will oversee the reintroduction and revision of the Prevention Strategic Plan that he was instrumental in developing in 2009. This plan was put on hold during Problem Gambling funding reductions from FY11 through FY13.

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

There are no state employees with the expertise necessary for this work.

9. Were quotes or proposals solicited? Yes

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

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

b. Soliciation Waiver: **Not Applicable**

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

This was the only vendor who was able to provide a response. The other vendors indicated their inability to provide a proposal or did not provide a response at all.

d. Last bid date: 04/21/2014 Anticipated re-bid date: 02/03/2015

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This contractor currently has a contract with the Department of Health and Human Services Grants Management Unit and the 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:

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	tmilazz1	11/28/2018 09:19:51 AM
Division Approval	tmilazz1	11/28/2018 09:19:58 AM
Department Approval	vmilazz1	11/30/2018 10:29:50 AM
Contract Manager Approval	tmilazz1	11/30/2018 11:17:50 AM
Budget Analyst Approval	bwooldri	12/09/2018 15:49:29 PM
BOE Agenda Approval	nhovden	12/11/2018 08:41:28 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21337**

		Legal Entity Name:	Hometown Health Plan, Inc. DBA HMO PREMIUM
Agency Name:	**DHHS - AGING AND DISABILITY SERVICES DIVISION**	Contractor Name:	**Hometown Health Plan, Inc. DBA HMO PREMIUM**
Agency Code:	**402**	Address:	**Senior Care Plus**
Appropriation Unit:	**3156-16**		**10315 Professional Circle**
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89521**
If "No" please explain:	Not Applicable	Contact/Phone:	Tabatha Eddy 775/982-3721
		Vendor No.:	T27019413
		NV Business ID:	NV19871019956

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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

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

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/10/2019**
   Anticipated BOE meeting date 01/2019

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **03/09/2021**
   Contract term: **2 years**

4. Type of contract: **Contract**
   Contract description: **SRxDRx Part-D Prescr**

5. Purpose of contract:
   This is a new contract to provide ongoing State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, that subsidizes monthly premiums on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$169,335.00**
   Other basis for payment: As per Attachment AA

II. JUSTIFICATION

7. What conditions require that this work be done?
   Starting January 1, 2006, the Federal Medicare Part D plan went into effect. Nevada's Senior Rx and Disability Rx members must use Medicare Part D as their first resource for prescription drugs.

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

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
   Not Applicable
   b. Soliciation Waiver: **Exempt (Per statute)**

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

The State must contract with all prescription drug plans Federally authorized to offer Part D benefits in Nevada. (Section 1860D-23 (b)(2) of Social Security Act)

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. 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

$.90 (90 cents) per member - Administrative Fee

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

No

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

No

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:

Previous provider agreement 2013 and ADSD contract from 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:

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	dbowma1	11/26/2018 13:56:04 PM
Division Approval	dbowma1	11/26/2018 13:56:06 PM
Department Approval	vmilazz1	11/28/2018 16:58:48 PM
Contract Manager Approval	ltuttl1	11/29/2018 10:37:55 AM
Budget Analyst Approval	bwooldri	12/09/2018 16:33:28 PM
BOE Agenda Approval	nhovden	12/11/2018 08:46:54 AM
BOE Final Approval	Pending	

COST BREAKDOWN

248	Hometown Health average membership FY18
$27.98	Subsidy payment per member ($27.08 + $.90 admin fee)
$6,939.04	Hometown Health monthly average
24.00	Term of contract in months
$166,536.96	Total
$2,798.00	Amount of possible increase of approximately 100 new members over 2-year term of contract ($27.98 x 100 members)
$169,335.00	**AMOUNT NEEDED FOR TERM OF CONTRACT (rounded up)**

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21310**

		Legal Entity Name:	SILVERSCRIPT INSURANCE COMPANY
Agency Name:	**DHHS - AGING AND DISABILITY SERVICES DIVISION**	Contractor Name:	**SILVERSCRIPT INSURANCE COMPANY**
Agency Code:	**402**	Address:	**1 CVS Drive**
Appropriation Unit:	**3156-16**		
Is budget authority available?:	**Yes**	City/State/Zip	**Woonsocket, RI 02895-6146**
If "No" please explain:	Not Applicable	Contact/Phone:	David Kline 480-391-4801
		Vendor No.:	T29030993A
		NV Business ID:	NV20181782915

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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

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

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/10/2019**
   Anticipated BOE meeting date 01/2019

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **03/09/2021**
   Contract term: **2 years**

4. Type of contract: **Contract**
   Contract description: **SRxDRx Part-D Prescr**

5. Purpose of contract:
   This is a new contract to provide ongoing State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, that subsidizes monthly premiums on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$124,345.00**
   Other basis for payment: As per Attachment AA

II. JUSTIFICATION

7. What conditions require that this work be done?
   Starting January 1, 2006, the Federal Medicare Part D plan went into effect. Nevada's Senior Rx and Disability Rx members must use Medicare Part D as their first resource for prescription drugs.

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

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
   Not Applicable
   b. Soliciation Waiver: **Exempt (Per statute)**

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

The State must contract with all prescription drug plans Federally authorized to offer Part D benefits in Nevada. (Section 1860D-23 (b)(2) of Social Security Act)

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. 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

$.90 (90 cents) per member - Administrative Fee

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

No

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

No

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:

Previous provider agreement 2013 and ADSD contract from 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	11/14/2018 11:56:43 AM
Division Approval	dbowma1	11/14/2018 11:56:46 AM
Department Approval	vmilazz1	11/28/2018 16:47:18 PM
Contract Manager Approval	ltuttl1	11/29/2018 10:22:09 AM
Budget Analyst Approval	bwooldri	12/09/2018 16:20:14 PM
BOE Agenda Approval	nhovden	12/11/2018 08:45:27 AM
BOE Final Approval	Pending	

COST BREAKDOWN

181	Silverscript average membership FY18
$27.98	Subsidy payment per member ($27.08 + $.90 admin fee)
$5,064.38	Silverscript monthly average
24.00	Term of contract in months
$121,545.12	Total
$2,798.00	Amount of possible increase of approximately 100 new members over 2-year term of contract ($27.98 x 100 members)
$124,344.00	**AMOUNT NEEDED FOR TERM OF CONTRACT (rounded up)**

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21309**

		Legal Entity Name:	Wellcare Prescription Insurance, Inc.
Agency Name:	**DHHS - AGING AND DISABILITY SERVICES DIVISION**	Contractor Name:	**Wellcare Prescription Insurance, Inc.**
Agency Code:	**402**	Address:	**8725 Henderson Rd., REN #1**
Appropriation Unit:	**3156-16**		
Is budget authority available?:	**Yes**	City/State/Zip	**Tampa, FL 33634-1143**
If "No" please explain:	Not Applicable	Contact/Phone:	Lee Genco 813/206-6456
		Vendor No.:	T27013210
		NV Business ID:	NV20131722994

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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

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

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/10/2019**
   Anticipated BOE meeting date 01/2019

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **03/09/2021**
   Contract term: **2 years**

4. Type of contract: **Contract**
   Contract description: **SRxDRx Part-D Prescr**

5. Purpose of contract:
   This is a new contract to provide ongoing State Pharmaceutical Assistance Program, known as Senior Rx and Disability Rx, that subsidizes monthly premiums on behalf of eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$57,865.00**
   Other basis for payment: As per Attachment AA

II. JUSTIFICATION

7. What conditions require that this work be done?
   Starting January 1, 2006, the Federal Medicare Part D plan went into effect. Nevada's Senior Rx and Disability Rx members must use Medicare Part D as their first resource for prescription drugs.

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

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
   Not Applicable
   b. Soliciation Waiver: **Exempt (Per statute)**

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

The State must contract with all prescription drug plans Federally authorized to offer Part D benefits in Nevada. (Section 1860D-23 (b)(2) of Social Security Act)

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. 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

$.90 (90 cents) per member - Administrative Fee

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

No

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

No

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:

DHHS 2006-2009, ADSD 2009-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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Non-Title 7, Exemption Code: 006

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	11/14/2018 11:58:06 AM
Division Approval	dbowma1	11/14/2018 11:58:08 AM
Department Approval	vmilazz1	11/28/2018 16:55:01 PM
Contract Manager Approval	ltuttl1	11/29/2018 10:26:35 AM
Budget Analyst Approval	bwooldri	12/09/2018 16:30:17 PM
BOE Agenda Approval	nhovden	12/11/2018 08:43:07 AM
BOE Final Approval	Pending	

COST BREAKDOWN

82	Wellcare average membership FY18
$27.98	Subsidy payment per member ($27.08 + $.90 admin fee)
$2,294.36	Wellcare monthly average
24.00	Term of contract in months
$55,064.64	Total
$2,798.00	Amount of possible increase of approximately 100 new members over 2-year term of contract ($27.98 x 100 members)
$57,863.00	**AMOUNT NEEDED FOR TERM OF CONTRACT (rounded up)**

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21274**

		Legal Entity Name:	Washoe County School District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Washoe County School District**
Agency Code:	**403**	Address:	**Special Education**
Appropriation Unit:	**3157-00**		**425 E 9th St.**
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89512**
If "No" please explain:	Not Applicable	Contact/Phone:	775-333-5037
		Vendor No.:	T40234300
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**
   Anticipated BOE meeting date 01/2019

   Retroactive? **Yes**

   If "Yes", please explain

   The contract requires a retroactive start date to allow the State to reimburse the School District for services rendered.

3. Termination Date: **06/30/2022**
   Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**
   Contract description: **School Based Service**

5. Purpose of contract:

   This is a new revenue contract to provide ongoing receipt of non-federal share for school-based Medicaid services, medical screening and diagnostic services for children who are Nevada Medicaid/Check Up eligible. This contract allows the Washoe County School District to make payments of the state share of school based services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$9,180,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   School Based Child Health services was established to allow for Medicaid reimbursement for the medical screening and diagnostic services provided by the School District to Nevada Medicaid/Checkup eligible children and medical treatment services provided for Medicaid/Checkup eligible children who have an Individualized Education Program (IEP) and are enrolled in the School Districts Special Education Program.

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

   State agencies do not have the expertise or availability 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. Soliciation 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	pcolegro	11/15/2018 16:23:31 PM
Division Approval	ecreceli	11/20/2018 08:39:06 AM
Department Approval	vmilazz1	11/30/2018 15:57:22 PM
Contract Manager Approval	iknigh1	12/04/2018 14:07:55 PM
Budget Analyst Approval	bwooldri	12/10/2018 12:44:12 PM
BOE Agenda Approval	nhovden	12/11/2018 08:49:48 AM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

CODY PHINNEY
Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1210 S. Valley View Blvd., Suite 104
Las Vegas, Nevada 89102
Telephone (702) 668-4200 • Fax (702) 668-4280
http://dhcfp.nv.gov

MEMORANDUM

Date: November 1, 2018

To: Bessie Wooldridge, Executive Branch Officer I

Through: Richard Whitley, Director

From: Ellen Crecelius, DHCFP

Re: Washoe County School District

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2018. The contract requires a retroactive start date to allow the State to pay the Washoe County School District for services rendered. This contract was delayed due to negotiations with the county, additionally the contract had to be sent back out to the School District for review and approval due to our Deputy Attorney General requiring a section of the interlocal agreement to be changed. To prevent a Retro Memo from being required in the future, the School District interlocal contract will be started six months before expiration instead of three.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21284**

		Legal Entity Name:	Board of Regents obo UNR, UNSOM, Nevada State Public Health Lab
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Board of Regents obo UNR, UNSOM, Nevada State Public Health Lab**
Agency Code:	**403**	Address:	**1600 N. Virginia Street**
Appropriation Unit:	**3158-73**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89503**
If "No" please explain:	Not Applicable	Contact/Phone:	775-682-6205
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/11/2018**

Anticipated BOE meeting date 01/2019

Retroactive? **Yes**

If "Yes", please explain

Planning work between Nevada State Public Health Lab and HealtHIE Nevada per state contract #20643 started in September 2018 after the contract between DHCFP and HealtHIE Nevada was approved on 9/11/2019 and signed by Nevada State Board of Examiners. Invoices for this work need to be paid.

3. Termination Date: **09/30/2019**

Contract term: **1 year and 19 days**

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

Contract description: **NSPHL HIE**

5. Purpose of contract:

This is a new interlocal contract that provides Health Information Technology for Economic Clinic Health Act (HITECH) funds for Nevada State Public Health Lab to implement unidirectional connections as included in the State HealtHIE Nevada contract. These connections will allow participation which will improve care coordination and quality of care for Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$176,563.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Center for Medicare and Medicaid (CMS) approved use of federal 90% federal HITECH Act funding to improve the interoperability of health care data in Nevada in the HIT HIE Implementation Planning Document approved by CMS on 5/17/2018. The projects in this contract reflect the HIE connectivity services approved in that IAPD except for the State EMS registry connection which needs further scoping after the new registry is implemented.

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

State agencies do not have the expertise or availability 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. Soliciation 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	pcolegro	11/15/2018 16:21:23 PM
Division Approval	ecreceli	11/20/2018 08:39:31 AM
Department Approval	vmilazz1	11/30/2018 16:28:32 PM
Contract Manager Approval	iknigh1	12/04/2018 14:08:44 PM
Budget Analyst Approval	bwooldri	12/09/2018 15:51:25 PM
BOE Agenda Approval	nhovden	12/11/2018 08:33:56 AM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

Cody Phinney
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 16, 2018

To: Bessie Wooldridge, Executive Branch Officer I

Through: Richard Whitley, Director

From: Ellen Crecelius, DHCFP

Re: Nevada State Public Health Lab PerkinElmer and STARLIMS Connections to HealtHIE Nevada HIE

This memorandum requests that the above subject contract be approved for a retroactive start date effective Sept 11, 2018 which is the date the HealtHIE Nevada HIE connections contract was approved by BOE. This contract requires a retroactive start date in order for Division of Health Care Financing and Policy (DHCFP) and Nevada State Public Health Lab (NSPHL) to pay for services that have already been rendered in connection with the HIE connection project for NSPHL. This contract is retroactive because of the delay in establishment of process to establish the HealtHIE Nevada contract services and transfer of NSPHL funds to the state. To prevent a Retro Memo from being required in the future, the NSPHL interlocal contract will be started four months before the intended start date instead of one. Also, the process to procure HIE services, transfer funds and develop the interlocal agreements will be documented in the DHHS-DHCFP Health Information and Technology desk 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: **21306**

		Legal Entity Name:	Public Consulting Group, Inc.
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Public Consulting Group, Inc.**
Agency Code:	**403**	Address:	**148 State Street, 10th Floor**
Appropriation Unit:	**3158-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**Boston, MA 02109**
If "No" please explain:	Not Applicable	Contact/Phone:	919-567-2251
		Vendor No.:	T32000898
		NV Business ID:	NV20021466314

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

X	General Funds	**50.00 %**	Fees	0.00 %
X	Federal Funds	**50.00 %**	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 **11/01/2018**

Anticipated BOE meeting date 01/2019

Retroactive? **Yes**

If "Yes", please explain

Having this retroactive to Nov 1, 2018 will cause no break in service.

3. Termination Date: **10/31/2019**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **AlloCAP**

5. Purpose of contract:

This is a new contract to provide ongoing support, maintenance and report development related to AlloCAP Access-based software.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$118,707.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The current system is a compiled database owned and trademarked by this vendor. The proprietary system can only be modified by Public Consulting Group.

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 expertise to perform this service.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

The current system is a compiled database owned and trademarked by this vendor. The proprietary system can only be modified by Public Consulting Group.

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:

Previously contracted with DHCFP and the service was found to be 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	pcolegro	11/15/2018 16:22:15 PM
Division Approval	ecreceli	11/20/2018 08:39:52 AM
Department Approval	vmilazz1	11/30/2018 16:13:37 PM
Contract Manager Approval	iknigh1	12/04/2018 13:58:42 PM
Budget Analyst Approval	bwooldri	12/11/2018 17:41:48 PM
BOE Agenda Approval	nhovden	12/12/2018 08:24:18 AM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

MARTA JENSEN
Administrator

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

MEMORANDUM

Date: November 9th, 2018

To: Bessie Wooldridge, Executive Branch Officer I

Through: Richard Whitley, Director

From: Ellen Crecelius, DHCFP

Re: Public Consulting Group, Inc.

This memorandum requests that the above subject contract be approved for a retroactive start date effective November 1, 2018. The retroactive start date is necessary to ensure that there will be no break in service. The retroactive start date for the contract was caused by a delay in getting the quote and required signatures from the vendor. To prevent a retroactive memorandum from being required in the future, the quote will be acquired earlier in the process, and an amendment will be used for the existing contract.

State of Nevada
Department of Administration

Purchasing Division

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

Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:	
Approval#:	180303

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	**Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:**			
	State Agency:	***Department of Health and Human Services*** ***All Divisions***		
	Contact Name and Title		*Phone Number*	*Email Address*
	Rick Morse, DPBH Contract Manager		***775-684-5932***	rmorse@health.nv.gov

	Vendor Information:	
1b	Identify Vendor:	***Public Consulting Group, Inc. (PCG)***
	Contact Name:	***Kara Hammer***
	Address:	***148 State Street, 10th Floor, Boston, MA 02109***
	Telephone Number:	***617-426-2026 ext. 1386***
	Email Address:	khammer@pcgus.com

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

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

1e	**Term:**				
	One (1) Time Purchase:				
	Contract:	Start Date:	***11/1/2018***	End Date:	***10/31/2023***

1f	**Funding:**	
	State Appropriated:	***50%***
	Federal Funds:	***50%***
	Grant Funds:	
	Other (Explain):	

1g	**Total Estimated Value of this Service Contract, Amendment or Purchase:**
	$3,000,000.00

2	**Provide a description of work/services to be performed or commodity/good to be purchased:**
	It is the intention to request a waiver for DHHS and award contracts for each agency within DHHS under the authorization of the department wide waiver. This authorization will allow DHHS to maintain the current AlloCAP system used by all divisions within DHHS and provide consultation for the implementation of a Time and Effort system; consultation for Medicaid billable and reimbursable services and consultation for Cost Allocation Plans. These services also provide DHHS agencies the ability to receive consultation for inquiries on the system and cost allocation plans; receive technical assistance; develop custom reports and assist with single state and/or federal audits. AlloCAP is a proprietary web-based cost allocation plan (CAP) solution.

3	**What are the unique features/qualifications required for this service or good that are not available from any other vendor:**
	PCG developed and owns proprietary rights to the AlloCAP software used by every DHHS division for Medicare/Medicaid billing and other cost allocation activities.

4	**Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:**
	DHHS divisions began using services of PCG SFY 09 to establish Cost Allocation Plans for departmental agencies. In SFY 11, an amendment to the original contract provided for AlloCAP software development and installation for up to four agencies of DHHS. The system is a compiled database owned and trademarked by the vendor. The proprietary system can only be modified by PCG. ***Originally, after the initial installation of AlloCAP Access-based Software and related training, there was no longer a need for additional support or services from PCG. The cost allocation software functioned properly and the user reports supplied were beneficial. Since the original installation, Health Care Reform (HCR) increased the number of Medicare/Medicaid programs and advantages to provide low income Nevadans with medical services. The tracking of these additional HCR expenditures requires updates to AlloCAP and formatting revisions that can only be performed by PCG. Additionally, the HCR expenditures require subject matter expertise on Medicaid billable and reimbursable services in order to maximize the State's benefit of Medicaid services. In the future, the growth of Medicare/Medicaid programs as they relate to project cost allocations will require maintenance and upgrades to PCG's web-based software.*** ***With the complexity of entitlement programs and policy changes, there is an ongoing need for additional support and the services listed (cost allocation plan amendments).***

5	**Were alternative services or commodities evaluated? Check One.**	Yes:		No:	*X*
	a. ***If yes***, *what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.*				
	b. ***If not***, *why were alternatives not evaluated?*				
	DHHS wide agencies all use AlloCAP as part of the overall Medicare/Medicaid billing process in the state; therefore, there is no feasible option to develop or deploy an alternative system.				

6	**Has the agency purchased this service or commodity in the past? Check One.** ***Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.***	Yes:	*X*	No:	
	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 #)***
11/1/14	***10/31/18***	***$484,483.00***	***Cost Allocation (DHCFP)***	***Exempt - Waiver #140807***
6/11/13	***6/30/17***	***$254,942.00***	***Cost Allocation (DPBH)***	***Informal – original contract amount was $49, 999.***
8/1/16	***8/31/16***	***$24,843.00***	***Cost Allocation Training (DPBH)***	***Informal***
7/1/11	***6/30/13***	***$9,990.00***	***Cost Allocation (DPBH) – this contract was pre-web-based computation and was strictly cost allocation consultation.***	***Exempt - Waiver #110503***

7	**What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?**
	The combined usage of this software throughout DHHS would incur sizeable expenditures to State funding if the system were to be replaced. The vendor is in good standing with the Secretary of State's office and DHHS.

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 services of PCG were previously solicited through a Solicitation Waiver #140807. ***Recommend the following language:*** ***AlloCAP is now being utilized by all DHHS Divisions to ensure standardized methodology of cost allocation for federal grants/entitlements and billings for administration costs to DHCFP for Medicaid Reimbursement. DWSS is in the beginning stages of implementing AlloCAP.***

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 current web-based system requires annual maintenance and hosting fees.				

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

Richard Morse

Agency Representative Initiating Request

Rick Morse, Division Contract Manager (DPBH) 2/6/18

Print Name of Agency Representative Initiating Request Date

Signature of Agency Head Authorizing Request

Mark Winebarger, ASO IV 2-6-18

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:

3-15.2018

Administrator, Purchasing Division or Designee Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21315**

		Legal Entity Name:	MYERS AND STAUFFER, LC
Agency Name:	**DHHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**MYERS AND STAUFFER, LC**
Agency Code:	**406**	Address:	**STE 100**
Appropriation Unit:	**3161-08**		**9265 COUNSELORS ROW**
Is budget authority available?:	**Yes**	City/State/Zip	**INDIANAPOLIS, IN 46240**
If "No" please explain:	Not Applicable	Contact/Phone:	JARED B. DUZAN 317/815-2825
		Vendor No.:	T81098965A
		NV Business ID:	NV20001070243

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

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

Agency Reference #: C 16940

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2019**
   Contract term: **271 days**

4. Type of contract: **Contract**
   Contract description: **Accounting Services**

5. Purpose of contract:

This is a new contract for accounting services to design, develop and implement a reimbursement methodology for community-based living arrangement homes.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$349,945.00**
   Payment for services will be made at the rate of $179.00 per hour
   Other basis for payment: Upon receipt of invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Audit requirement from Legislative Counsel Bureau.

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

The request was made by the Legislative Counsel Bureau that a third party design, develop and implement a reimbursement methodology for CBLA homes.

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

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

Per NAC 333.150, an accountant is a professional service exemption

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 since 2011 - 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	dohl0	11/21/2018 14:08:35 PM
Division Approval	dohl0	11/21/2018 14:08:43 PM
Department Approval	vmilazz1	11/29/2018 09:22:08 AM
Contract Manager Approval	dohl0	12/03/2018 15:16:39 PM
Budget Analyst Approval	afrantz	12/05/2018 10:05:46 AM
BOE Agenda Approval	nhovden	12/05/2018 13:43:56 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: **21260**

		Legal Entity Name:	WESTERN MICHIGAN UNIVERSITY
Agency Name:	**DHHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**WESTERN MICHIGAN UNIVERSITY**
Agency Code:	**406**	Address:	**1903 W MICHIGAN AVE**
Appropriation Unit:	**3214-57**		
Is budget authority available?:	**Yes**	City/State/Zip	**KALAMAZOO, MI 49008**
If "No" please explain:	Not Applicable	Contact/Phone:	Dr. Robert Bensley 269-387-3081
		Vendor No.:	T27023477
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

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

Agency Reference #: C 16932

2. Contract start date:

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

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2019**

Contract term: **271 days**

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

Contract description: **Nutrition Education**

5. Purpose of contract:

This is a new interlocal contract to develop online nutrition education training modules to educate Supplemental Nutrition Assistance Program participants regarding the benefits of utilizing supplemental food benefits to purchase healthy nutritious foods.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$127,520.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Required to meet grant deliverables defined in scope of work.

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

Nevada State employees do not possess the training or experience 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. Soliciation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

24%

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

No

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

No

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 since September 2012 - 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	11/19/2018 14:03:05 PM
Division Approval	rmorse	11/19/2018 14:03:07 PM
Department Approval	vmilazz1	11/28/2018 15:56:53 PM
Contract Manager Approval	dohl0	12/03/2018 15:18:59 PM
Budget Analyst Approval	afrantz	12/13/2018 14:41:00 PM
BOE Agenda Approval	nhovden	12/18/2018 10:30:27 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: **20879**

		Legal Entity Name:	BOARD OF REGENTS-University of Nevada, Las Vegas
Agency Name:	**DHHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**BOARD OF REGENTS-University of Nevada, Las Vegas**
Agency Code:	**406**	Address:	**UNLV OFFICE OF CONTROLLER**
Appropriation Unit:	**All Appropriations**		**4505 MARYLAND PKWY MS 1005**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89154-1005**
If "No" please explain:	Not Applicable	Contact/Phone:	Lori Ciccone 702-895-5541
		Vendor No.:	D35000813
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Multiple funding sources based on agency resources.**

Agency Reference #: C 16718/RFP 3525

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**
   Contract term: **5 years**

4. Type of contract: **Interlocal Agreement**
   Contract description: **DHHS MSA**

5. Purpose of contract:

This is a new contract that continues ongoing public health consulting, management and education services. This contract is available to be utilized by all agencies within the Department of Health and Human Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$21,500,000.00**

Other basis for payment: Invoices for services requested though work orders and in accordance with the cost schedule provided in the Contractor's Response.

II. JUSTIFICATION

7. What conditions require that this work be done?

This Master Service Agreement (MSA) provides multiple vendors providing multiple services pertaining to public health consulting, management and education.

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

State employees are performing these services.

9. Were quotes or proposals solicited? Yes

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

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

22 vendors selected from 23 proposals.

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #3525, and in accordance with NRS 333, the selected vendors were the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 02/01/2018 Anticipated re-bid date: 02/01/2026

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 Nevada State agency routinely provides services to other State agencies.

14. Is the contractor currently involved in litigation with the State 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	11/27/2018 13:59:49 PM
Division Approval	rmorse	11/27/2018 13:59:51 PM
Department Approval	vmilazz1	11/29/2018 11:20:09 AM
Contract Manager Approval	dohl0	12/03/2018 15:14:28 PM
Budget Analyst Approval	afrantz	12/05/2018 09:27:33 AM
BOE Agenda Approval	nhovden	12/05/2018 13:47:01 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: **11555**

Amendment Number: **7**

Legal Entity Name: Spillman Technologies, Inc.

Agency Name: **DEPARTMENT OF PUBLIC SAFETY**

Contractor Name: **Spillman Technologies, Inc.**

Agency Code: **650**

Address: **4625 West Lake Blvd.**

Appropriation Unit: **4709-15**

Is budget authority available?: **Yes**

City/State/Zip **Salt Lake City, UT 84120**

If "No" please explain: Not Applicable

Contact/Phone: Troy Archer 800-860-8026

Vendor No.:

NV Business ID: NV20101073893

To what State Fiscal Year(s) will the contract be charged? **2011-2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/12/2010**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **9 years and 264 days**

4. Type of contract: **Contract**

Contract description: **Technology Contract**

5. Purpose of contract:

This is the seventh amendment to the original contract which provides a statewide multi-jurisdictional public safety information system. This amendment increases the maximum amount from $9,166,843.67 to $9,534,985.67 and adds Attachment MM - Scope of Work/GIS Flex Solutions.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$6,895,814.00	$6,895,814.00	$6,895,814.00	Yes - Action
	a. Amendment 1:	$0.00	$0.00	$0.00	No
	b. Amendment 2:	$934,039.00	$934,039.00	$934,039.00	Yes - Action
	c. Amendment 3:	$0.00	$0.00	$0.00	No
	d. Amendment 4:	$78,400.67	$78,400.67	$78,400.67	Yes - Action
	e. Amendment 5:	$1,258,590.00	$1,258,590.00	$1,258,590.00	Yes - Action
	f. Amendment 6:	$0.00	$0.00	$0.00	No
2.	Amount of current amendment (#7):	$368,142.00	$368,142.00	$368,142.00	Yes - Action
3.	New maximum contract amount:	$9,534,985.67			

II. JUSTIFICATION

7. What conditions require that this work be done?

Lack of ability for the law enforcement community statewide to share information critical to public and officer safety.

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

Using state programmers to build a custom system would be more costly, take longer and be less effective than purchasing a proven product.

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. Soliciation Waiver: **Not Applicable**

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

This vendor most closely met the requirements of the solicitation.

d. Last bid date: 02/02/2010 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:

This vendor is currently under contract by the department and services are satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lgallow1	12/21/2018 08:16:44 AM
Division Approval	lgallow1	12/21/2018 08:16:53 AM
Department Approval	jdibasil	12/21/2018 10:20:40 AM
Contract Manager Approval	lgallow1	12/21/2018 10:26:06 AM

EITS Approval	lolso3	12/21/2018 11:04:54 AM
Budget Analyst Approval	hfield	12/21/2018 13:17:22 PM
BOE Agenda Approval	hfield	12/21/2018 13:17:27 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: **17541**

Amendment Number: **2**

Legal Entity Name: Shaw Engineering, LTD

Agency Name: **DEPARTMENT OF WILDLIFE**

Contractor Name: **Shaw Engineering, LTD**

Agency Code: **702**

Address: **20 Vine Street**

Appropriation Unit: **4461-07**

Is budget authority available?: **Yes**

City/State/Zip **Reno, NV 89503**

If "No" please explain: Not Applicable

Contact/Phone: 775-329-5559

Vendor No.: T27036374

NV Business ID: NV19951060977

To what State Fiscal Year(s) will the contract be charged? **2016-2021**

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

	General Funds	0.00 %	X	Fees	**25.00 %**	**Sportsmen Revenue**
X	Federal Funds	**50.00 %**	X	Bonds	**25.00 %**	
	Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 16-44

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/15/2016**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years and 200 days**

4. Type of contract: **Contract**

Contract description: **Shaw as needed**

5. Purpose of contract:

This is the second amendment to the original contract which provides civil engineering services in the southern, eastern and western regions of the state. This amendment increases the maximum amount from $124,759 to $240,000 due an increased need for these services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$49,999.00	$49,999.00	$49,999.00	Yes - Info
	a. Amendment 1:	$74,760.00	$74,760.00	$124,759.00	Yes - Action
2.	Amount of current amendment (#2):	$115,241.00	$115,241.00	$115,241.00	Yes - Action
3.	New maximum contract amount:	$240,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Various projects requiring civil engineering needs in the southern, eastern and western regions of the state.

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

Requires specialized knowledge and equipment. Proximity to the project are not cost effective.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

PER NAC 333.150 this is a professional service 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?

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:

NDOW, DPS and SPWD - satisfactory work

14. Is the contractor currently involved in litigation with the State 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	nroble1	11/15/2018 11:07:37 AM
Division Approval	tdoucett	11/16/2018 16:11:34 PM
Department Approval	eobrien	12/04/2018 15:08:36 PM
Contract Manager Approval	nroble1	12/05/2018 14:19:27 PM
Budget Analyst Approval	cpalme2	12/10/2018 11:45:25 AM
BOE Agenda Approval	cmurph3	12/11/2018 11:49:31 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21215**

		Legal Entity Name:	U. S. Department of Agriculture, Forest Service
Agency Name:	**DEPARTMENT OF WILDLIFE**	Contractor Name:	**U. S. Department of Agriculture, Forest Service**
Agency Code:	**702**	Address:	**324 25TH STREET**
Appropriation Unit:	**4463-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**OGDEN, UT 84401-2310**
If "No" please explain:	Not Applicable	Contact/Phone:	801-625-5230
		Vendor No.:	
		NV Business ID:	Government Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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

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

Agency Reference #: 19R-03

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**
   Anticipated BOE meeting date 02/2019

Retroactive? **Yes**

If "Yes", please explain

The contract is retroactive because the agency received the contract back from U.S. Department of Agriculture Forest Service after the agency deadline for the Board of Examiners meeting. The contract start date was anticipated to make the December Board of Examiners meeting which would have been needed for work starting in January.

3. Termination Date: **12/31/2023**
   Contract term: **5 years**

4. Type of contract: **Revenue Contract**
   Contract description: **Dispatch Services**

5. Purpose of contract:

This is a new revenue interlocal contract to provide radio dispatch services to U. S. Department of Agriculture Forest Service law enforcement officers and special agents and authorizes them to use the Department's radio frequencies when working within the state. The contract also provides computerized access to the Nevada Criminal Justice Information System through the Forest Service's originating agency identifier.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$105,000.00**
   Payment for services will be made at the rate of $750.00 per per officer per quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

Interlocal contract to provide dispatch services that Forestry uses as well as Wildlife.

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

Services are being provide by the Department of Wildlife Law Enforcement Unit.

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. Soliciation 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:

    David Agan, Public Safety Dispatcher 4 Ph: 775-688-1334

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	10/12/2018 15:54:33 PM
Division Approval	tdoucett	10/19/2018 11:38:07 AM
Department Approval	eobrien	11/06/2018 11:37:24 AM
Contract Manager Approval	nroble1	11/06/2018 16:47:27 PM
Budget Analyst Approval	cpalme2	11/21/2018 11:27:10 AM
BOE Agenda Approval	cmurph3	12/02/2018 10:35:29 AM
BOE Final Approval	Pending	

NEVADA DEPARTMENT OF WILDLIFE

6980 Sierra Center Parkway, Suite 120 • Reno, Nevada 89511
(775) 688-1526 Fax (775) 688-1577

RETROACTIVE CONTRACT APPROVAL REQUEST

Date: November 6, 2018

To: Liz O'Brien, Deputy Director OK lo

From: Nancy Camarena, Management Analyst

Subject: Request for retroactive revenue contract with USDA Forest Service

The agency is seeking approval of the retroactive start date of January 1, 2019 for this revenue contract to provide radio dispatch services to U.S. Department of Agriculture (USDA) Forest Service law enforcement officers and special agents.

The contract is retroactive because the agency received the contract back from U.S. Department of Agriculture Forest Service on November 6th after the agency deadline for the December Board of Examiners meeting. The contract start date was anticipated to make the December Board of Examiners meeting which would have been needed for work starting in January. It is imperative that USDA Forest Service obtain these services from the Nevada Department of Wildlife to continue protecting persons and property on the public lands, waters, roads and trails administered by the Forest Service within the confines of Nevada.

Thank you for your assistance in this matter. If you have any questions, please call me at (775) 688-1526.

Sincerely,

Nancy Camarena

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19872**

		Amendment Number:	**1**
		Legal Entity Name:	Terraphase Engineering, Inc.
Agency Name:	**DCNR - ENVIRONMENTAL PROTECTION**	Contractor Name:	**Terraphase Engineering, Inc.**
Agency Code:	**709**	Address:	**610 SW Broadway, Suite 407**
Appropriation Unit:	**3187-75**		
Is budget authority available?:	**Yes**	City/State/Zip	**Portland, OR 97205**
If "No" please explain:	Not Applicable	Contact/Phone:	James Farrow, PG, RG, LHg 503-889-0367
		Vendor No.:	T27042197
		NV Business ID:	NV20181232189

To what State Fiscal Year(s) will the contract be charged? **2018-2020**

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

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

Agency Reference #: RFP #3518 / DEP #18-018

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/08/2018**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **05/07/2020**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Abandoned Mine Lands**

5. Purpose of contract:

This is the first amendment to the original contract which provides support services for the Abandoned Mine Lands Program at the Anaconda Copper Mine site by conducting specific review and assessment of clean-up activities. This amendment increases the maximum amount from $500,000 to $700,000 due to an increased need for services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$500,000.00	$500,000.00	$500,000.00	Yes - Action
2.	Amount of current amendment (#1):	$200,000.00	$200,000.00	$200,000.00	Yes - Action
3.	New maximum contract amount:	$700,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide technical reviews, content verification and comments to the State on required reports generated by the company responsible for the environmental cleanup.

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

The State of Nevada does not have the staffing capacity, technical expertise, or resources to fulfill this work

9. Were quotes or proposals solicited? No

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

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

   Broadbent & Associates, Inc.
   Geo-Logic Associates, Inc.
   Terraphase Engineering, Inc.

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

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

   Pursuant to RFP #3518, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

   d. Last bid date: 02/07/2018 Anticipated re-bid date: 02/07/2020

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?

    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	slewis	11/07/2018 09:28:50 AM
Division Approval	jcollin5	11/27/2018 15:09:07 PM
Department Approval	jcollin5	11/27/2018 15:09:12 PM
Contract Manager Approval	kvalde1	11/27/2018 15:23:32 PM
Budget Analyst Approval	cpalme2	11/29/2018 17:12:50 PM
BOE Agenda Approval	cmurph3	12/02/2018 11:56:43 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21328**

		Legal Entity Name:	SeNet International Corporation
Agency Name:	**SILVER STATE HEALTH INSURANCE EXCHANGE**	Contractor Name:	**SeNet International Corporation**
Agency Code:	**960**	Address:	**3040 Williams Drive, Suite 510**
Appropriation Unit:	**1400-12**		
Is budget authority available?:	**Yes**	City/State/Zip	**Fairfax, VA 22031**
If "No" please explain:	Not Applicable	Contact/Phone:	Toly Kozushin 703-206-9383
		Vendor No.:	T27042597
		NV Business ID:	NV20181826100

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

General Funds	0.00 %	**X**	Fees	**100.00 %**	**Exchange Carrier Premium**
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 **01/16/2019**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2019**

Contract term: **226 days**

4. Type of contract: **Contract**

Contract description: **Security Assessment**

5. Purpose of contract:

This is a new contract to provide a Minimum Acceptable Risk Standards for Exchanges v2.0 Security and Privacy Control Assessment and produce an accompanying Security Assessment Report as required by the Centers for Medicare and Medicaid Services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$97,500.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

The Exchange is transitioning away from the current model as a State-Based Exchange using the Federal Platform (SBE-FP) towards autonomous operation as a State-Based Exchange (SBE) and will be a fully functional SBE starting in Plan Year 2020 (January 1, 2020 - December 31, 2020). Prior to this transition, the Exchange must contract with a vendor to conduct the Minimum Acceptable Risk Standards for Exchanges (MARS-E) v2.0 Security and Privacy Control Assessment (SCA) and produce an accompanying Security Assessment Report (SAR) as required by the Centers for Medicare and Medicaid Services (CMS).

The SCA assists CMS information security and privacy staff with understanding the current security and privacy posture of the Affordable Care Act (ACA) information system and its potential impact on the broader ACA program. The SCA also provides the means to identify potential opportunities for supplying targeted technical security and privacy assistance.

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 necessary to provide these services. Additionally, CMS requires that this assessment be conducted by a third party.

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):

   BerryDunn
   Accenture
   Bulletproof Solutions

   b. Soliciation Waiver: **Not Applicable**

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

   Pursuant to RFP #96SSHIX-S348, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

   d. Last bid date: 10/01/2018 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:

    Other

    Non-Title 7 Entity

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	11/20/2018 15:24:02 PM
Division Approval	chadwic1	11/20/2018 15:24:05 PM
Department Approval	rhigh	11/20/2018 15:26:02 PM
Contract Manager Approval	chadwic1	11/20/2018 15:26:30 PM

Budget Analyst Approval	bwooldri	12/11/2018 10:31:32 AM
BOE Agenda Approval	nhovden	12/12/2018 08:27:22 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: **20999**

		Legal Entity Name:	THE FERRARO GROUP
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**THE FERRARO GROUP**
Agency Code:	**BDC**	Address:	**165 West Liberty St**
Appropriation Unit:	**B011 - All Categories**		**Ste 210**
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89501**
If "No" please explain:	Not Applicable	Contact/Phone:	Greg Ferraro 775-331-4555
		Vendor No.:	T27023338A
		NV Business ID:	NV20041598724

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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 %**	**Licensing**
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 **01/01/2019**
   Anticipated BOE meeting date 01/2018

   Retroactive? **Yes**

   If "Yes", please explain

   contract was removed from December 2018 BOE agenda per request of Governor's Office.

3. Termination Date: **12/31/2020**
   Contract term: **2 years**

4. Type of contract: **Contract**
   Contract description: **Professional Service**

5. Purpose of contract:

   This is a new contract to provide lobbyist services as well as public outreach including: regulatory meetings and hearings; media training; and coordination of community partnerships to disseminate information about unlicensed contractors and other topics to assist vulnerable groups such as seniors and non-English speaking homeowners.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$288,000.00**
   Payment for services will be made at the rate of $12,000.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

   To ensure the Board's interests are adequately represented and addressed in a consistent manner.

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

   Board staff does not possess the required legal, regulatory and legislative experience required to perform the 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):

McDonald Carano
The Griffin Group
The Ferraro Group
R & R Partners

b. Soliciation Waiver: **Not Applicable**

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

Prior Experience and knowledge of subject matter, experience with the Board and Board's requirements. The Other vendors declined

d. Last bid date: 10/24/2018 Anticipated re-bid date: 10/24/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    Yes If "Yes", please explain

    The Contractors Board and the Governor's Office of Economic Development

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

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

    Not Applicable

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

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

    Not Applicable

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

    Other

    LTD

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	dlumbert	10/24/2018 08:51:39 AM
Division Approval	dlumbert	10/24/2018 08:51:42 AM
Department Approval	dlumbert	10/24/2018 08:51:44 AM
Contract Manager Approval	dlumbert	10/24/2018 08:51:46 AM
Budget Analyst Approval	lfree1	10/29/2018 11:08:16 AM
BOE Agenda Approval	lfree1	10/29/2018 11:08:19 AM
BOE Final Approval	Pending	

BRIAN SANDOVAL
Governor

MEMBERS
Margaret Cavin, Chair
Kevin Burke
Melissa Caron
Joe Hernandez
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Jan B. Leggett
Guy M. Wells

State Of Nevada

Reply To:

Southern Nevada
2310 Corporate Circle, Suite 200
Henderson, Nevada 89074
(702) 486-1100
Fax (702) 486-1190
Investigations: (702) 486-1110

www.nscb.nv.gov

Northern Nevada
5390 Kietzke Lane, Suite 102
Reno, Nevada 89511
(775) 688-1141
Fax (775) 688-1271
Investigations: (775) 688-1150

STATE CONTRACTORS BOARD

RECEIVED
DEC 11 2018
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

December 5, 2018

The Honorable Governor Sandoval
State of Nevada Board of Examiners
209 E. Musser Street, Room 200
Carson City, NV 89701-4298

Dear Governor Sandoval,

The Nevada State Contractors Board respectfully requests that the Board's contract for professional services with The Ferraro Group be retroactive to January 1, 2019. The contract was originally intended to be considered for approval at the December 4, 2018 Board of Examiners meeting, however, it was deferred to the January 2019 meeting of the Board of Examiners, thus requiring the contract dates to be amended.

Thank you in advance for your consideration. If I can be of further assistance, or provide additional information, please do not hesitate to contact me at 702-486-1111 or mgrein@nscb.state.nv.us.

Sincerely,

MARGI A. GREIN
Executive Officer

cc: Paul Nicks, Board of Examiners Clerk
Margaret Cavin, Board Chair
Tim Geswein, Board Counsel

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	ABA GROUP, INC.	OTHER: VARIOUS	$250,000	
	Contract Description:	This is a new contract to provide behavioral analysis services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21278		
2.		VARIOUS STATE AGENCIES	CAPTIONS UNLIMITED OF NEVADA	OTHER: VARIOUS	$192,000	
	Contract Description:	This is a statewide contract to provide communication access real-time translation and captioning services.				
		Term of Contract:	01/15/2019 - 01/15/2021	Contract # 21347		
3.		VARIOUS STATE AGENCIES	CJ HOMES, LLC	OTHER: VARIOUS	$300,000	
	Contract Description:	This is a new contract to provide residential home care services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21289		
4.		VARIOUS STATE AGENCIES	COLON & ALLEMAN, LTD DBA TOTAL EYECARE	OTHER: VARIOUS	$150,000	
	Contract Description:	This is a new contract to provide optometry services statewide.				
		Term of Contract:	01/15/2019 - 06/30/2022	Contract # 21269		
5.		VARIOUS STATE AGENCIES	HALL N HAY	OTHER: VARIOUS	$1,250,000	
	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: 4.5 Seed Drills/Application and 4.7 Ground Seeders/Spreader Specification.				
		Term of Contract:	01/15/2019 - 05/08/2019	Contract # 21314		
6.		VARIOUS STATE AGENCIES	HARD KNOX REHABILITATION AND MENTORING SERVICES (RAMS) CORP.	OTHER: VARIOUS	$200,000	
	Contract Description:	This is a new contract to provide youth residential, assessment, rehabilitative and treatment services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21293		
7.		VARIOUS STATE AGENCIES	INFINITE CARE, LLC	OTHER: VARIOUS	$250,000	
	Contract Description:	This is a new contract to provide group home services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21295		
8.		VARIOUS STATE AGENCIES	J. ADAMS CORPORATION	OTHER: VARIOUS	$1,500,000	
	Contract Description:	This is a new contract to provide community based living arrangement services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21279		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.		VARIOUS STATE AGENCIES	LAS VEGAS EVALUATION SERVICE, LLC	OTHER: VARIOUS	$300,000	
	Contract Description:	This is a new contract to provide job development services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21276		
10.		VARIOUS STATE AGENCIES	PATTERNS BEHAVIORAL SERVICES NEVADA, INC.	OTHER: VARIOUS	$200,000	
	Contract Description:	This is a new contract to provide behavioral analysis services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21281		
11.		VARIOUS STATE AGENCIES	SECURUS TECHNOLOGIES, INC.	OTHER: VARIOUS	$13,500,000	
	Contract Description:	This is a new contract that provides telephone services for incarcerated offenders at all facilities within the Nevada Department of Corrections.				
		Term of Contract:	Upon Approval - 01/07/2022	Contract # 21354		
12.		VARIOUS STATE AGENCIES	TRANSPERFECT TRANSLATIONS	OTHER: VARIOUS	$150,000	
	Contract Description:	This is a statewide contract to provide on-site interpretation and document translation services.				
		Term of Contract:	01/15/2019 - 01/15/2021	Contract # 21348		
13.		VARIOUS STATE AGENCIES	TRINIBELLE ELDERLY CARE	OTHER: VARIOUS	$6,000,000	
	Contract Description:	This is a new contract to provide care home services statewide. This contract replaces a previous provider agreement.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20945		
14.		VARIOUS STATE AGENCIES	TEAM EEI - NV	OTHER: VARIOUS	$150,000	
	Contract Description:	This is a new contract to provide job development services statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 21288		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21278**

		Legal Entity Name:	ABA Group LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**ABA Group, Inc.**
Agency Code:	**MSA**	Address:	**304 S. Jones Blvd #3465**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas , NV 89107**
If "No" please explain:	Not Applicable	Contact/Phone:	Matthew Lehman 702-460-7660
		Vendor No.:	
		NV Business ID:	NV20181549405

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: RM167

2. Contract start date:

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

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 180 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral analysis services statewide.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

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

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

b. Soliciation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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:

Business License noted as LLC but contractor name noted as Inc as trade name.

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	11/07/2018 11:06:20 AM
Division Approval	mstewa10	11/07/2018 11:06:22 AM
Department Approval	mstewa10	11/07/2018 11:06:24 AM
Contract Manager Approval	mstewa10	11/07/2018 11:06:26 AM
Budget Analyst Approval	aprasa1	11/21/2018 14:38:53 PM
BOE Agenda Approval	lfree1	11/23/2018 14:32:32 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21347**

		Legal Entity Name:	CAPTIONS UNLIMITED OF NEVADA
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**CAPTIONS UNLIMITED OF NEVADA**
Agency Code:	**MSA**	Address:	**INC**
Appropriation Unit:	**9999 - All Categories**		**1533 DIAMOND COUNTRY DR**
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89521**
If "No" please explain:	Not Applicable	Contact/Phone:	DENISE HINXMAN 775-224-3534
		Vendor No.:	T81082135
		NV Business ID:	NV19971149411

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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

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

Agency Reference #: AT-359

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/15/2019**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/15/2021**

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

4. Type of contract: **MSA**

Contract description: **Real-Time Captioning**

5. Purpose of contract:

This is a statewide contract to provide communication access real-time translation and captioning services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$192,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This service provides assistance to State employees who are hearing impaired and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to employees with disabilities.

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

State employees are not qualified or certified to provide these services pursuant to NRS 656A.084 and NRS 656A.400.

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. Soliciation Waiver: **Not Applicable**

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

This is the only captioning vendor that has submitted a Statement of Qualifications under RFQ # 99SWC-S359. This is an ongoing solicitation to develop a pool of qualified vendors statewide for various translation and interpretation services.

d. Last bid date: 10/19/2018 Anticipated re-bid date: 01/30/2021

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:

Captions Unlimited of Nevada has been contracted with Health Care, Financing and Policy and their services have been found to be 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	mstewa10	12/03/2018 14:34:36 PM
Division Approval	mstewa10	12/03/2018 14:34:41 PM
Department Approval	mstewa10	12/03/2018 14:34:44 PM
Contract Manager Approval	atayl10	12/05/2018 10:17:21 AM
Budget Analyst Approval	mmoren1	12/05/2018 10:20:04 AM
BOE Agenda Approval	lfree1	12/06/2018 08:54:17 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: **21289**

		Legal Entity Name:	CJ Homes, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**CJ Homes, LLC**
Agency Code:	**MSA**	Address:	**1627 GABRIEL DR**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89119-6203**
If "No" please explain:	Not Applicable	Contact/Phone:	702/373-1075
		Vendor No.:	T81003621
		NV Business ID:	NV20131432852

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: RM167

2. Contract start date:

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

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 180 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide residential home care services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$300,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

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

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

b. Soliciation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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	mstewa10	12/04/2018 14:33:52 PM
Division Approval	mstewa10	12/04/2018 14:34:12 PM
Department Approval	mstewa10	12/04/2018 14:34:14 PM
Contract Manager Approval	mstewa10	12/04/2018 14:34:16 PM
Budget Analyst Approval	aprasa1	12/04/2018 15:00:52 PM
BOE Agenda Approval	lfree1	12/05/2018 13:50:35 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: **21269**

		Legal Entity Name:	COLON & ALLEMAN, LTD DBA TOTAL EYECARE
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**COLON & ALLEMAN, LTD DBA TOTAL EYECARE**
Agency Code:	**MSA**	Address:	**1555 COLLEGE PKWY**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**ELKO, NV 89801-5033**
If "No" please explain:	Not Applicable	Contact/Phone:	775/738-8491
		Vendor No.:	T80814380
		NV Business ID:	NV19801012719

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: RM107

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/15/2019**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 166 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide optometry services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$150,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

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

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

b. Soliciation Waiver: **Not Applicable**

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

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

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 Department of Health and Human Services. Agency is satisfied.

14. Is the contractor currently involved in litigation with the State 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	mstewa10	11/07/2018 10:50:01 AM
Division Approval	mstewa10	11/07/2018 10:50:03 AM
Department Approval	mstewa10	11/07/2018 10:50:07 AM
Contract Manager Approval	mstewa10	11/07/2018 10:50:09 AM
Budget Analyst Approval	aprasa1	11/21/2018 15:28:55 PM
BOE Agenda Approval	lfree1	11/23/2018 14:30:54 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: **21314**

		Legal Entity Name:	Hall N Hay
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Hall N Hay**
Agency Code:	**MSA**	Address:	**PO Box 12**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Paradise Valley, NV 89426**
If "No" please explain:	Not Applicable	Contact/Phone:	Cheryl Hall 775-304-3240
		Vendor No.:	T27042596
		NV Business ID:	NV20121643566

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

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

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

Agency Reference #: RFQ 3282 NF

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/15/2019**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/08/2019**

Contract term: **112 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: 4.5 Seed Drills/Application and 4.7 Ground Seeders/Spreader Specification.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$1,250,000.00**

Other basis for payment: Within 30 days upon receipt of invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfire, 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 matter.

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. Soliciation Waiver: **Not Applicable**

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

This RFQ has been awarded to 25 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 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:

    Nancy Feser, Purchasing Officer Ph: 775-684-0175

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	11/16/2018 08:46:00 AM
Division Approval	mstewa10	11/16/2018 08:46:03 AM
Department Approval	mstewa10	11/16/2018 08:46:06 AM
Contract Manager Approval	nfese1	11/16/2018 08:46:48 AM
Budget Analyst Approval	mmoren1	11/16/2018 09:49:38 AM
BOE Agenda Approval	lfree1	11/23/2018 14:59:38 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21293**

		Legal Entity Name:	Hard Knox Rehabilitation and Mentoring Services (RAMS) Corp.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Hard Knox Rehabilitation and Mentoring Services (RAMS) Corp.**
Agency Code:	**MSA**	Address:	**7473 W. Lake Mead Blvd**
Appropriation Unit:	**9999 - All Categories**		**Suite #205**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89128**
If "No" please explain:	Not Applicable	Contact/Phone:	Vancell Knox 702-562-1288
		Vendor No.:	T29041312
		NV Business ID:	NV20121077458

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: RM107

2. Contract start date:

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

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 180 days**

4. Type of contract: **MSA**

Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide youth residential, assessment, rehabilitative and treatment services statewide.

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 Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

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

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

b. Soliciation Waiver: **Not Applicable**

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

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

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	jthom17	11/21/2018 11:24:54 AM
Division Approval	jthom17	11/21/2018 11:24:57 AM
Department Approval	jthom17	11/21/2018 11:25:01 AM
Contract Manager Approval	rvradenb	11/21/2018 11:28:13 AM
Budget Analyst Approval	aprasa1	12/04/2018 10:11:38 AM
BOE Agenda Approval	lfree1	12/04/2018 10:49:16 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21295**

		Legal Entity Name:	INFINITE CARE, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**INFINITE CARE, LLC**
Agency Code:	**MSA**	Address:	**3821 TOPAZ ST**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89121-4139**
If "No" please explain:	Not Applicable	Contact/Phone:	Dorothy Jordan 702/449-0678
		Vendor No.:	T29040873
		NV Business ID:	NV20091322329

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: RM167

2. Contract start date:

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

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 180 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide group home services statewide.

6. NEW CONTRACT

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

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

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

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

b. Soliciation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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	jthom17	11/21/2018 11:29:47 AM
Division Approval	jthom17	11/21/2018 11:29:50 AM
Department Approval	jthom17	11/21/2018 11:29:53 AM
Contract Manager Approval	rvradenb	12/04/2018 15:44:15 PM
Budget Analyst Approval	aprasa1	12/04/2018 15:55:34 PM
BOE Agenda Approval	lfree1	12/05/2018 13:47:27 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21279**

		Legal Entity Name:	J ADAMS CORPORATION
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**J. ADAMS CORPORATION**
Agency Code:	**MSA**	Address:	**232 KANE AVE**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89110-4754**
If "No" please explain:	Not Applicable	Contact/Phone:	702/203-2381
		Vendor No.:	T29034135
		NV Business ID:	NV20081079112

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: RM167

2. Contract start date:

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

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 180 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide community based living arrangement services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$1,500,000.00**

Other basis for payment: As invoiced by Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

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

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

b. Soliciation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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 Department of Health and Human Services. Agency is satisfied.

14. Is the contractor currently involved in litigation with the State 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:

Trade name is shortened from legal entity name.

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	11/07/2018 10:51:51 AM
Division Approval	mstewa10	11/07/2018 10:51:54 AM
Department Approval	mstewa10	11/07/2018 10:51:56 AM
Contract Manager Approval	rvradenb	12/04/2018 15:43:08 PM
Budget Analyst Approval	aprasa1	12/04/2018 15:56:59 PM
BOE Agenda Approval	lfree1	12/05/2018 13:42:58 PM
BOE Final Approval	Pending	

Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Paul Nicks, Acting Director, Governor's Finance Office
From: Jeffrey Haag, Administrator State Purchasing
Date: December 3, 2018
Subject: Retroactive Memo – J Adams Corp

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Employment, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many providers as possible to submit a Statement of Qualification for evaluation and to execute contracts by the September 16, 2018 Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse. Unfortunately, J Adams Corp was unable to provide their information in time to meet internal deadlines. J Adams Corp has submitted their contract for approval however their services have been used by DHHS for ongoing care for a group of established clients before the Governor's Finance Office has applied approval for the BOE. DHHS has need of J Adams Corp services as non-medical provider in Southern Nevada, resulting in a request for a retro-active status for their contract for 99SWC-S167.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21276**

		Legal Entity Name:	Las Vegas Evaluation Service, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Las Vegas Evaluation Service, LLC**
Agency Code:	**MSA**	Address:	**1887 Roxbury Lane**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89119**
If "No" please explain:	Not Applicable	Contact/Phone:	Valerie Tolbert 702-476-9997
		Vendor No.:	T29040601
		NV Business ID:	NV20181230668

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: 99SWC-S165 tb

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 01/2019

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **06/30/2022**
   Contract term: **3 years and 180 days**

4. Type of contract: **MSA**
   Contract description: **Job Development**

5. Purpose of contract:
   This is a new contract to provide job development services statewide.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$300,000.00**
   Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?
   The State does not have personnel to provide these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? Yes
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   b. Soliciation Waiver: **Not Applicable**
   c. Why was this contractor chosen in preference to other?

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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	mstewa10	11/05/2018 14:22:28 PM
Division Approval	mstewa10	11/05/2018 14:24:35 PM
Department Approval	mstewa10	11/05/2018 14:24:38 PM
Contract Manager Approval	mstewa10	11/05/2018 14:24:41 PM
Budget Analyst Approval	aprasa1	11/14/2018 12:06:00 PM
BOE Agenda Approval	lfree1	11/20/2018 14:22:59 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: **21281**

		Legal Entity Name:	Patterns Behavioral Services Nevada, Inc.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Patterns Behavioral Services Nevada, Inc.**
Agency Code:	**MSA**	Address:	**1298 Capitol Gains Dr. Unit #2**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Henderson , NV 89074**
If "No" please explain:	Not Applicable	Contact/Phone:	Lori Ball 657-444-9002
		Vendor No.:	
		NV Business ID:	NV20171547487

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: RM167

2. Contract start date:

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

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 180 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide behavioral analysis services statewide.

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 Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

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

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

b. Soliciation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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	mstewa10	11/07/2018 11:26:08 AM
Division Approval	mstewa10	11/07/2018 11:26:10 AM
Department Approval	mstewa10	11/07/2018 11:26:12 AM
Contract Manager Approval	mstewa10	11/07/2018 11:26:14 AM
Budget Analyst Approval	aprasa1	11/21/2018 14:30:54 PM
BOE Agenda Approval	lfree1	11/23/2018 14:33:52 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: **21354**

		Legal Entity Name:	Securus Technologies, Inc.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Securus Technologies, Inc.**
Agency Code:	**MSA**	Address:	**4000 International Parkway**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Carrolltron, TX 75007**
If "No" please explain:	Not Applicable	Contact/Phone:	972-277-0300
		Vendor No.:	
		NV Business ID:	NV19971257463

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: 99SWC-S26

2. Contract start date:

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

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/07/2022**

Contract term: **3 years and 7 days**

4. Type of contract: **MSA**

Contract description: **Inmate Kiosks**

5. Purpose of contract:

This is a new contract that provides telephone services for incarcerated offenders at all facilities within the Nevada Department of Corrections.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$13,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department must provide inmates within the Nevada Correctional System access to telephones.

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

Historically, the Nevada Department of Corrections (NDOC) has outsourced the inmate telephone services to a vendor with the technical expertise and/or equipment necessary to provide this service. NDOC and other agencies within the State of Nevada do not have the technology to provide the telephone security required by the NDOC Inspector General.

9. Were quotes or proposals solicited? Yes

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

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

CenturyLink
Keefe
Edoro

b. Soliciation Waiver: **Not Applicable**

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

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

d. Last bid date: 03/07/2018 Anticipated re-bid date: 03/07/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Not Applicable

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

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

    Not Applicable

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

    Foreign Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

    Miller, Ronda, Purchasing Officer Ph: 775-684-0182

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mstewa10	12/05/2018 10:27:33 AM
Division Approval	mstewa10	12/05/2018 10:27:40 AM
Department Approval	mstewa10	12/05/2018 10:27:42 AM
Contract Manager Approval	rvradenb	12/05/2018 10:29:55 AM
Budget Analyst Approval	aprasa1	12/06/2018 14:50:00 PM
BOE Agenda Approval	lfree1	12/09/2018 09:52:22 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: **21348**

		Legal Entity Name:	TRANSPERFECT TRANSLATIONS
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**TRANSPERFECT TRANSLATIONS**
Agency Code:	**MSA**	Address:	**INTL**
Appropriation Unit:	**9999 - All Categories**		**6375 S. PECOS RD. STE #203**
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89120**
If "No" please explain:	Not Applicable	Contact/Phone:	R.J MARSHALL 424-354-2765
		Vendor No.:	T32000801
		NV Business ID:	NV20111554942

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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

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

Agency Reference #: AT-359

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/15/2019**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/15/2021**

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

4. Type of contract: **MSA**

Contract description: **On-Site Interpreter**

5. Purpose of contract:

This is a statewide contract to provide on-site interpretation and document translation services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$150,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State is required to provide services and official documents in languages other than English.

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

Most state workers do not speak other languages or have the proficiency in the languages needed to conduct vital governmental operations and serve the public adequately.

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. Soliciation Waiver: **Not Applicable**

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

This contractor has been qualified to provide on-site interpretation and document translation services to create a pool of qualified vendors for the good of the State.

d. Last bid date: 10/19/2018 Anticipated re-bid date: 01/30/2026

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:

TransPerfect Translations has been contracted with the Purchasing Division and has provided 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:

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	12/03/2018 14:35:46 PM
Division Approval	mstewa10	12/03/2018 14:35:48 PM
Department Approval	mstewa10	12/03/2018 14:35:50 PM
Contract Manager Approval	atayl10	12/05/2018 10:17:47 AM
Budget Analyst Approval	mmoren1	12/05/2018 13:24:42 PM
BOE Agenda Approval	lfree1	12/06/2018 08:52:38 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: **20945**

		Legal Entity Name:	MIGUELA SUAREZ
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**TRINIBELLE ELDERLY CARE**
Agency Code:	**MSA**	Address:	**5319 Stampa Ave**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89146**
If "No" please explain:	Not Applicable	Contact/Phone:	Miguela Suarez 702-253-5627
		Vendor No.:	T29004751
		NV Business ID:	NV20141666333

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: RM167

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 01/2019

Retroactive? **Yes**

If "Yes", please explain

Governor's Finance Office All-Agency Memo #2017-20 directed agencies to discontinue use of Provider Agreements due to past inappropriate use. Current agreements must be terminated by 6/30/18 and be replaced by new contracts, following Board of Examiners' approval guidelines. The need for new procurement processes, evaluation of vendor qualifications and execution of over 400 contracts has created a backlog and many new contracts will not be approved before expiry of current agreements.

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide care home services statewide. This contract replaces a previous provider agreement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$6,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

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

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

b. Soliciation Waiver: **Not Applicable**

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

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

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 Department of Health and Human Services. Agency is satisfied.

14. Is the contractor currently involved in litigation with the State 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:

    Contractor name is a DBA of the legal entity.

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	jthom17	10/29/2018 09:53:38 AM
Division Approval	jthom17	10/29/2018 09:53:42 AM
Department Approval	jthom17	10/29/2018 09:53:46 AM
Contract Manager Approval	rvradenb	10/29/2018 10:05:31 AM
Budget Analyst Approval	mmoren1	11/26/2018 13:04:01 PM
BOE Agenda Approval	lfree1	11/27/2018 17:16:04 PM
BOE Final Approval	Pending	

Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To:	Paul Nicks, Acting Director, Governor's Finance Office
From:	Jeffrey Haag, Administrator State Purchasing
Date:	December 20, 2018
Subject:	Retroactive Memo – Trinibelle Elderly Care

Pursuant to the Governor's Finance Office, Budget Division's all agency memo #2017-20, dated December 29, 2017, agencies must terminate any active, ongoing Provider Agreements no later than June 30, 2018, regardless of the expiration date of the contract.

Therefore, the Nevada Department of Administration's Purchasing Division, in partnership with the most affected Departments of Health and Human Services (DHHS) and Employment, Training, and Rehabilitation (DETR), were charged with developing a new procurement process and executing approximately 400 new contracts representing hundreds of millions of dollars in state spending in six months.

DHHS, DETR and the Purchasing Division have gone to extreme efforts to get as many providers as possible to submit a Statement of Qualification for evaluation and to execute contracts by the September 16, 2018 Board of Examiners meeting so that these services for the State of Nevada's most vulnerable citizens would continue without a lapse. Due to the number of providers renewing their contracts, many had similar names, descriptions, or "doing business as" (dba) that created apparent duplicate contracts. The supposed duplicates were deleted and not put forth to the BOE within the retro memo timeframe. Trininbelle Elderly Care submitted their contract at the same time as Trinibelle Guiding Hands and was assumed to be the "doing business as" name. It was deleted on August 14, 2018. DHHS has currently been using their services under the guidance of the retro memo released in August and have asked for them to be submitted as retroactive.

We therefore request that this contract be accepted with a retroactive start date of July 1, 2018.

Jeffrey Haag
Administrator State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21288**

		Legal Entity Name:	Team EEI - NV
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Team EEI - NV**
Agency Code:	**MSA**	Address:	**1245 Champa Street**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Denver, CO 80204**
If "No" please explain:	Not Applicable	Contact/Phone:	William Estrada 303-893-2065
		Vendor No.:	T29040762
		NV Business ID:	NV20181600699

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

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

Agency Reference #: 99SWC-S165 tb

2. Contract start date:

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

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **3 years and 180 days**

4. Type of contract: **MSA**

Contract description: **Job Development**

5. Purpose of contract:

This is a new contract to provide job development services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$150,000.00**

Other basis for payment: As invoiced by the Contractor and paid pursuant to an approved work order with a State agency.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State does not have personnel to provide these services.

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

These are specialized services that require specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Soliciation Waiver: **Not Applicable**

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

d. Last bid date: 05/02/2018 Anticipated re-bid date: 05/01/2026

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	mstewa10	11/07/2018 11:28:23 AM
Division Approval	mstewa10	11/07/2018 11:29:49 AM
Department Approval	mstewa10	11/07/2018 11:29:51 AM
Contract Manager Approval	mstewa10	11/07/2018 11:30:53 AM
Budget Analyst Approval	aprasa1	11/21/2018 14:27:29 PM
BOE Agenda Approval	lfree1	11/23/2018 14:35:28 PM
BOE Final Approval	Pending	

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	015	GOVERNOR'S FINANCE OFFICE - INFORMATION TECHNOLOGY PROJECT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, RENO	GENERAL	$10,800	Exempt
	Contract Description:	This is a new interlocal agreement that provides Lean Six Sigma Green Belt Certification training to the Office of Project Management employees.				
		Term of Contract:	11/26/2018 - 12/31/2018	Contract # 21312		
2.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	OH-OH INCORPORATED	OTHER: BUILDINGS AND GROUNDS - BUILDING RENT INCOME	$40,000	
	Contract Description:	This is a new contract to provide ongoing locksmithing services, replace locks, re-keying etc., to all state-owned buildings in northern Nevada.				
		Term of Contract:	12/11/2018 - 11/30/2022	Contract # 21268		
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	PENTAGON PLUMBING & AIR CONDITIONING	OTHER: BUILDINGS AND GROUNDS - BUILDING RENT INCOME	$45,000	Exempt
	Contract Description:	This is the second amendment to the original contract which provides plumbing service and repairs to the state-owned buildings in southern Nevada. This amendment is due to a higher than anticipated need for plumbing services and the need to ensure sufficient funds are authorized to support ongoing services through the term of the contract.				
		Term of Contract:	06/01/2016 - 05/31/2020	Contract # 17524		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	VORTEX INDUSTRIES, INC.	OTHER: BUILDINGS AND GROUNDS - BUILDING RENT INCOME	$24,000	
	Contract Description:	This is the first amendment to the original contract which provides door and window installation for state-owned buildings in the Las Vegas area. This amendment increases the maximum amount from $25,000 to $49,000 due to an increased need for these services.				
		Term of Contract:	01/09/2016 - 01/08/2020	Contract # 17269		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS – NON-EXEC	VERUS ASSOCIATES NEVADA, LLC.	BONDS	$19,210	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides bidding, construction administration, software design and commissioning services for the Lovelock Correctional Center Door Control Panels Phase II CIP project: CIP Project No. 15-M04; SPWD Contract No. 111130. This amendment increases the maximum amount from $177,060 to $196,270 due to the addition of programming and equipment for agency requested master station intercom.				
		Term of Contract:	06/13/2017 - 06/30/2019	Contract # 18736		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	JBA CONSULTING ENGINEERS, INC. DBA NV5 CONSULTANTS	BONDS	$19,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural and engineering services for the Compos Building - Fire Pump CIP Project which includes design and bid documents, as well as construction administration services to remove and replace the existing diesel fire pump for the facility: CIP Project No. 15-S03-13; SPWD Contract no. 112153. This amendment increases the maximum amount of $19,500 to $38,500 due to additional construction and administration documents needed to complete the project.				
		Term of Contract:	08/22/2018 - 06/30/2019	Contract # 20993		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - CULTURAL AFFAIRS CIP PROJECTS – NON-EXEC	TMCX SOLUTIONS, LLC	BONDS	$37,500	Professional Service
	Contract Description:	This is a new contract to provide professional surveying, commissioning and other miscellaneous services for the Mechanical Systems Commissioning at the Nevada State Museum in Las Vegas project will include systematically verify and document the functionality of the mechanical systems to confirm the performance meets the documented design intent: CIP Project No. 15-M32; SPWD Contract No. 112308.				
		Term of Contract:	12/18/2018 - 06/30/2019	Contract # 21362		

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	WELLES PUGSLEY ARCHITECTS, LLP DBA SIMPSON COULTER STUDIO	OTHER: AGENCY FUNDED CIP	$49,250	Professional Service
	Contract Description:	This is a new contract to provide professional architectural and engineering services for the Storage System and Shell Upgrades for the Nevada Army National Guard (NVARNG CSMS2 Storage Building) and will include project design, construction and administration services for the install of a new racking storage system along with attendant shell upgrades, including but not limited to electrical, lighting and structure, to the existing CSMS2 storage building: CIP Project No. 19-A017; Contract No. 112252				
		Term of Contract:	11/27/2018 - 06/30/2023	Contract # 21325		
9.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	APPLIED MARKET ANALYSIS, LLC	GENERAL	$47,606	
	Contract Description:	This is the second amendment to the original contract which provides economic and fiscal impact research and analysis. Work will be completed on an as-needed, project-by-project basis and may include operating cost comparisons, incentive analysis, or socioeconomic modeling. This amendment extends the termination date from June 30, 2019 to June 30, 2020 and increases the maximum amount from $127,500 to $175,106 due to the continued need for these services.				
		Term of Contract:	11/01/2016 - 06/30/2020	Contract # 18203		
10.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - COMPUTER FACILITY	CPS NEVADA, LLC	FEE: USER	$20,000	
	Contract Description:	This is a new contract that provides ongoing maintenance for the uninterruptable power supply system located at the computer facility.				
		Term of Contract:	11/27/2018 - 11/30/2022	Contract # 21292		
11.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE IT SERVICES - COMPUTER FACILITY	DELL FINANCIAL SERVICES, LLC	FEE: USER	($27,447)	Sole Source
	Contract Description:	This is the fourth amendment to the original master lease agreement which provides CommVault and Compellent Open System Storage equipment required to replace and expand existing storage for refreshing various database environments and virtual server equipment and supporting software. This amendment decreases the maximum amount from $5,634,728.83 to $5,607,281.95 due to equipment price reductions.				
		Term of Contract:	08/01/2013 - 06/30/2022	Contract # 15133		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	ROBERT A. FIELDEN, INC. DBA RAFI ARCHITECTURE AND DESIGN	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	$13,624	Professional Service
	Contract Description:	This is a new contract to provide architectural services related to engineering to increase safety and modernize of the seven existing shower rooms located in the Southern Nevada State Veterans Home.				
		Term of Contract:	12/01/2018 - 11/30/2020	Contract # 21307		
13.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - RURAL REGIONAL CENTER	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, RENO	GENERAL	$14,108	
	Contract Description:	This is a new interlocal contract to provide one Behavior Analysis Psychology Extern to perform behavioral analysis and evaluations for individuals served under the supervision of the agency's licensed psychologists.				
		Term of Contract:	12/17/2018 - 06/30/2019	Contract # 21344		
14.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER	AUTOMATIC DOOR & GLASS, LLC	GENERAL 36% FEDERAL 64%	$18,000	
	Contract Description:	This is a new contract to provide ongoing services for glass repair or replacement services on an as-needed basis.				
		Term of Contract:	11/10/2018 - 11/09/2020	Contract # 21343		
15.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	AIR SYSTEMS SERVICE & CONSTRUCTION, INC.	GENERAL	$24,500	
	Contract Description:	This is a new contract to provide ongoing heating, ventilation and air conditioning equipment repair services for Northern Nevada Adult Mental Health Services and Lake's Crossing Center.				
		Term of Contract:	12/07/2018 - 06/30/2020	Contract # 20818		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	C&W LOCK GLASS & SAFE, INC.	GENERAL	$24,900	
	Contract Description:	This is a new contract to provide ongoing glass repair and replacement services as needed at Northern Nevada Adult Mental Health Services and Lakes Crossing.				
		Term of Contract:	11/30/2018 - 09/30/2022	Contract # 21096		
17.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD CARE ASSISTANCE AND DEVELOPMENT	MY OFFICE STAFF	FEDERAL	$44,900	Professional Service
	Contract Description:	This is a new contract to provide fiscal monitoring services and to develop sub-recipient monitoring protocols for the child care program.				
		Term of Contract:	11/15/2018 - 06/30/2019	Contract # 21302		
18.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY - ADMINISTRATION	UNIVERSITY OF SOUTH FLORIDA	FEDERAL	$20,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing website maintenance for the Quality Parenting Initiative Nevada and Just in Time training website that were previously obtained through a sub-grant.				
		Term of Contract:	10/01/2018 - 09/30/2019	Contract # 21246		
19.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	ACTION FOR CHILD PROTECTION	FEDERAL	$49,500	
	Contract Description:	This is a new contract to provide ongoing Change Focused Intervention training and coaching services to supervisors and staff in the child welfare offices.				
		Term of Contract:	11/13/2018 - 09/30/2019	Contract # 21262		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	SKY HIGH COACHING, LLC	GENERAL 64% FEDERAL 36%	$48,000	
	Contract Description:	This is a new contract to provide ongoing federally mandated monthly visits for a child (or children) placed outside of the state in a residential facility.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 21298		
21.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	BUILDING CONTROL SERVICES, INC.	GENERAL	$12,111	
	Contract Description:	This is a new contract to provide for the labor to install a new Bryant heating, ventilation, and air conditioning unit at Warm Springs Correctional Center.				
		Term of Contract:	11/29/2018 - 01/31/2019	Contract # 21291		
22.	440	DEPARTMENT OF CORRECTIONS - SOUTHERN NEVADA CORRECTIONAL CENTER	ADVANCED CHEMICAL TECHNOLOGY, INC.	GENERAL	$33,614	
	Contract Description:	This is the third amendment to the original contract which provides ongoing services for water and boiler chemical treatment to maintain, but not limited to, steam boilers, cooling towers, feed water and condensate systems at Southern Nevada Correctional Center, High Desert State Prison, Southern Desert Correctional Center, Three Lakes Valley Conservation Camp, Northern Nevada Correctional Center, Silver State Industries Ranch, Warm Springs Correctional Center and Lovelock Correctional Center. This amendment extends the termination date from December 31, 2018, to June 30, 2019 and increases the maximum amount from Request For Proposal and timely execution of a contract.				
		Term of Contract:	07/08/2014 - 06/30/2019	Contract # 15760		
23.	440	DEPARTMENT OF CORRECTIONS – CASA GRANDE TRANSITIONAL HOUSING	PIPE MAINTENANCE SERVICE, INC. DBA SILVER CITY PROCESSING	GENERAL	$11,492	
	Contract Description:	This is the third amendment to the original contract which provides ongoing grease trap pumping services at the following correctional facilities located in southern Nevada: Casa Grande Transitional Housing, High Desert State Prison, Florence McClure Women's Correctional Center, Southern Desert Correctional Center, Three Lakes Valley Conservation Camp and Jean Conservation Camp. This amendment extends the termination date from December 31, 2018 to June 30, 2019 and increases the maximum amount from $102,047.50 to $113,540.00, due to the continued need for these services during the facilitation of a Request For Proposal and timely execution of a contract.				
		Term of Contract:	07/01/2014 - 06/30/2019	Contract # 15597		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	RAYMOND HANDLING CONCEPTS CORPORATION	FEE: PROCESSING AND HANDLING 90% FEDERAL 10%	$11,717	
	Contract Description:	This is a new contract to provide preventative maintenance on warehouse lift trucks in the Reno distribution facility.				
		Term of Contract:	11/14/2018 - 08/31/2022	Contract # 20970		
25.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	VOGUE LAUNDRY & CLEANERS, INC.	HIGHWAY 51% FEDERAL 49%	$16,000	
	Contract Description:	This is a new contract that continues ongoing rentals of shirts, pants, shop coats, coveralls and floor mats for the vehicle maintenance and repair shops in the Northern Command.				
		Term of Contract:	04/01/2019 - 03/31/2023	Contract # 21326		
26.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	CREICO ENTERPRISES, LLC	GENERAL	$45,000	
	Contract Description:	This is a new contract for planned preventative maintenance, repairs, remodeling and parts at northern region facilities.				
		Term of Contract:	12/10/2018 - 11/01/2022	Contract # 21323		
27.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - CONSERVATION CAMPS	DON M. LAZORKO CONSTRUCTION, INC.	GENERAL	$33,615	
	Contract Description:	This is a new contract to provide deferred maintenance at the Humboldt Camp.				
		Term of Contract:	12/10/2018 - 05/01/2019	Contract # 21301		
28.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	ALARMCO, INC.	OTHER: BUSINESS ENTERPRISE SET ASIDE	$10,322	
	Contract Description:	This is the first amendment to the original contract which provides security system repair and maintenance services to the Business Enterprise of Nevada sites in southern Nevada and at the Hoover Dam. This amendment increases the maximum amount from $9,678 to $20,000 and extends the termination date from June 30, 2019 to June 30, 2021 due to an increase in volume of services and Starlink monthly services fee increase from $21.25 to $25.00 and the continued need for these services.				
		Term of Contract:	07/05/2017 - 06/30/2021	Contract # 18927		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	HAPPYORNOT AMERICAS, INC.	OTHER: BUSINESS ENTERPRISE SET ASIDE	$36,640	
	Contract Description:	This is a new contract to provide customer satisfaction equipment and services to Business Enterprise of Nevada (BEN) and its operators. The equipment and services will provide essential data to allow BEN to assist in increasing the revenue for the visually impaired operators.				
		Term of Contract:	12/14/2018 - 01/31/2022	Contract # 21329		
30.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	RONS REFRIGERATION, INC.	OTHER: BUSINESS ENTERPRISE SET ASIDE	$47,500	
	Contract Description:	This is a new contract to provide ongoing maintenance and repair services for commercial refrigeration units and equipment relocation for Business Enterprises of Nevada facilities in northern Nevada.				
		Term of Contract:	04/01/2019 - 03/31/2023	Contract # 21287		
31.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	KEYMARK, INC.	GENERAL 21.3% FEDERAL 78.7%	$27,800	
	Contract Description:	This is a new contract to provide custom programming for Kofax Commercial Scanners that are currently used in conjunction with Rehabilitation Division's RAISON case management system. This contract upgrades the existing programming and provides training to enable the Kofax hardware to work with the new AWARE Case Management System that is currently being installed for Vocational Rehabilitation.				
		Term of Contract:	11/20/2018 - 01/30/2020	Contract # 21242		
32.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	FUTUREWORK SYSTEMS	FEDERAL	$24,000	
	Contract Description:	This is a new contract to provide data warehousing, processing and validation services to support performance reporting and analysis of Workforce Innovation and Opportunity Act, Title I, Title III Wagner-Peyser by FutureWork Systems, Performance Matters application.				
		Term of Contract:	12/13/2018 - 10/31/2019	Contract # 21200		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	NEVADAWORKS	OTHER: REVENUE	$24,000	
	Contract Description:	This is a new revenue contract to provide reimbursement to Department of Employment, Training and Rehabilitation and Workforce Investment Support Services for the cost of the FutureWork Systems, LLC application for data sharing under contract # 3275-20-ESD.				
		Term of Contract:	12/17/2018 - 10/31/2019	Contract # 21208		
34.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY DIVISION	HILLTOP REFRIGERATION, INC.	GENERAL 1.9% OTHER: BEN, ESD SPECIAL FUND AND CAREER ENHANCEMENT PROGRAM 29.1% FEDERAL 69%	$20,000	
	Contract Description:	This is the first amendment to the original contract which provides regular maintenance and emergency services for heating, ventilation, and air conditioning to northern Nevada facilities on an as needed basis. This amendment increases the maximum amount from $10,500 to $30,500 due to the increased volume of services.				
		Term of Contract:	06/08/2017 - 06/30/2019	Contract # 18817		
35.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY DIVISION	NORTHERN NEVADA PEST CONTROL	GENERAL 1.9% OTHER: BEN, ESD SPECIAL FUND, AND CAREER ENHANCEMENT PROGRAM 29.1% FEDERAL 69%	$6,624	
	Contract Description:	This is the second amendment to the original contract which provides ongoing pest control and exterminator services at various Department owned facilities in northern Nevada (Carson City, Sparks, and Fallon). This amendment extends the termination date from February 3, 2016 to January 31, 2020 and increases the maximum amount from $6,624 to $13,248 due to the addition of attachment DD for non-federal provisions increased volume of pest control and exterminator services.				
		Term of Contract:	02/03/2016 - 01/31/2020	Contract # 17388		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
36.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	GEOGRAPHIC SOLUTIONS	FEDERAL	$29,270	
	Contract Description:	This is the third amendment to the original contract which provides an automated reporting and management information system that includes the hardware, software, implementation, maintenance and support to provide various self-service jobseeker and employer system modules for the Nevada workforce agency offices across the state. This amendment 1) revises SAWS proposed payment milestone and SARA software agreement and 2) increases the maximum amount from $3,473,994 to $3,503,264 to include SARA Module Annual Software License Fee of $109,800 ($36,600 per year) for three years; with a total credit for Amendments 1 and 2 for $80,530.				
		Term of Contract:	02/14/2017 - 08/30/2021	Contract # 18376		
37.	920	DEPARTMENT OF ADMINISTRATION - DEFERRED COMPENSATION COMMITTEE	EIDE BAILLEY, LLP	FEE: DEFERRED COMPENSATION	$28,000	Sole Source
	Contract Description:	This is a new contract to provide an independent third-party audit of the Program's financial statements.				
		Term of Contract:	01/01/2019 - 06/30/2019	Contract # 21356		
38.	B019	LICENSING BOARDS AND COMMISSIONS - DISPENSING OPTICIANS	RENO TECHS	FEE: LICENSING	$15,000	
	Contract Description:	This is a new contract to provide customized licensing management system software, website and support.				
		Term of Contract:	12/12/2018 - 01/31/2019	Contract # 21125		
39.	B036	LICENSING BOARDS AND COMMISSIONS - MASSAGE THERAPISTS	EDULOKA LIMITED DBA INLUMON	OTHER: BOARD FUNDS	$16,075	
	Contract Description:	This is a new contract to provide technical support to the inLumon licensing database software. The support covered under this contract includes completion of the tasks assigned as part of original contract #15878 for the completion of the compliance module used by the inspection staff, upgrades for implementation of statutory changes approved as part of 2017 AB 178, R108-17, and R040-18 including adding two new license types (structural integration practitioner and reflexologist) , establishment application processing, establishment certificate and upgrading the database to a new platform to improve performance and enhance available features including the ability to email all licensees from the database, generate ad hoc queries and upload continuing education certificates as courses are taken.				
		Term of Contract:	11/30/2018 - 06/30/2019	Contract # 21332		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21312**

		Legal Entity Name:	BOARD OF REGENTS-UNR
Agency Name:	**GOVERNOR'S FINANCE OFFICE**	Contractor Name:	**BOARD OF REGENTS-UNR**
Agency Code:	**015**	Address:	**CONTROLLERS - COOP EXTENSION**
Appropriation Unit:	**1325-30**		**MAIL STOP 124**
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89557**
If "No" please explain:	Not Applicable	Contact/Phone:	Amy Ginder 775-784-4759
		Vendor No.:	D35000848
		NV Business ID:	State Agency

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/26/2018**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2018**

Contract term: **35 days**

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

Contract description: **Lean Six Training**

5. Purpose of contract:

This is a new Interlocal Agreement that provides Lean Six Sigma Green Belt Certification training to the Office of Project Management employees.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$10,800.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The University will provide a 35-hour Lean Six Sigma Green Belt Certification Training for Office of Project Management employees. The program is presented with qualified, professional instructor in this area.

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

State workers are not trained in this particular area.

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. Soliciation Waiver: **Exempt (Per statute)**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Other

State Agency

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	11/26/2018 07:16:36 AM
Division Approval	ddav12	11/26/2018 07:16:39 AM
Department Approval	ddav12	11/26/2018 07:16:44 AM
Contract Manager Approval	ddav12	11/26/2018 07:16:47 AM
Budget Analyst Approval	dbaughn	11/26/2018 11:14:11 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: **21268**

		Legal Entity Name:	OH-OH Incorporated
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**OH-OH Incorporated**
Agency Code:	**082**	Address:	**1516 US HWY 395 N STE. E**
Appropriation Unit:	**1349-12**		
Is budget authority available?:	**Yes**	City/State/Zip	**GARDNERVILLE, NV 89410-5232**
If "No" please explain:	Not Applicable	Contact/Phone:	775-782-7000
		Vendor No.:	T27033218
		NV Business ID:	NV19921043227

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	X	Other funding	**100.00 %**	**B&G Buiding Rent Income Revenue**

Agency Reference #: ASD 2830821

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/11/2018**
   Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2022**
   Contract term: **3 years and 355 days**

4. Type of contract: **Contract**
   Contract description: **Locksmith**

5. Purpose of contract:

This is a new contract to provide ongoing locksmithing services, replace locks, re-keying etc., to all state-owned buildings in northern Nevada.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$40,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

B&G is mandated to maintain and repair or replace all minor non-structural work on buildings under the control of Buildings and Grounds.

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

This is out of the realm of B&G personnel.

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. Soliciation Waiver: **Not Applicable**
   c. Why was this contractor chosen in preference to other?

This is one of many locksmiths and per SAM 0338.0 each vendor will be contacted to submit bids on upcoming projects.

d. Last bid date: 10/24/2018 Anticipated re-bid date: 10/24/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is 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	11/28/2018 14:55:00 PM
Division Approval	ssands	12/10/2018 13:03:21 PM
Department Approval	ssands	12/10/2018 13:03:23 PM
Contract Manager Approval	ssands	12/10/2018 13:03:26 PM
Budget Analyst Approval	mmoren1	12/11/2018 09:21:24 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: **17524**

		Amendment Number:	**2**
		Legal Entity Name:	PENTAGON PLUMBING & AIR CONDITIONING
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**PENTAGON PLUMBING & AIR CONDITIONING**
Agency Code:	**082**	Address:	**5125 W. OQUENDO RD.**
Appropriation Unit:	**1349-12**		**SUITE 5**
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89118-2837**
If "No" please explain:	Not Applicable	Contact/Phone:	Michael Stokely 702-876-5969
		Vendor No.:	T29005002
		NV Business ID:	NV20041518233

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

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	X	Other funding	**100.00 %**	**B&G Building Rent Income Revenue**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2016**

   Anticipated BOE meeting date 12/2018

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Previously Approved Termination Date: **05/31/2020**

   Contract term: **4 years**

4. Type of contract: **Contract**

   Contract description: **Plumbing services**

5. Purpose of contract:

   This is the second amendment to the original contract which provides plumbing service and repairs to the state-owned buildings in southern Nevada. This amendment is due to a higher than anticipated need for plumbing services and the need to ensure sufficient funds are authorized to support ongoing services through the term of the contract which expires May 31, 2020.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$30,000.00	$30,000.00	$30,000.00	Yes - Info
	a. Amendment 1:	$75,000.00	$75,000.00	$105,000.00	Yes - Action
2.	Amount of current amendment (#2):	$45,000.00	$45,000.00	$45,000.00	Yes - Info
3.	New maximum contract amount:	$150,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

   State buildings plumbing and sewer services need to be maintained.

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 enough personnel to perform the needed plumbing services.

9. Were quotes or proposals solicited? Yes

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

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

   b. Soliciation Waiver: **Not Applicable**

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

   This is one of multiple contractors for plumbing services on file. Per SAM 0338.0, each contractor will be contacted to submit bids for available jobs.

   d. Last bid date: 02/01/2016 Anticipated re-bid date: 02/01/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Buildings and Grounds 2008 to present 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	11/30/2018 12:47:47 PM
Division Approval	ssands	11/30/2018 12:47:51 PM
Department Approval	ssands	11/30/2018 12:47:55 PM
Contract Manager Approval	ssands	12/04/2018 08:29:06 AM
Budget Analyst Approval	mmoren1	12/04/2018 08:37:10 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17269**

Amendment Number: **1**

Legal Entity Name: VORTEX INDUSTRIES, INC.

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **VORTEX INDUSTRIES, INC.**

Agency Code: **082**

Address: **20 ODYSSEY**

Appropriation Unit: **1349-12**

Is budget authority available?: **Yes**

City/State/Zip **IRVINE, CA 92618**

If "No" please explain: Not Applicable

Contact/Phone: AMBER ALEMAN 714-436-7059

Vendor No.: T27009348

NV Business ID: NV19941094581

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

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	X	Other funding	**100.00 %**	**B&G Building Rent Income Revenue**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/09/2016**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/08/2020**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Overhead Doors**

5. Purpose of contract:

This is the first amendment to the original contract which provides door and window installation for state-owned buildings in the Las Vegas area. This amendment increases the maximum amount from $25,000 to $49,000.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$25,000.00	$25,000.00	$25,000.00	Yes - Info
2.	Amount of current amendment (#1):	$24,000.00	$24,000.00	$49,000.00	Yes - Info
3.	New maximum contract amount:	$49,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

It is necessary for doors and entry ways to state buildings to be in working condition for the safety of employees and visitors.

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

Lack of manpower, equipment and expertise

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation Waiver: **Not Applicable**

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

Per SAM 0338.0, each contractor will be contacted to submit bids on projects. Pursuant to NRS 338.13862, Buildings and Grounds is using a Public Works board pre-qualified bidder.

d. Last bid date: 10/15/2015 Anticipated re-bid date: 10/15/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

with DETR from 2008 to current--service satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	11/16/2018 14:06:40 PM
Division Approval	ssands	11/16/2018 14:06:45 PM
Department Approval	ssands	11/16/2018 14:06:49 PM
Contract Manager Approval	ssands	11/16/2018 14:35:00 PM
Budget Analyst Approval	mmoren1	11/27/2018 08:21:22 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18736**

		Amendment Number:	**1**
		Legal Entity Name:	VERUS ASSCOCIATES NEVADA, LLC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**VERUS ASSCOCIATES NEVADA, LLC.**
Agency Code:	**082**	Address:	**9210 Prototype Drive**
Appropriation Unit:	**1565-72**		**SUITE 101**
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89521**
If "No" please explain:	Not Applicable	Contact/Phone:	DON MEWES 775-870-1004
		Vendor No.:	T29038999
		NV Business ID:	NV20161620968

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

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

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

Agency Reference #: 111130

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/13/2017**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **2 years and 17 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 bidding, construction administration, software design and commissioning services for the Lovelock Correctional Center Door Control Panels Phase II CIP project: CIP Project No. 15-M04; SPWD Contract No. 111130. This amendment increases the maximum amount from $177,060.00 to $196,270.00 due to the addition of programming and equipment for agency requested master station intercom.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$177,060.00	$177,060.00	$177,060.00	Yes - Action
2.	Amount of current amendment (#1):	$19,210.00	$19,210.00	$19,210.00	Yes - Info
3.	New maximum contract amount:	$196,270.00			

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 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. Soliciation 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:

    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	lmars1	12/04/2018 08:15:56 AM
Division Approval	lmars1	12/04/2018 08:16:02 AM
Department Approval	lmars1	12/04/2018 08:16:09 AM
Contract Manager Approval	lmars1	12/04/2018 08:16:15 AM
Budget Analyst Approval	aprasa1	12/07/2018 09:57:44 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: **20993**

Amendment Number: **1**

Legal Entity Name: JBA CONSULTING ENGINEERS, INC.,

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **JBA CONSULTING ENGINEERS, INC.,**

Agency Code: **082**

Address: **DBA NV5 CONSULTANTS**
5155 W PATRICK LN., STE. 100

Appropriation Unit: **1585-29**

Is budget authority available?: **Yes**

City/State/Zip **LAS VEGAS, NV 89118-2828**

If "No" please explain: Not Applicable

Contact/Phone: 702-362-9200

Vendor No.: T80928382

NV Business ID: NV20151389633

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

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

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

Agency Reference #: 112153

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/22/2018**

Anticipated BOE meeting date 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **312 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Compos Building - Fire Pump CIP Project which includes design and bid documents, as well as construction administration services to remove and replace the existing diesel fire pump for the facility: CIP Project No. 15-S03-13; SPWD Contract no. 112153. This amendment increases the maximum amount of $19,500.00 to $38,500.00 due to additional construction and administration documents needed to complete the project.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$19,500.00	$19,500.00	$19,500.00	Yes - Info
2.	Amount of current amendment (#1):	$19,000.00	$19,000.00	$38,500.00	Yes - Info
3.	New maximum contract amount:	$38,500.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP Project.

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

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

   Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Not Applicable

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

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

    Not Applicable

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

    Foreign Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	12/04/2018 10:28:21 AM
Division Approval	lmars1	12/04/2018 10:28:26 AM
Department Approval	lmars1	12/04/2018 10:28:30 AM
Contract Manager Approval	lmars1	12/04/2018 10:28:34 AM
Budget Analyst Approval	mmoren1	12/06/2018 13:17:42 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: **21362**

		Legal Entity Name:	TMCX SOLUTIONS, LLC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**TMCX SOLUTIONS, LLC.**
Agency Code:	**082**	Address:	**8205 W WARM SPRINGS RD STE 110**
Appropriation Unit:	**1592-22**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89113-3647**
If "No" please explain:	Not Applicable	Contact/Phone:	800-815-1162
		Vendor No.:	T27013220
		NV Business ID:	NV20091633795

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

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

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

Agency Reference #: 112308

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/18/2018**
   Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**
   Contract term: **193 days**

4. Type of contract: **Contract**
   Contract description: **MISCELLANEOUS**

5. Purpose of contract:

This is a new contract to provide professional Surveying, Commissioning and other Miscellaneous services for the Mechanical Systems Commissioning at the Nevada State Museum in Las Vegas project will include systematically verify and document the functionality of the mechanical systems to confirm the performance meets the documented design intent: CIP Project No. 15-M32; SPWD Contract No. 112308.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$37,500.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 CIP

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

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Surveying, Commissioning and other Miscellaneous services are provided by SPWD to support the State 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. Soliciation 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:

    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:

    Marshall, Benton, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	12/07/2018 12:46:31 PM
Division Approval	lmars1	12/07/2018 12:46:34 PM
Department Approval	lmars1	12/07/2018 12:46:37 PM
Contract Manager Approval	lmars1	12/07/2018 12:46:39 PM
Budget Analyst Approval	jrodrig9	12/18/2018 10:06:53 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: **21325**

		Legal Entity Name:	WELLES PUGSLEY ARCHITECTS, LLP
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**WELLES PUGSLEY ARCHITECTS, LLP**
Agency Code:	**082**	Address:	**DBA SIMPSON COULTER STUDIO**
Appropriation Unit:	**All Budget Accounts - Category 10**		**151 E WARM SPRINGS RD.**
Is budget authority available?:	**No**	City/State/Zip	**LAS VEGAS, NV 89119-4101**
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 10, Army Facility.		Contact/Phone:	702-435-1150
		Vendor No.:	T27038348
		NV Business ID:	NV20031000034

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

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

General Funds	0.00 %		Fees	0.00 %
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	**100.00 % Agency Funded CIP**

Agency Reference #: 112252

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/27/2018**
   Anticipated BOE meeting date 01/2019

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **06/30/2023**
   Contract term: **4 years and 215 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 Storage System and Shell Upgrades for the Nevada Army National Guard (NVARNG CSMS2 Storage Building) and will include project Design, Construction and Administration Services for the install of a new racking storage system along with attendant shell upgrades, including but not limited to electrical, lighting and structure, to the existing CSMS2 storage building: CIP Project No. 19-A017; Contract No. 112252

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$49,250.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?
   2019 Agency CIP.

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

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering are provided by SPWD to support the State 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. Soliciation 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:

    LLP

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:

    Pang, Justus, Project Manager Ph: 702-486-5115

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lmars1	11/19/2018 09:06:31 AM
Division Approval	lmars1	11/19/2018 09:06:34 AM
Department Approval	lmars1	11/19/2018 09:06:36 AM
Contract Manager Approval	lmars1	11/19/2018 09:16:43 AM
Budget Analyst Approval	mmoren1	11/27/2018 09:26:36 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18203**

		Amendment Number:	**2**
		Legal Entity Name:	APPLIED MARKET ANALYSIS LLC
Agency Name:	**GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT**	Contractor Name:	**APPLIED MARKET ANALYSIS LLC**
Agency Code:	**102**	Address:	**DBA APPLIED ANALYSIS**
Appropriation Unit:	**1526-24**		**6385 S RAINBOW BLVD STE 105**
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89118-3208**
If "No" please explain:	Not Applicable	Contact/Phone:	702/967-3333
		Vendor No.:	T32002332
		NV Business ID:	NV19971021720

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2016**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **3 years and 242 days**

4. Type of contract: **Contract**

Contract description: **Research**

5. Purpose of contract:

This is the second amendment to the original contract which provides economic and fiscal impact research and analysis. Work will be completed on an as-needed, project-by-project basis and may include operating cost comparisons, incentive analysis, or socioeconomic modeling. This amendment extends the termination date from June 30, 2019 to June 30, 2020 and increases the maximum amount from $127,500 to $175,106 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:	$47,500.00	$47,500.00	$47,500.00	Yes - Info
	a. Amendment 1:	$80,000.00	$80,000.00	$127,500.00	Yes - Action
2.	Amount of current amendment (#2):	$47,606.00	$47,606.00	$47,606.00	Yes - Info
3.	New maximum contract amount:	$175,106.00			
	and/or the termination date of the original contract has changed to:	06/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Governor's Office of Economic Development is mandated to diversify Nevada's economy, and good economic impact research and analysis is an essential tool to make decisions how best to use the limited dollars available to the agency.

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

There are no employees with the skills to conduct this type of specialized research and analysis.

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):

EMSI
Chmura
UNLV - CBER
Hunden
Dean Runyan
Hobb, Ong & Associates
Remi
Applied Economics
Applied Analysis
RCG Economics
Deloitte
Ekay - UNR

b. Soliciation Waiver: **Not Applicable**

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

A number of vendors were qualified in an RFQ. This vendor was selected because of its demonstrated ability to conduct a wide variety of economic impact research and analysis.

d. Last bid date: 01/21/2016 Anticipated re-bid date: 01/21/2020

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:

Various state agencies, including GOED. Service was satisfactory.

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

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

Not Applicable

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

LLC

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

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	bvale1	12/04/2018 13:25:34 PM
Division Approval	bvale1	12/04/2018 13:25:37 PM
Department Approval	bvale1	12/04/2018 13:27:21 PM
Contract Manager Approval	bvale1	12/04/2018 13:32:53 PM
Budget Analyst Approval	lfree1	12/06/2018 09:11:09 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: **21292**

		Legal Entity Name:	CPS NEVADA, LLC
Agency Name:	**ADMIN - ENTERPRISE IT SERVICES**	Contractor Name:	**CPS NEVADA, LLC**
Agency Code:	**180**	Address:	**600 GLENDALE AVENUE**
Appropriation Unit:	**1385-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**SPARKS, NV 89431**
If "No" please explain:	Not Applicable	Contact/Phone:	SHAUN BARRIOS 775-358-5111
		Vendor No.:	PUR0000249A
		NV Business ID:	NV20081475761

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

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

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

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/27/2018**
   Anticipated BOE meeting date 12/2018

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **11/30/2022**
   Contract term: **4 years and 4 days**

4. Type of contract: **Contract**
   Contract description: **Maintenance on UPS**

5. Purpose of contract:
   This is a new contract that provides ongoing maintenance services at the Enterprise Information Technology Services' Uninterruptable Power Supply (UPS) system located at the Computer Facility.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$20,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
   The Computer Facility requires preventive maintenance and emergency work (as needed) on the UPS system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   State employees are not certified 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):
   CPS Nevada LLC
   Unified Power
   Titan Power
   b. Soliciation Waiver: **Not Applicable**
   c. Why was this contractor chosen in preference to other?
   This is the only vendor that responded with 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?

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

7/1/10 to 6/30/18 - 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	ddav12	11/26/2018 14:52:52 PM
Division Approval	ddav12	11/26/2018 14:52:56 PM
Department Approval	ddav12	11/26/2018 14:52:58 PM
Contract Manager Approval	ddav12	11/26/2018 14:53:02 PM
Budget Analyst Approval	mmoren1	11/27/2018 14:12:08 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15133**

		Amendment Number:	**4**
		Legal Entity Name:	DELL FINANCIAL SERVICES LLC
Agency Name:	**ADMIN - ENTERPRISE IT SERVICES**	Contractor Name:	**DELL FINANCIAL SERVICES LLC**
Agency Code:	**180**	Address:	**1 DELL WAY**
Appropriation Unit:	**1385-26**		
Is budget authority available?:	**Yes**	City/State/Zip	**ROUND ROCK, TX 78682-7000**
If "No" please explain:	Not Applicable	Contact/Phone:	Lori Riley 925-487-1051
		Vendor No.:	T29019314
		NV Business ID:	NV19971069039

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

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

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

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2013**
   Anticipated BOE meeting date 12/2018

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Previously Approved Termination Date: **06/30/2022**
   Contract term: **8 years and 335 days**

4. Type of contract: **Lease/Purchase Agreement**
   Contract description: **Storage Equipment**

5. Purpose of contract:
   This is the fourth amendment to the original master lease agreement which provides CommVault and Compellent Open System Storage equipment required to replace/expand existing storage for refreshing various database environments, and virtual server equipment and supporting software. This amendment decreases the maximum amount from $5,634,728.83 to $5,607,281.95.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$968,496.51	$968,496.51	$968,496.51	Yes - Action
	a. Amendment 1:	$1,933,256.03	$1,933,256.03	$1,933,256.03	Yes - Action
	b. Amendment 2:	$1,224,704.09	$1,224,704.12	$1,224,704.12	Yes - Action
	c. Amendment 3:	$1,508,272.20	$1,508,272.20	$1,508,272.20	Yes - Action
2.	Amount of current amendment (#4):	-$27,446.88	-$27,446.88	-$27,446.88	Yes - Info
3.	New maximum contract amount:	$5,607,281.95			

II. JUSTIFICATION

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

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

Lack of expertise.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 130710
Approval Date: 07/31/2013

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

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

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	ddav12	11/29/2018 14:01:03 PM
Division Approval	ddav12	11/29/2018 14:01:09 PM
Department Approval	ddav12	11/29/2018 14:01:16 PM
Contract Manager Approval	ddav12	11/29/2018 14:01:21 PM
EITS Approval	daxtel1	11/30/2018 15:31:49 PM

State of Nevada
Department of Administration

Purchasing Division

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

Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:	
Approval#:	130710 F

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	**Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:**			
	State Agency:	*Enterprise IT Services*		
	Contact Name and Title		*Phone Number*	*Email Address*
	Sean Montierth, IT Manager II		*775-684-4313*	*smontierth@admin.nv.gov*
	Alexa Marangi, Management Analyst I		*775-684-0241*	*aemarangi@admin.nv.gov*

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

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

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

1e	**Term:**				
	One (1) Time Purchase:				
	Contract:	Start Date:	*01/01/2018*	End Date:	*7/31/2022*

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

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

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

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

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

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

6	**Has the agency purchased this service or commodity in the past? Check One.** ***Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.***	**Yes:**	X	**No:**
	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 #)*
8/2013	*3/2018*	*$109,175*	*Order #6 (Blades & VMware)*	*Waiver #130710 E*
8/2013	*3/2018*	*$651,252*	*Order #5 (Backup expansion)*	*Waiver #130710 D*

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

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

8	**What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?**
	Prices on the underlying assets are based on the existing MSA for Dell/EMC hardware. The existing data storage system is comprised of all Dell/EMC hardware. State IT experts have determined that only Dell/EMC equipment will work in the existing system. To completely replace this system and replace with non Dell/EMC equipment would be difficult and not fiscally responsible.

9	**Will this purchase obligate the State to this vendor for future purchases?** ***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.*				
	Equipment end-of-life, end of support, and potential expansion requirements will indeed obligate the State for future purchases and/or services.				

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

Alexa Marangi

Agency Representative Initiating Request

Print Name of Agency Representative Initiating Request — Date 8/8/17

Signature of Agency Head Authorizing Request

Shannon Rahming

Print Name of Agency Head Authorizing Request — Date 8/29/17

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 9-5-2017

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: **21307**

		Legal Entity Name:	ROBERT A FIELDEN INC DBA
Agency Name:	**DEPARTMENT OF VETERANS SERVICES**	Contractor Name:	**ROBERT A FIELDEN INC DBA**
Agency Code:	**240**	Address:	**RAFI ARCHITECTURE AND DESIGN**
Appropriation Unit:	**2561-07**		**155 S WATER ST STE 220**
Is budget authority available?:	**Yes**	City/State/Zip	**HENDERSON, NV 89015-7491**
If "No" please explain:	Not Applicable	Contact/Phone:	Laura Jane Spina 702-435-7234
		Vendor No.:	T80940738
		NV Business ID:	NV19851013595

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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

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

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2018**
   Anticipated BOE meeting date 01/2019

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **11/30/2020**
   Contract term: **2 years**

4. Type of contract: **Contract**
   Contract description: **Architectural Srvcs**

5. Purpose of contract:
   This is a new contract to provide architectural services related to engineering to increase safety and modernize the seven existing shower rooms located in the Southern Nevada State Veterans Home.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$13,624.00**
   Other basis for payment: Payable monthly upon satisfactory completion of work and submission of detailed and approved invoice, based on time and materials related to engineering services.

II. JUSTIFICATION

7. What conditions require that this work be done?
   BATHROOMS ARE ORIGINAL TO THE OPENING OF THE HOME IN 2000. THIS PROJECT WILL PROVIDE FOR THE MODERNIZATION AND INCREASE THE SAFETY OF SEVEN BATHROOMS.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   THERE ARE NO STATE EMPLOYEES AVAILABLE TO PERFORM THIS TYPE 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. Soliciation Waiver: **Professional Service (As defined in NAC 333.150)**

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

VENDOR PROVIDES A QUALITY SERVICE, IS FAMILIAR WITH THE CONSTRUCTION OF THE SOUTHERN NEVADA STATE VETERANS HOME AND WILL PROVIDE SERVICES AT A FAIR PRICE.

d. Last bid date: 05/01/2018 Anticipated re-bid date: 04/01/2020

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Contractor has been engaged by NDVS 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	agarland	11/13/2018 13:24:31 PM
Division Approval	agarland	11/13/2018 13:24:33 PM
Department Approval	agarland	11/13/2018 13:24:36 PM
Contract Manager Approval	agarland	11/13/2018 13:24:39 PM
Budget Analyst Approval	mmoren1	11/27/2018 11:18:34 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: **21344**

		Legal Entity Name:	BOARD OF REGENTS-UNIVERSITY OF NEVADA, RENO
Agency Name:	**DHHS - AGING AND DISABILITY SERVICES DIVISION**	Contractor Name:	**BOARD OF REGENTS-UNIVERSITY OF NEVADA, RENO**
Agency Code:	**402**	Address:	**1664 N. Virginia St.**
Appropriation Unit:	**3167-04**		**Dept. of Psychology/MS 296**
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89557**
If "No" please explain:	Not Applicable	Contact/Phone:	775/682-8686
		Vendor No.:	D35000816
		NV Business ID:	Governmental Entity

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/17/2018**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **194 days**

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

Contract description: **RRC Behavior Extern**

5. Purpose of contract:

This is a new interlocal contract to provide one Behavior Analysis Psychology Extern to perform behavioral analysis and evaluations for individuals served under the supervision of the agency's licensed psychologists.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$14,107.50**

Other basis for payment: As inoived per Attachment A

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123, the Division and its agencies contract with qualified practitioners to deliver necessary services to consumers. This contract will also provide a setting for graduate education to enhance the agency's ability to attract and retain better qualified psychologists

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

Rural Regional Center has a limited number of Full Time Equivalent (FTE) staff to provide services, and use of externs will assist the agency to deliver services in a timely manner and comply with the Centers for Medicare and Medicaid Services (CMS) requirements for eligibility and services.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation Waiver: **Not Applicable**

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

Governmental entity - There is no indirect cost rate charged to this 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?

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:

2013-2018 RRC/SRC-ADSD clinical psychology and behavioral analysis psychology externs. Satisfactory

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

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

Not Applicable

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

Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbowma1	12/03/2018 08:48:53 AM
Division Approval	dbowma1	12/03/2018 08:48:56 AM
Department Approval	vmilazz1	12/09/2018 12:03:21 PM
Contract Manager Approval	ltuttl1	12/10/2018 14:08:36 PM
Budget Analyst Approval	bwooldri	12/17/2018 11:15:28 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21343**

		Legal Entity Name:	Automatic Door & Glass, LLC
Agency Name:	**DHHS - AGING AND DISABILITY SERVICES DIVISION**	Contractor Name:	**Automatic Door & Glass, LLC**
Agency Code:	**402**	Address:	**5049 W. Diablo Dr.**
Appropriation Unit:	**3279-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89118**
If "No" please explain:	Not Applicable	Contact/Phone:	George Koons 702/221-4230
		Vendor No.:	T27038464
		NV Business ID:	NV20121269414

To what State Fiscal Year(s) will the contract be charged? **2019-2021**

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

X	General Funds	**36.00 %**	Fees	0.00 %
X	Federal Funds	**64.00 %**	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 **11/10/2018**
   Anticipated BOE meeting date 01/2019

   Retroactive? **Yes**

   If "Yes", please explain

   The need for glass replacement services is in response to terminating services with the previously contracted vendor due to inconsistencies in performance and service and for the continued need for this service.

3. Termination Date: **11/09/2020**
   Contract term: **2 years**

4. Type of contract: **Contract**
   Contract description: **Glass Repair/Replace**

5. Purpose of contract:

   This is a new contract to provide ongoing services for glass repair or replacement services on an as-needed basis.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$18,000.00**
   Payment for services will be made at the rate of $90.00 per Hour
   Other basis for payment: As submitted by the Contractor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

   Per the Code of Federal Regulations Title 42, Chapter 483.70 Physical Environment - the facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public. Glass repair and/or replacement services are required as windows are occasionally broken in the homes on campus.

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

   State employees do not have the expertise or equipment to perform 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):

Cut Rate Glass
Glade Wilgar & Sons
Las Vegas Glass Repair
Automatic Door & Glass LLC
Efficient Glass
A Cutting Edge Glass & Mirror

b. Soliciation Waiver: **Not Applicable**

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

This was the only vendor to respond.

d. Last bid date: 10/23/2018 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?

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	dbowma1	12/03/2018 08:49:45 AM
Division Approval	dbowma1	12/03/2018 08:49:48 AM
Department Approval	vmilazz1	12/09/2018 11:56:25 AM
Contract Manager Approval	ltuttl1	12/10/2018 14:07:21 PM
Budget Analyst Approval	bwooldri	12/11/2018 11:03:10 AM

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

DENA SCHMIDT
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION
Desert Regional Center
1391 South Jones Boulevard
Las Vegas, NV 89146-1200
Telephone (702) 486-6200 • Fax (702) 486-6334
adsd@adsd.nv.gov

DATE: November 5, 2018

TO: Paul Nicks, Acting Director,
Governor's Finance Office

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

FROM: Darrel Hansen, ASO III, Desert Regional Center,
Aging and Disability Services Division

SUBJECT: Request for Approval for Retroactive November 10, 2018, Start Date for Automatic Door & Glass, LLC Contract

Desert Regional Center (DRC) is requesting retroactive approval of a contract for services of independent contractor Automatic Door & Glass, LLC to provide glass replacement services with a start date of November 10, 2018. The need for glass replacement services is in response to terminating services with the previously contracted vendor due to inconsistencies in performance and service and for the continued need for this service.

The Contractor shall provide on-site repair and/or replacement estimates within approved work hours and timelines. If needed, emergency, holiday, and 24-hour response is available.

Please contact me at 702-486-6333 if you have any questions or concerns.

DH
cc: Lisa Tuttle, Contract Manager

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **20818**

		Legal Entity Name:	Air Systems Service & Construction, INC
Agency Name:	**DHHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**Air Systems Service & Construction, INC**
Agency Code:	**406**	Address:	**10381 Old Placerville, Rd.**
Appropriation Unit:	**3162-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**Sacramento, CA 95827-2558**
If "No" please explain:	Not Applicable	Contact/Phone:	Kevin Meyer 916-368-0336
		Vendor No.:	T29037507
		NV Business ID:	NV20051642544

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

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

Agency Reference #: C 16725

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/07/2018**
   Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**
   Contract term: **1 year and 205 days**
4. Type of contract: **Contract**
   Contract description: **HVAC maintenance**
5. Purpose of contract:

This is a new contract to provide ongoing HVAC equipment repair services for Northern Nevada Adult Mental Health Services and Lake's Crossing Center.

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?

All existing HVAC rooftop units are approaching the end of their lifecycle due to harsh conditions and normal wear and tear. The units are no longer in production. The routine maintenance and emergency repair are a necessity to prevent uncomfortable conditions for clients.

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

No agency employees have the proper knowledge regarding the wide range of HVAC equipment brands or models at NNAMHS and LCC.

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Nevada Chiller & Boiler
Gardner Engineering
Air Systems Service & Construction

b. Soliciation Waiver: **Not Applicable**

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

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: 07/31/2018 Anticipated re-bid date: 03/01/2020

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?

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:

Greg Holcomb, Facility Supervisor Ph: 775-688-2125

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	11/13/2018 08:33:24 AM
Division Approval	rmorse	11/13/2018 08:33:26 AM
Department Approval	vmilazz1	11/29/2018 09:13:47 AM
Contract Manager Approval	dohl0	12/03/2018 15:21:05 PM
Budget Analyst Approval	afrantz	12/07/2018 14:18:03 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: **21096**

		Legal Entity Name:	C&W Lock Glass & Safe, Inc.
Agency Name:	**DHHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**C&W Lock Glass & Safe, Inc.**
Agency Code:	**406**	Address:	**5755 Peak Road**
Appropriation Unit:	**3162-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89510**
If "No" please explain:	Not Applicable	Contact/Phone:	Brittnee Meechan 775-331-5308
		Vendor No.:	T29024610A
		NV Business ID:	NV20091593318

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

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

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

Agency Reference #: C 16891

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/30/2018**
   Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2022**
   Contract term: **3 years and 304 days**
4. Type of contract: **Contract**
   Contract description: **Glass repair**
5. Purpose of contract:

This is a new contract to provide ongoing glass repair and replacement services as needed at Northern Nevada Adult Mental Health Services and Lakes Crossing.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$24,900.00**

Other basis for payment: Labor: Glass $30.00 service call plus $125.00 per hour, Lock $69.00 service call plus $85.00 per hour. After hours or on holiday, time and one half plus materials.

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS333.700, NAC 333.150 and SAM 330.0 contracting services to maintain building is required for the safety and wellbeing of consumers and staff.

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

Current staff does not have the specialized equipment, tools, expertise to perform these services.

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Diamond Glass Company
C&W Lock, Glass and Safe
Fast Glass

b. Soliciation Waiver: **Not Applicable**

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

In accordance with NRS 333, the selected vendor was the highest scoring proposer determined by an informal selection committee.

d. Last bid date: 09/12/2018 Anticipated re-bid date: 06/30/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is 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:

HOLCOMB, GREG, null Ph: null
null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	11/06/2018 08:32:14 AM
Division Approval	rmorse	11/06/2018 08:44:46 AM
Department Approval	vmilazz1	11/27/2018 11:55:20 AM
Contract Manager Approval	dohl0	11/28/2018 15:07:34 PM
Budget Analyst Approval	afrantz	11/30/2018 06:45:09 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: **21302**

		Legal Entity Name:	MY OFFICE STAFF
Agency Name:	**DHHS - WELFARE AND SUPPORTIVE SERVICES**	Contractor Name:	**MY OFFICE STAFF**
Agency Code:	**407**	Address:	**PO BOX 7689**
Appropriation Unit:	**3267-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89510-7689**
If "No" please explain:	Not Applicable	Contact/Phone:	775/813-6687
		Vendor No.:	T29039317
		NV Business ID:	NV20161320565

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/15/2018**

Anticipated BOE meeting date 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**

Contract term: **226 days**

4. Type of contract: **Contract**

Contract description: **Fiscal Monitoring**

5. Purpose of contract:

This is a new contract to provide fiscal monitoring services and to develop subrecipient monitoring protocols for the child care program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$44,900.00**

Other basis for payment: Actual per invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Title 2 of the Code of Federal Regulations (CFR) section 200.328 requires the Division (prime awardee/pass-thru entity) to be responsible for oversight of the operations of any Federal award supported activities, which includes monitoring subrecipients activities under the Federal award to assure compliance with applicable Federal requirements and performance expectations are being achieved.

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

Currently our Division does not have an experienced staff member to perform fiscal monitoring (audit) services. This contractor will develop the monitoring protocols/foundation for future monitors.

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

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

Contractor is a Certified Public Accountant.

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 the Division of Public and Behavioral Health and providing satisfactory services.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Christell Askew, Chief, Child Care Ph: 775-684-0630

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	11/09/2018 14:45:22 PM
Division Approval	bberry	11/13/2018 13:01:30 PM
Department Approval	vmilazz1	11/14/2018 11:04:56 AM
Contract Manager Approval	sjon23	11/14/2018 13:19:24 PM
Budget Analyst Approval	nhovden	11/15/2018 10:11:02 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21246**

		Legal Entity Name:	UNIVERSITY OF SOUTH FLORIDA
Agency Name:	**DHHS - DIVISION OF CHILD AND FAMILY SERVICES**	Contractor Name:	**UNIVERSITY OF SOUTH FLORIDA**
Agency Code:	**409**	Address:	**DEPT OF CHILD & FAMILY STUDIES**
Appropriation Unit:	**3145-31**		**PO BOX 864568**
Is budget authority available?:	**Yes**	City/State/Zip	**ORLANDO, FL 32886-4568**
If "No" please explain:	Not Applicable	Contact/Phone:	Pamela Menendez 813/974-4638
		Vendor No.:	T29023332A
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2018**

Anticipated BOE meeting date 01/2019

Retroactive? **Yes**

If "Yes", please explain

These services have in the recent past been obtained through a subgrant award. However, it was determined to be more appropriate to enter into a interlocal agreement with USF as they are providing services for DCFS.

3. Termination Date: **09/30/2019**

Contract term: **364 days**

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

Contract description: **Website Maintenance**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing website maintenance for the Quality Parenting Initiative Nevada/Just in Time training website that were previously obtained through a sub-grant.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$20,000.00**

Other basis for payment: $13,105 - Personnel; $1,765 - Live Stream Video Subscription; $5,130 - F/A

II. JUSTIFICATION

7. What conditions require that this work be done?

This service provides all Nevada foster caregivers advanced training through the use of the internet. This training can be accessed at any time, 24 hours a day. This service supports foster caregivers to receive needed training on the caregiver's time schedule or, more immediately, when an issue or situation arises.

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

This service provides training at all hours to caregivers from their home computers. It would be prohibitive to attempt to provide this level of training by Division employees based on geography and caregivers' time availability.

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. Soliciation Waiver: **Exempt (Per statute)**

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

NRS 277.180

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

0.2565

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

No

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

No

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:

Dorothy Pomin, Social Svcs Prgrm Spec 3 Ph: 775-684-4434

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	11/27/2018 09:49:25 AM
Division Approval	knielsen	11/27/2018 09:49:31 AM
Department Approval	vmilazz1	11/30/2018 11:37:13 AM
Contract Manager Approval	knielsen	12/10/2018 12:12:59 PM
Budget Analyst Approval	nhovden	12/11/2018 09:14:32 AM

Brian Sandoval
Governor

Richard Whitley
Director

Ross E. Armstrong
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
4126 Technology Way, Suite 300
Carson City, NV 89706
Telephone (775) 684-4400 ▪ Fax (775) 684-4455
dcfs.nv.gov

RETROACTIVE MEMORANDUM

DATE: October 11, 2018

TO: Nikki Hovden, Executive Branch, Budget Officer II

THROUGH: Richard Whitley, DHHS Director

FROM: Mandi Davis, DCFS Deputy Administrator, Administrative Services

RE: **Retroactive Interlocal Agreement with USF – Nevada QPI/Just in Time (JIT) Web-based Training and Support Services**

The Division of Child and Family Services (DCFS) is requesting the retroactive approval from October 1, 2018 of an interlocal agreement with the University of South Florida (USF) to continue to provide live and archived, web-based *Just in Time* (JIT) foster parent training and ongoing support in implementation of the *Quality Parenting Initiative* (QPI) statewide in Nevada.

These services have in the recent past been obtained through a subgrant award. However, it was determined to be more appropriate to enter into a interlocal agreement with USF as they are providing services for DCFS.

In an effort to prevent future delays, a training regarding the recent changes to the contracting process has been provided to the appropriate program staff, who are now responsible for establishing and overseeing the contracts within their specific program areas.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21262**

		Legal Entity Name:	ACTION FOR CHILD PROTECTION
Agency Name:	**DHHS - DIVISION OF CHILD AND FAMILY SERVICES**	Contractor Name:	**ACTION FOR CHILD PROTECTION**
Agency Code:	**409**	Address:	**2101 SARDIS RD N STE 204**
Appropriation Unit:	**3229-44**		
Is budget authority available?:	**Yes**	City/State/Zip	**CHARLOTTE, NC 28227-7805**
If "No" please explain:	Not Applicable	Contact/Phone:	704/845-2121
		Vendor No.:	T29038059
		NV Business ID:	NV20181184852

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/13/2018**

Anticipated BOE meeting date 12/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2019**

Contract term: **320 days**

4. Type of contract: **Contract**

Contract description: **SAFE Training**

5. Purpose of contract:

This is a new contract to provide ongoing Change Focused Intervention training and coaching services to supervisors and staff in the child welfare offices.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$49,500.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Since the implementation of the SAFE Child Welfare Practice Model in Nevada, DCFS-Rural Region continues to build its fidelity to the Nevada Safety Model. Contracting with the safety model developers to provide Change Focused Contact Intervention training and coaching to supervisors and staff throughout the region is necessary to further enhance the supervisor's skills and knowledge in order to move from initial implementation to achieve full implementation of the SAFE practice model.

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

The Division's staff are not yet experts in this 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):

The Child Protective Services Training Institue - Cornell University
University of Southern Florida
Action for Child Protection

b. Soliciation Waiver: **Not Applicable**

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

This was the lowest responsible vendor to respond.

d. Last bid date: 01/25/2018 Anticipated re-bid date: 01/21/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The vendor has been under contract with the vendor since 05/2018. Service has been more 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:

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:

Maria Hickey, Social Services Program Specialist 3 Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	11/06/2018 14:07:23 PM
Division Approval	knielsen	11/06/2018 14:07:26 PM
Department Approval	vmilazz1	11/09/2018 13:27:54 PM
Contract Manager Approval	sknigge	11/09/2018 16:03:11 PM
Budget Analyst Approval	nhovden	11/13/2018 15:47:24 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: **21298**

		Legal Entity Name:	SKY HIGH COACHING, LLC
Agency Name:	**DHHS - DIVISION OF CHILD AND FAMILY SERVICES**	Contractor Name:	**SKY HIGH COACHING, LLC**
Agency Code:	**409**	Address:	**63 E 11400 S BOX 108**
Appropriation Unit:	**3229-13**		
Is budget authority available?:	**Yes**	City/State/Zip	**SANDY, UT 84070-6705**
If "No" please explain:	Not Applicable	Contact/Phone:	Pat McGinnis 603/545-2774
		Vendor No.:	T29039389
		NV Business ID:	Out of State Services

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

X	General Funds	**64.00 %**	Fees	0.00 %
X	Federal Funds	**36.00 %**	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 **07/01/2018**

Anticipated BOE meeting date 01/2019

Retroactive? **Yes**

If "Yes", please explain

Due to the conversion from provider agreements to contracts, an individual contract is now necessary to continue services with this vendor. Since these are unique services outside of Nevada that the Division requires, they have been determined by the Purchasing Division to not fall under the statewide RFQ. Once initial contracts are in place, they will be able to be renewed on an as needed basis.

3. Termination Date: **06/30/2022**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Out of State Visit**

5. Purpose of contract:

This is a new contract to provide ongoing federally mandated monthly visits for a child (or children) placed outside of the State of Nevada in a residential facility.

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 $500.00 per child; per month

II. JUSTIFICATION

7. What conditions require that this work be done?

Per federal mandate, a contract worker must have face to face visitation with children placed in out-of-state residential facilities. These visits must be completed every calendar month and the Division must receive a completed monthly report no later than the 3rd of each month.

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

The State does not have positions that perform these specific duties for children placed in Utah.

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):

Heart and Soul Adoptions
Heart to Heart Adoptions
Sky High Coaching

b. Soliciation Waiver: **Not Applicable**

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

This was the lowest responsible vendor to respond.

d. Last bid date: 06/21/2018 Anticipated re-bid date: 04/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 previously provided these services under a provider agreement. 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 NOT registered with the Nevada Secretary of State's Office as a:

LLC

All services will be provided outside of the State of Nevada.

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.

All services will be provided outside the State of Nevada.

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.

Entity is not registered with the Secretary of State's Office as no services will be provided within the State.

19. Agency Field Contract Monitor:

Maria Hickely, Social Services Program Specialist 3 Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	11/27/2018 10:07:24 AM
Division Approval	knielsen	11/27/2018 10:07:27 AM
Department Approval	vmilazz1	12/09/2018 11:38:26 AM
Contract Manager Approval	sknigge	12/10/2018 11:29:28 AM
Budget Analyst Approval	nhovden	12/11/2018 09:03:11 AM

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Director

Rose Armstrong
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
2533 North Carson St., Suite 100
Carson City, NV 89706
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http://dcfs.nv.gov

MEMORANDUM

Date: October 19, 2018

To: Nikki Hovden, Executive Branch Budget Officer Governor's Finance Office

Through Richard Whitley, Director JH for RW
Department of Health and Human Services

From: Katrina Nielsen, Administrative Services Officer IV Katrina Nielsen
Division of Child and Family Services

Re: Retro start date for Sky High Coaching LLC

A retroactive effective date of July 1, 2018, is requested for the contract between the Division of Child and Family Services (DCFS) and Sky High Coaching LLC to remain in compliance since we are currently using their services. Sky High Coaching provides federally mandated monthly visits for a child (or children) that is placed outside of the State of Nevada in a residential facility.

Due to the conversion from provider agreements to contracts, an individual contract is now necessary to continue services with this vendor. Since these are unique services outside of Nevada that the Division of Child and Family Services (DCFS) requires, they have been determined by the Purchasing Division to not fall under the statewide RFQ. In addition, the contract value does not meet the minimum value set by the Purchasing Division for MSA Contracts.

Once initial contracts are in place, they should be able to be renewed on an as needed basis.

Child welfare agencies in Nevada believe families are the primary providers for children s needs. The safety and well-being of children is dependent upon the safety and well-being of all family members. Children, youth and families are best served when staff actively listens to them and invite participation in decision-making. We support full implementation of family centered practice by engaging families in child and family teams and offering individualized services to build upon strengths and meet the identified needs of the family.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21291**

		Legal Entity Name:	BUILDING CONTROL SERVICES INC
Agency Name:	**DEPARTMENT OF CORRECTIONS**	Contractor Name:	**BUILDING CONTROL SERVICES INC**
Agency Code:	**440**	Address:	**4750 LONGLEY LN STE 102**
Appropriation Unit:	**3710-09**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89502-5981**
If "No" please explain:	Not Applicable	Contact/Phone:	Tom Hulbert 775/826-8998
		Vendor No.:	PUR0005209
		NV Business ID:	NV20161538859

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/29/2018**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2019**

Contract term: **63 days**

4. Type of contract: **Contract**

Contract description: **HVAC Repairs**

5. Purpose of contract:

This is a new contract to provide for the labor to install a new Bryant HVAC unit at Warm Springs Correctional Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$12,111.00**

Other basis for payment: Upon satisfactory completion of services and submission of invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The HVAC unit located in the re-entry buildings has failed leaving the units without heat.

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

NDOC staff are not certified or licensed to perform the work.

9. Were quotes or proposals solicited? Yes

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

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

b. Soliciation Waiver: **Not Applicable**

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

This vendor was the lowest most responsible bidder and the only one to submit a bid.

d. Last bid date: 09/28/2018 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:

Shanda Sergent, Business Manager Ph: 775-684-3004

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dmartine	11/08/2018 16:22:24 PM
Division Approval	amonro1	11/09/2018 07:41:58 AM
Department Approval	sewart	11/09/2018 11:10:45 AM
Contract Manager Approval	mkillia1	11/28/2018 08:10:20 AM
Budget Analyst Approval	mmoren1	11/29/2018 09:39:46 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15760**

		Amendment Number:	**3**
		Legal Entity Name:	ADVANCED CHEMICAL TECHNOLOGY
Agency Name:	**DEPARTMENT OF CORRECTIONS**	Contractor Name:	**ADVANCED CHEMICAL TECHNOLOGY**
Agency Code:	**440**	Address:	**INC**
Appropriation Unit:	**3715-09**		**8728 UTICA AVE**
Is budget authority available?:	**Yes**	City/State/Zip	**RANCHO CUCAMONGA, CA 91730-5115**
If "No" please explain:	Not Applicable	Contact/Phone:	Dan Earley, President 909/980-4556
		Vendor No.:	T29018816
		NV Business ID:	NV20101547478

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.

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

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/08/2014**
   Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2018**
   Contract term: **4 years and 358 days**

4. Type of contract: **Contract**
   Contract description: **Water Treatment**

5. Purpose of contract:

This is the third amendment to the original contract which provides ongoing services for water and boiler chemical treatment to maintain, but not limited to, steam boilers, cooling towers, feed water and condensate systems at Southern Nevada Correctional Center, High Desert State Prison, Southern Desert Correctional Center, Three Lakes Valley Conservation Camp, Northern Nevada Correctional Center, Silver State Industries Ranch, Warm Springs Correctional Center and Lovelock Correctional Center.
This amendment extends the termination date from December 31, 2018, to June 30, 2019, and increases the total contract maximum from $348,234.55 to $381,848.05 due to the continued need for these services during the facilitation of an RFP and timely execution of a contract.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$229,810.44	$229,810.44	$229,810.44	Yes - Action
	a. Amendment 1:	$64,022.00	$64,022.00	$64,022.00	Yes - Action
	b. Amendment 2:	$54,402.11	$54,402.11	$54,402.11	Yes - Action
2.	Amount of current amendment (#3):	$33,613.50	$33,613.50	$33,613.50	Yes - Info
3.	New maximum contract amount:	$381,848.05			

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?

For the health and safety of NDOC staff and offenders.

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

Historically, the Department has outsourced the water and boiler treatment services to ensure chemical usage is within FDA, GRAS and USDA approval guidelines. NDOC does not have the staff, expertise and/or equipment necessary to perform these services. No other State agency offers these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP 201402, 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: 03/28/2014 Anticipated re-bid date: 02/28/2018

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:

FY10 to current; Nevada Department of Corrections. Service 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 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	dmartine	11/19/2018 16:14:15 PM
Division Approval	amonro1	11/20/2018 13:08:44 PM
Department Approval	sewart	11/21/2018 07:47:00 AM
Contract Manager Approval	mkillia1	11/28/2018 15:42:27 PM
Budget Analyst Approval	mmoren1	11/29/2018 14:27:23 PM

State of Nevada
Department of Administration

Purchasing Division

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

Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:	
Approval #:	255

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

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

2	**Contractor Information:**	
	Contractor:	*Advanced Chemical Technology, Inc.*
	Contact Name:	*Dan Earley*
	Address:	*8728 Utica Avenue*
	Phone Number:	*(909) 980-9366*
	Email Address:	*de@actglobal.net*

3	**Ongoing relationship disclosure – List all previous contract information:**				
	Procurement method:	RFP			
	CETS #:	Conv5835 / 11284 / 13880			
	Contract "not to exceed amount":	$186,398.00 / $223,692.00 / $117,370.00			
	Contract term: 4 years each	Start date: mm/dd/yy	10/14/2008	End date: mm/dd/yy	06/30/2018

4	**Procurement method used to award the current contract:**	
	RFP, solicitation # if applicable:	*201402*
	Quote, solicitation # if applicable:	
	Waiver, provide number:	
	Other:	

5	**Current contract information:**				
	CETS #:	*15760*			
	Initial contract "not to exceed amount":	$229,810.44			
	Contract term:	Start date: mm/dd/yy	*11/12/2014*	End date: mm/dd/yy	*06/30/2018*

6	Amendment information – List all previously approved amendments:			
	Amd #:	**Brief synopsis of what amendment accomplished:**	**Change in "not to exceed" amount:**	**Change in end date:** mm/dd/yy
	1	*Added services for NNCC, SCC, SSI, WSCC, and LCC*	*$293,832.44*	*N/A*

7	*Proposed* amendment information:			
	Amd #:	**Brief synopsis of what the requested amendment will accomplish**	**Change in "not to exceed" amount:**	**Change in end date:** mm/dd/yy
	2	*Extend the current term of the contract for six months through 12/31/18, to allow for the completion of a RFP.*	*$348,234.55*	*12/31/2018*

8	*Proposed* amendment information:			
	Amd #:	**Brief synopsis of what the requested amendment will accomplish**	**Change in "not to exceed" amount:**	**Change in end date:** mm/dd/yy
	3	***Extend the current term of the contract for six months to 06/30/19, through the end of FY19, to allow for the facilitation/completion of a RFP and execution of resulting contract.***	***$381,848.05***	***06/30/2019***

9	**What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338):**
	It was the intent of the DOC to issue an RFP prior to the expiration of the existing contract however, due to extenuating circumstances delaying the issuance of an RFP, the contract is being extended to ensure services continue without interruption during the development and completion of the RFP process, and the facilitation of a contract.

10	**What are the potential consequences to the State if the contract extension request is denied?**
	The DOC is required to ensure well water and boiler treatments are within the acceptable guidelines of federal regulations. Denial of this request could lead to elevated levels of toxicity in well water which is a health and safety issue as well possible fines by the regulating agency.

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.

Michele Killian

Signature of Agency Representative Initiating Request

Michele Killian, Contracts Manager

Print Name of Agency Representative Initiating Request

11/14/18

Date

Signature of Agency Head Authorizing Request

John Borrowman, Deputy Director Support Services | 11/15/18
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 | 11-26-2018
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: **15597**

		Amendment Number:	**3**
		Legal Entity Name:	PIPE MAINTENANCE SERVICE INC
Agency Name:	**DEPARTMENT OF CORRECTIONS**	Contractor Name:	**PIPE MAINTENANCE SERVICE INC**
Agency Code:	**440**	Address:	**DBA SILVER CITY PROCESSING**
Appropriation Unit:	**3760-09**		**4505 Andrews St.**
Is budget authority available?:	**Yes**	City/State/Zip	**N. Las Vegas, NV 89081**
If "No" please explain:	Not Applicable	Contact/Phone:	Bob Miller 702-642-9318
		Vendor No.:	T81032110A
		NV Business ID:	NV19951147697

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.

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

Agency Reference #: RFP 201404

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 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2018**
   Contract term: **5 years**

4. Type of contract: **Contract**
   Contract description: **Grease Trap Pumping**

5. Purpose of contract:

This is the third amendment to the original contract which provides ongoing grease trap pumping services at the following correctional facilities located in Southern Nevada: Casa Grande Transitional Housing, High Desert State Prison, Florence McClure Women's Correctional Center, Southern Desert Correctional Center, Three Lakes Valley Conservation Camp and Jean Conservation Camp.
This amendment extends the termination date from December 31, 2018 to June 30, 2019, and increases the total contract maximum from $102,047.50 to $113,540.00, due to the continued need for these services during the facilitation of an RFP and timely execution of a contract.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$88,684.00	$88,684.00	$88,684.00	Yes - Action
	a. Amendment 1:	$895.00	$895.00	$895.00	No
	b. Amendment 2:	$12,468.50	$13,363.50	$13,363.50	Yes - Info
2.	Amount of current amendment (#3):	$11,492.50	$11,492.50	$24,856.00	Yes - Info
3.	New maximum contract amount:	$113,540.00			
	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?

For the health of Nevada Department of Corrections staff and inmates.

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

Historically, Nevada Department of Corrections has outsourced pumping the grease traps at their facilities because this service requires the expertise of a company with the equipment necessary to pump the waste material from the grease traps and haul it away to a safe environment.

9. Were quotes or proposals solicited? Yes

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

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

b. Soliciation Waiver: **Not Applicable**

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

Pipe Maintenance Service, Inc. was the only vendor that responded to the RFP. E-mails were sent to vendors found on the internet that perform these services. The RFP was advertised in the Las Vegas Review Journal, Reno Gazette Journal and was posted to the State Purchasing website "Other Agency RFP Opportunities".

d. Last bid date: 03/17/2014 Anticipated re-bid date: 02/17/2018

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:

FY06 - current with Department of Corrections. Service 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 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	dbretche	11/20/2018 08:42:28 AM
Division Approval	amonro1	11/28/2018 12:50:48 PM
Department Approval	sewart	11/28/2018 14:52:06 PM
Contract Manager Approval	mkillia1	11/28/2018 15:42:04 PM
Budget Analyst Approval	mmoren1	11/29/2018 09:22:36 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

Purchasing Use Only:	
Approval #:	257

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

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

2	**Contractor Information:**	
	Contractor:	*Pipe Maintenance Service, Inc.*
	Contact Name:	*Bob Miller*
	Address:	*4505 Andrews St.*
	Phone Number:	*(702) 642-9318*
	Email Address:	*bmiller@pipemaint.com*

3	**Ongoing relationship disclosure – List all previous contract information:**				
	Procurement method:	RFP			
	CETS #:	Conv2950/ Conv2957/ 11247/ 15597			
	Contract "not to exceed amount":	$44,134.16/ $42,084.00/ $80,004.00/ $89,579.00			
	Contract term: 4 years each	Start date: mm/dd/yy	03/01/2006	End date: mm/dd/yy	06/30/2018

4	**Procurement method used to award the current contract:**	
	RFP, solicitation # if applicable:	*201404*
	Quote, solicitation # if applicable:	
	Waiver, provide number:	
	Other:	

5	**Current contract information:**				
	CETS #:	*15597*			
	Initial contract "not to exceed amount":	$88,684.00			
	Contract term:	Start date: mm/dd/yy	*07/01/2014*	End date: mm/dd/yy	*06/30/2018*

6	Amendment information – List all previously approved amendments:			
	Amd #:	**Brief synopsis of what amendment accomplished:**	**Change in "not to exceed" amount:**	**Change in end date:** mm/dd/yy
	1	*Increased the frequency of cleaning the sewer lift at FMWCC.*	*$89,579.00*	*N/A*

7	*Proposed* amendment information:			
	Amd #:	**Brief synopsis of what the requested amendment will accomplish**	**Change in "not to exceed" amount:**	**Change in end date:** mm/dd/yy
	2	*Extend the current term of the contract for six months through 12/31/18, to allow for the completion of a second RFP.*	*$102,047.00*	*12/31/2018*

8	*Proposed* amendment information:			
	Amd #:	**Brief synopsis of what the requested amendment will accomplish**	**Change in "not to exceed" amount:**	**Change in end date:** mm/dd/yy
	3	***Extend the current term of the contract for six months to 06/30/19, through the end of FY19, to allow for the facilitation/completion of a second RFP and execution of resulting contract.***	***$113,540.00***	~~12/31/2018~~ 06/30/2019

9	**What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338):**
	RFP 201801 was released April 6, 2018, proposals were not received for the Southern Nevada facilities, FMWCC, CGTH HDSP, JCC, SDCC, and TLVCC. A second RFP will have to be released exclusively for services in the Southern Nevada area, subsequently the current contract is being extended to ensure services continue without interruption during the completion of the RFP process, and the facilitation of a contract.

10	**What are the potential consequences to the State if the contract extension request is denied?**
	The DOC is required by State, Federal and local regulations to ensure the grease traps do not pose an environmental hazard through proper care and maintenance. Denial of this request could present an environmental hazard due to the backflow and/or leakage of liquid waste resulting in possible fines by the regulating agency.

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

Michele Killian, Contracts Manager — 11/14/18

Print Name of Agency Representative Initiating Request — Date

Signature of Agency Head Authorizing Request

John Borrowman, Deputy Director Support Services — 11/15/18

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 — 11-26-2018

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: **20970**

		Legal Entity Name:	Raymond Handling Concepts Corporation
Agency Name:	**DEPARTMENT OF AGRICULTURE**	Contractor Name:	**Raymond Handling Concepts Corporation**
Agency Code:	**550**	Address:	**1315 Greg St, Suite 112**
Appropriation Unit:	**1362-10**		
Is budget authority available?:	**Yes**	City/State/Zip	**Sparks, NV 89431**
If "No" please explain:	Not Applicable	Contact/Phone:	Don Kerbaugh 775-353-5685
		Vendor No.:	PUR0002046
		NV Business ID:	NV20181770965

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

What is the source of funds that will be used to 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	**90.00 % Processing and Handling**
X	Federal Funds	**10.00 %**		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 **11/14/2018**
   Anticipated BOE meeting date 01/2019

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **08/31/2022**
   Contract term: **3 years and 290 days**

4. Type of contract: **Contract**
   Contract description: **Forklift Maintenance**

5. Purpose of contract:
   This is a new contract to provide preventative maintenance on warehouse lift trucks in the Reno distribution facility.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$11,717.00**
   Other basis for payment: (Year 1-$2780.00), (Year 2-$2877.00), (Year 3-$2978.00), (Year 4-$3082.00)= $11,717.00

II. JUSTIFICATION

7. What conditions require that this work be done?
   Lift trucks require regular maintenance to keep equipment in working order. Equipment not regularly maintained can break down causing excessive emergency work.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   Our state workers do not have the expertise to maintain this 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):
   Reno Forklift, Storage Systems, Reno Scales
   Industrial Handling Equipment, Inc.
   Raymond Handling Concepts Corporation
   b. Soliciation Waiver: **Not Applicable**

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

The selected vendor provides the required services and has excellent customer satisfaction references.

d. Last bid date: 06/28/2018 Anticipated re-bid date: 06/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is 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	bbel1	11/06/2018 15:48:23 PM
Division Approval	bbel1	11/06/2018 15:48:28 PM
Department Approval	bbel1	11/06/2018 15:48:31 PM
Contract Manager Approval	melli2	11/06/2018 15:49:20 PM
Budget Analyst Approval	mtum1	11/14/2018 09:34:23 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21326**

		Legal Entity Name:	Vogue Laundry & Cleaners, Inc.
Agency Name:	**DPS-HIGHWAY PATROL**	Contractor Name:	**Vogue Laundry & Cleaners, Inc.**
Agency Code:	**651**	Address:	**175 5th Street**
Appropriation Unit:	**4713-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**Elko, NV 89801**
If "No" please explain:	Not Applicable	Contact/Phone:	David Stephens 775-388-4064
		Vendor No.:	T60153830
		NV Business ID:	NV19591001005

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

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

	General Funds	0.00 %	Fees	0.00 %
X	Federal Funds	**49.00 %**	Bonds	0.00 %
X	Highway Funds	**51.00 %**	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2019**

Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2023**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Linen Services**

5. Purpose of contract:

This is a new contract that continues ongoing rentals of shirts, pants, shop coats, coveralls and floor mats for the Nevada Highway Patrol's vehicle maintenance and repair shops in the Northern Command.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$16,000.00**

Other basis for payment: Payable monthly upon receipt of itemized receipt.

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Highway Patrol mechanics need the rented items to protect clothing from grease and oils from working on Highway Patrol vehicles.

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

There are no state employees that perform 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):

Alsco
Ameripride
Vogue Laundry and Cleaners, Inc.
Brady Linen

b. Soliciation Waiver: **Not Applicable**

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

This vendor was the only one who responded that they can provide linen service in Elko.

d. Last bid date: 10/31/2018 Anticipated re-bid date: 10/14/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 previously provided services for DMV and the services were satisfactory. Vogue is our current linen service vendor for Elko and they are meeting our expectations.

14. Is the contractor currently involved in litigation with the State 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:

Roxana Gifford, NHP Contracts Manager Ph: (775) 684-4467

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmarti8	11/19/2018 14:57:02 PM
Division Approval	lgallow1	11/28/2018 15:07:48 PM
Department Approval	cboegle	11/28/2018 16:33:10 PM
Contract Manager Approval	cboegle	11/28/2018 16:33:17 PM
Budget Analyst Approval	mmoren1	12/04/2018 10:19:56 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: **21323**

		Legal Entity Name:	CREICO ENTERPRISES LLC
Agency Name:	**DCNR - FORESTRY DIVISION**	Contractor Name:	**CREICO ENTERPRISES LLC**
Agency Code:	**706**	Address:	**3184 ENFIELD AVE**
Appropriation Unit:	**4195-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**ELKO, NV 89801-2428**
If "No" please explain:	Not Applicable	Contact/Phone:	Gary Chapin 775/397-1164
		Vendor No.:	T32002017
		NV Business ID:	NV20081370376

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

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

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

Agency Reference #: NDF 19-014

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/10/2018**
   Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/01/2022**
   Contract term: **3 years and 326 days**

4. Type of contract: **Contract**
   Contract description: **North Reg Gen Mntc**

5. Purpose of contract:

This is a new contract for planned northern region preventative maintenance, emergency and non-emergency repairs, remodeling, and parts specifically to facilities.

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 $0.00 per N/A
   Other basis for payment: Upon completion of work in a satisfactory manner and receipt/approval of Contractor's invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract for planned preventative norther region maintenance, emergency and non-emergency repairs, remodeling, and part specifically to facilities. Contractor will perform work on drywall, doors, windows, siding, plumbing, HVAC, electrical, lighting, painting, flooring, foundations, grading, pavement, walkways, and any other facility related needs requested.

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 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):

Ormaza Construction
Remington Construction Company
Creico Enterprises, LLC.
Canyon Construction

b. Soliciation Waiver: **Not Applicable**

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

Creico Enterprises, LLC is the only Contractor who responded.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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:

Simerly, Brett, Support Services Program Manager Ph: 775-684-2517

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	12/05/2018 09:51:02 AM
Division Approval	dprather	12/06/2018 06:08:14 AM
Department Approval	dprather	12/06/2018 06:08:17 AM
Contract Manager Approval	jcoope8	12/06/2018 06:12:46 AM
Budget Analyst Approval	cpalme2	12/10/2018 12:47:59 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: **21301**

		Legal Entity Name:	DON M LAZORKO CONSTRUCTION INC
Agency Name:	**DCNR - FORESTRY DIVISION**	Contractor Name:	**DON M LAZORKO CONSTRUCTION INC**
Agency Code:	**706**	Address:	**PO BOX 728**
Appropriation Unit:	**4198-95**		
Is budget authority available?:	**Yes**	City/State/Zip	**VERDI, NV 89439-0728**
If "No" please explain:	Not Applicable	Contact/Phone:	Don Lazorko 775/345-7320
		Vendor No.:	T27035934
		NV Business ID:	NV20041421345

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

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

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

Agency Reference #: NDF

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/10/2018**
   Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/01/2019**
   Contract term: **141 days**
4. Type of contract: **Contract**
   Contract description: **Humboldt Camp Mntc**
5. Purpose of contract:

This is a new contract to address the following deferred maintenance projects at the Humboldt Camp.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$33,615.00**
   Payment for services will be made at the rate of $0.00 per N/A
   Other basis for payment: Upon completion of work in a satisfactory manner and receipt/approval of Contractor's invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract to address deferred maintenance projects at the Humboldt Camp: Provide and install a Guardian safety station with eyewash; Provide and install 120-volt 10-gallon water heater; Provide and install a concrete slab and 12 steel bollards; Provide and install ADA signage and emergency lighting; Provide and install overhead heater; and provide training on new 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 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):

Big G Construction
Michael Clay Corporation
Miller Construction
Don M Lazorko Construction

b. Soliciation Waiver: **Not Applicable**

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

Don M Lazorko Construction is the only Contractor to appear at the pre-bid and provide 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?

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

NDF is currently under contract with Don M. Lazorko Construction to provide General Contractor services for Minden, Carson City, and Winnemucca Facilities, CETS #20143

14. Is the contractor currently involved in litigation with the State 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:

Simerly, Brett, Support Services Program Manager Ph: 775-684-2517

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dgree6	11/26/2018 10:04:25 AM
Division Approval	dprather	12/05/2018 09:33:57 AM
Department Approval	dprather	12/05/2018 09:34:01 AM
Contract Manager Approval	jcoope8	12/05/2018 09:38:37 AM
Budget Analyst Approval	cpalme2	12/10/2018 12:06:10 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18927**

		Amendment Number:	**1**
		Legal Entity Name:	ALARMCO INC
Agency Name:	**DETR - REHABILITATION DIVISION**	Contractor Name:	**ALARMCO INC**
Agency Code:	**901**	Address:	**2007 LAS VEGAS BLVD S**
Appropriation Unit:	**3253-10**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89104-2555**
If "No" please explain:	Not Applicable	Contact/Phone:	Gary Greenblott 702/382-5000
		Vendor No.:	PUR0004868
		NV Business ID:	NV19641000258

To what State Fiscal Year(s) will the contract be charged? **2018-2021**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Business Enterprise Set Aside**

Agency Reference #: 3064-20-BEN

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/05/2017**
   Anticipated BOE meeting date 02/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**
   Contract term: **3 years and 361 days**

4. Type of contract: **Contract**
   Contract description: **Alarmco Security**

5. Purpose of contract:

This is the first amendment to the original contract which provides security system repair and maintenance services to the Business Enterprise of Nevada sites in southern Nevada and at the Hoover Dam. This amendment increases the maximum amount from $9,678 to $20,000 due to an increase in volume of services and Starlink monthly services fee increase from $21.25/mo. to $25/mo. and extends the termination date from June 30, 2019 to June 30, 2021 due to the continued need for these services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$9,678.00	$9,678.00	$9,678.00	No
2.	Amount of current amendment (#1):	$10,322.00	$20,000.00	$20,000.00	Yes - Info
3.	New maximum contract amount:	$20,000.00			
	and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

Monitoring of fire/security equipment at Hoover Dam BEN locations, and availability to repair/maintain security of BEN sites in Southern Nevada.

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

No State employees or agencies offer 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):

A&B Security
ASAP Security
North American Video

b. Soliciation Waiver: **Not Applicable**

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

No other vendors responded, cost was comparable to existing contract and within available budget.

d. Last bid date: 05/11/2017 Anticipated re-bid date: 01/02/2021

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:

Department of Employment, Training and Rehabilitation, Rehabilitation Division, Bureau of Services to the Blind & Visually Impaired (BSBVI)/Business Enterprises of Nevada (BEN) program used Alarmco for four years until 2017 for same services. Quality of service has been excellent.

14. Is the contractor currently involved in litigation with the State 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	bmartin7	11/28/2018 13:09:35 PM
Division Approval	kdesoci1	12/03/2018 14:56:21 PM

Department Approval	kdesoci1	12/03/2018 14:56:23 PM
Contract Manager Approval	swilli31	12/03/2018 15:22:00 PM
Budget Analyst Approval	dbaughn	12/12/2018 18:11:34 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21329**

		Legal Entity Name:	HappyorNot Americas Inc.
Agency Name:	**DETR - REHABILITATION DIVISION**	Contractor Name:	**HappyorNot Americas Inc.**
Agency Code:	**901**	Address:	**491 Northpoint Parkway**
Appropriation Unit:	**3253-10**		
Is budget authority available?:	**Yes**	City/State/Zip	**West Palm Beach, FL 33407**
If "No" please explain:	Not Applicable	Contact/Phone:	Ty Shapiro 949-506-6354
		Vendor No.:	T29040327
		NV Business ID:	NV20181755187

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	X	Other funding	**100.00 %**	**Business Enterprise Set-Aside**

Agency Reference #: 3286-22-BEN

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/14/2018**
   Anticipated BOE meeting date 02/2019

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **01/31/2022**
   Contract term: **3 years and 49 days**

4. Type of contract: **Contract**
   Contract description: **HappyorNot**

5. Purpose of contract:

   This is a new contract to provide customer satisfaction equipment and services to Business Enterprise of Nevada (BEN) and its operators. The equipment and services will provide essential data to allow BEN to assist in increasing the revenue for the visually impaired operators

6. NEW CONTRACT

   The maximum amount of the contract for the term of the contract is: **$36,640.00**

   Payment for services will be made at the rate of $1,068.00 per year

   Other basis for payment: Terminal fees paid upfront yearly (Max of 10 terminals); $395/terminal one-time start up fee; $65/terminal one-time shipping fee; total contract not to exceed $36,640.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

   Nevada's BEN sites depend upon satisfied customers for repeat business to achieve site viability. Understanding what works and what doesn't work is critical to maintaining the financial viability of the site and ensure operator success.

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

   State employees are not skilled at 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):

Honestly
Humm Systems

Happy or Not
Opinion Meter

b. Soliciation Waiver: **Not Applicable**

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

Lowest Cost Qualified Vendor

d. Last bid date: 10/12/2018 Anticipated re-bid date: 10/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

Yes If "Yes", please explain

The vendor has been providing satisfactory services to Washoe County since February 2017.

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:

Chris Mazza, Chief BEO Ph: 702-486-8800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	11/21/2018 10:14:30 AM
Division Approval	kdesoci1	12/03/2018 14:52:25 PM
Department Approval	kdesoci1	12/03/2018 14:52:27 PM
Contract Manager Approval	swilli31	12/03/2018 15:26:37 PM
Budget Analyst Approval	dbaughn	12/14/2018 13:18:31 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: **21287**

		Legal Entity Name:	RONS REFRIGERATION INC
Agency Name:	**DETR - REHABILITATION DIVISION**	Contractor Name:	**RONS REFRIGERATION INC**
Agency Code:	**901**	Address:	**2068 S EDMONDS DR**
Appropriation Unit:	**3253-10**		**PO BOX 1423**
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89701**
If "No" please explain:	Not Applicable	Contact/Phone:	Richard Allison 775-882-4845
		Vendor No.:	PUR0000322
		NV Business ID:	NV19791011556

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

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

General Funds	0.00 %		Fees	0.00 %
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	**100.00 % Business Enterprise Set-Aside**

Agency Reference #: 3282-23-BEN

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2019**

   Anticipated BOE meeting date 01/2019

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **03/31/2023**

   Contract term: **4 years**

4. Type of contract: **Contract**

   Contract description: **2019 Ron's Refrig.**

5. Purpose of contract:

   This is a new contract to provide ongoing maintenance and repair services for commercial refrigeration units and equipment relocation for Business Enterprises of Nevada facilities in Northern Nevada.

6. NEW CONTRACT

   The maximum amount of the contract for the term of the contract is: **$47,500.00**

   Other basis for payment: Standard Rate (M-F 8:30am-4:30pm): $78.00/Hour; Non-Standard/Holiday Rate: $117.00/Hour; Parts/Materials shall be invoiced at no more than 20% markup above cost. The State reserves the right to request copies of the parts and material invoices to verify; $25.00 trip charge applies to services at BEN sites located 30 plus miles outside of the vendor's contracted address. Mileage is subject to verification via Google Maps; invoices payable upon approval of authorized BEN staff; total contract not to exceed $47,500.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

   The Business Enterprises of Nevada program has a substantial inventory of equipment at various locations that need on-going repair, maintenance and re-location.

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

   This work requires specialization in refrigeration services and state employees do not have this skill set.

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):

Commercial Appliance Service
Ron's Refrigeration
Hill Top Refrigeration
Specialized Refrigeration

b. Soliciation Waiver: **Not Applicable**

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

Lowest cost qualified vendor

d. Last bid date: 10/01/2018 Anticipated re-bid date: 10/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 is currently providing satisfactory services for the Department of Employment, Training and Rehabilitation, Rehabilitation Division, Bureau of Services to the Blind and Visually Impaired/Business Enterprises of Nevada, and has been since June 2000.

14. Is the contractor currently involved in litigation with the State 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:

Janette Parish, AA IV Ph: 775-687-6870

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	11/07/2018 09:22:35 AM
Division Approval	kdesoci1	12/03/2018 14:26:12 PM
Department Approval	kdesoci1	12/03/2018 14:26:14 PM
Contract Manager Approval	swilli31	12/03/2018 14:56:38 PM
Budget Analyst Approval	dbaughn	12/08/2018 16:51:15 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21242**

		Legal Entity Name:	KEYMARK INC
Agency Name:	**DETR - REHABILITATION DIVISION**	Contractor Name:	**KEYMARK INC**
Agency Code:	**901**	Address:	**105 TECH LN**
Appropriation Unit:	**3265-27**		
Is budget authority available?:	**Yes**	City/State/Zip	**LIBERTY, SC 29657-4313**
If "No" please explain:	Not Applicable	Contact/Phone:	Amy Dolan 864/343-0384
		Vendor No.:	T27041751
		NV Business ID:	NV20181798103

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

X	General Funds	**21.30 %**	Fees	0.00 %
X	Federal Funds	**78.70 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3277-20-REHAB

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/20/2018**

   Anticipated BOE meeting date 01/2019

   Retroactive? **Yes**

   If "Yes", please explain

   Originally it was thought that this service would, per NRS fall under the existing maintenance/service agreement for the Kofax Scanners, but after work has started, it was found out that the scope of the work was enough outside the original scope of the purchased equipment that a contract was required.

3. Termination Date: **01/30/2020**

   Contract term: **1 year and 71 days**

4. Type of contract: **Contract**

   Contract description: **Kofax Programming**

5. Purpose of contract:

   This is a new contract to provide custom programming for Kofax Commercial Scanners that are currently used in conjunction with Rehabilitation Division's RAISON case management system. This contract upgrades the existing programming and provides training to enable the Kofax hardware to work with the new AWARE Case Management System that is currently being installed for Vocational Rehabilitation.

6. NEW CONTRACT

   The maximum amount of the contract for the term of the contract is: **$27,800.00**

   Other basis for payment: Maximum of 120 hours @ $225/hr + up to $800 for travel expenses; the contract not to exceed $27,800.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

   The existing Vocational Rehabilitation system (RAISON) must be upgraded to comply with new federal regulations required by Workforce Innovation and Opportunity Act (WIOA) of July 2014. Hardware/Software that is used to file client documents in RAISON must now be reprogrammed to work with the new (Cloud Based) AWARE Client Case Management system.

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

   State workers do not have the expertise with the Kofax hardware/software to reprogram them to work with the new cloud based case management system.

9. Were quotes or proposals solicited? Yes

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

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

Metasource
KeyMark
CM Mitchell
DoxTek

b. Soliciation Waiver: **Not Applicable**

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

Sole qualified vendor.

d. Last bid date: 11/06/2018 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	bmartin7	11/15/2018 07:58:14 AM
Division Approval	kdesoci1	11/16/2018 14:20:26 PM
Department Approval	kdesoci1	11/16/2018 14:20:48 PM
Contract Manager Approval	swilli31	11/20/2018 08:58:06 AM
EITS Approval	daxtel1	11/20/2018 09:24:48 AM
Budget Analyst Approval	Pending	

OFFICE OF THE DIRECTOR

Financial Management

BRIAN SANDOVAL
Governor

DON SODERBERG
Director

Kathleen DeSocio
Chief Financial Officer

MEMORANDUM

DATE: November 16, 2018

TO: Dalene C. Baughn, Budget Analyst IV
Department of Administration

FROM: Don Soderberg, Director

SUBJECT: RETROACTIVE CONTRACT
KEYMARK, INC.

On behalf of the Department of Employment, Training and Rehabilitation (DETR), we are respectfully requesting approval to execute a retroactive contract with Keymark Inc. This contract is to undertake the Kofax Scanner Validation Script Re-Write and convert the software to enable web service lookup with the AWARE Case Management System, that is currently being installed to upgrade the current RAISON Case Management System, that Vocational Rehabilitation has been using since 2001. The request is for the contract to be retroactive to July 1, 2018.

Due to a misunderstanding of SAM 0326 Independent Contracts Not Requiring Board of Examiners', Section (8): "Computer software maintenance that consists of the following: license agreements, right to download updates remotely and/or off site technical support", it was interpreted that the Kofax Software re-write upgrade to allow the hardware to communicate with AWARE, fell under this section. After the vendor began the re-write project, it was determined that this scope of work fell outside of SAM 0326(8) since the upgrades were for the communication with a new cloud-based case management system and not the original state server based system we currently have. Thus, at the direction of State Purchasing, a solicitation was enacted and the only vendor that submitted a proposal was Keymark.

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2800 E. St. Louis Avenue • Las Vegas, Nevada 89104-4267 • (702) 486-5238 • Fax (702) 486-5382
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Any delays in the execution of this retroactive contract will result in significant delays in the installation of AWARE. The software re-write of the Kofax scanners is critical for the success of the new case management system to support the disabled and unemployed citizens of Nevada. Currently, the AWARE go-live date is March 12, 2019. A successful go-live of the AWARE Case Management System will assist in Governor Sandoval's 5 year "Strategic Planning Framework" to reduce the unemployment rate for persons with disabilities by 50% (5.1.3).

We apologize for the misunderstanding that has resulted in the need for this retroactive contract. Thank you for your consideration of this request so that Nevada VR has the right tools to continue to serve and prepare individuals with disabilities for competitive integrated employment.

Shontae Williams
Contract Manager, DETR

DETR, Financial Management, Approved by:

_____ Date:_____

Kathleen DeSocio
Deputy Chief Financial Officer, DETR

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21200**

		Legal Entity Name:	FutureWork Systems
Agency Name:	**DETR - EMPLOYMENT SECURITY**	Contractor Name:	**FutureWork Systems**
Agency Code:	**902**	Address:	**153 Skylands Rd**
Appropriation Unit:	**4770-11**		
Is budget authority available?:	**Yes**	City/State/Zip	**Ringswood, NJ 07456**
If "No" please explain:	Not Applicable	Contact/Phone:	Geoff Smith 800-448-2266
		Vendor No.:	T32007383
		NV Business ID:	NV20101246516

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

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

Agency Reference #: 3275-20-ESD

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/13/2018**
   Anticipated BOE meeting date 11/2018

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **10/31/2019**
   Contract term: **321 days**

4. Type of contract: **Contract**
   Contract description: **FutureWorkSys**

5. Purpose of contract:
   This is a new contract to provide data warehousing, processing and validation services to support performance reporting and analysis of WIOA Title I, Title III Wagner-Peyser by FutureWork Systems, Performance Matters application.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$24,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
   Product assists local board to project, renew and correct data for required performance outcomes.

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

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):
   Information Builders Inc
   Intellicus
   Mathematica
   b. Soliciation Waiver: **Not Applicable**

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

This is only Vendor that has product that meets needs of Department and Local Board

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:

Previous contract Feb 10, 2009 - July 31, 2010, and satisfactorily completed contractual agreement.

14. Is the contractor currently involved in litigation with the State 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	jbende2	10/15/2018 11:14:29 AM
Division Approval	lparven	11/27/2018 14:37:10 PM
Department Approval	kdesoci1	12/12/2018 08:47:29 AM
Contract Manager Approval	swilli31	12/12/2018 09:12:27 AM
Budget Analyst Approval	dbaughn	12/13/2018 07:18:09 AM

Nevada Department of Employment, Training and Rehabilitation

State of Nevada
Department of Employment, Training and Rehabilitation

EMPLOYMENT SECURITY DIVISION

MEMORANDUM

DATE: November 14, 2018

TO: Paul Nicks, Director Governors Finance Office
Board of Examiners

FROM: Don Soderberg, Director, Department of Employment, Training and Rehabilitation

SUBJECT: Retroactive Contract for Services with FutureWork Systems, LLC

The Department of Employment, Training and Rehabilitation (DETR) respectfully requests approval of the attached contract with FutureWork Systems, LLC, retroactive to November 1, 2018.

The services rendered by FutureWork Systems LLC, under this contract provide an important function that ensures employment and training services to northern Nevada's Local Workforce Board (Nevadaworks). To avoid additional delay in providing the FutureWork Systems LLC application to Nevadaworks, the department is requesting BOE approval effective November 1, 2018.

This contract has been in discussions for several months. Due to the amount of data sharing that is required extra precautions were taken and therefore exceeded the start date of November 1st.

Thank you for your consideration of this request.

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CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21208**

		Legal Entity Name:	NEVADAWORKS DBA
Agency Name:	**DETR - EMPLOYMENT SECURITY**	Contractor Name:	**NEVADAWORKS DBA**
Agency Code:	**902**	Address:	**6490 S. McCarran Blvd**
Appropriation Unit:	**4770-00**		**Bldg A, Ste 1**
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89509-6119**
If "No" please explain:	Not Applicable	Contact/Phone:	John Thurman, CEO 775/284-1338
		Vendor No.:	T27003177
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2020**

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

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

Agency Reference #: 3276-20-ESD

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/17/2018**
   Anticipated BOE meeting date 11/2018

Retroactive? **Yes**

If "Yes", please explain

This contract has been in discussions for several months. Due to the amount of data sharing that is required, extra precautions were taken and therefore exceeded the start date of November 1st.

3. Termination Date: **10/31/2019**
   Contract term: **317 days**
4. Type of contract: **Revenue Contract**
   Contract description: **NVWks Revenue**
5. Purpose of contract:

This is a new revenue contract to provide reimbursement to DETR/WISS for the cost of the FutureWork Systems LLC application for data sharing under contract # 3275-20-ESD.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$24,000.00**
   Payment for services will be made at the rate of $6,000.00 per quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

Local board will use FutureWorks Systems application to project, review and correct data for required WIOA/PIRL/ Federal reporting performance outcomes.

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

Resources of manpower and expertise are not available to provide service.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

   b. Soliciation 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:

NevadaWorks is currently under contract with DETR for WIOA services.

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

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

Not Applicable

15. The contractor is 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	10/15/2018 10:25:24 AM
Division Approval	lparven	11/27/2018 14:38:36 PM
Department Approval	kdesoci1	11/30/2018 14:34:49 PM
Contract Manager Approval	swilli31	12/17/2018 13:18:21 PM
Budget Analyst Approval	dbaughn	12/18/2018 13:19:43 PM

State of Nevada
Department of Employment, Training and Rehabilitation

EMPLOYMENT SECURITY DIVISION

MEMORANDUM

DATE: November 14, 2018

TO: Paul Nicks
Board of Examiners

FROM: Don Soderberg, Director, Department of Employment, Training and Rehabilitation

SUBJECT: Retroactive Revenue contract for reimbursement of associated costs of providing FutureWork Systems product to Northern Nevada Local Workforce Development Board

The Department of Employment, Training and Rehabilitation (DETR) respectfully requests approval of the attached revenue contract with Nevadaworks dba Nevadaworks JobConnect Consortium, retroactive to November 1, 2018. The revenue received from Nevadaworks under this contract will directly offset the cost to DETR to provide the FutureWork Systems application to the Northern Local Workforce Development Board.

The services rendered to Nevadaworks by the FutureWork Systems product provides an important function that ensures employment and training services to northern Nevada's Local Workforce Board (Nevadaworks). To avoid additional delay in providing the FutureWork Systems LLC application to Nevadaworks, the department is requesting BOE approval effective November 1, 2018.

This contract has been in discussions for several months. Due to the amount of data sharing that is required, extra precautions were taken and therefore exceeded the start date of November 1st.

Thank you for your consideration of this request.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18817**

Amendment Number: **1**

Legal Entity Name: Hilltop Refrigeration, Inc.

Agency Name: **DETR - EMPLOYMENT SECURITY DIVISION**

Contractor Name: **Hilltop Refrigeration, Inc.**

Agency Code: **902**

Address: **1215 Kleppe Lane #1**

Appropriation Unit: **All Budget Accounts - Category 04**

Is budget authority available?: **Yes**

City/State/Zip **Sparks, NV 89431**

If "No" please explain: Not Applicable

Contact/Phone: Markus Dehm 775-771-4004

Vendor No.: T27041493

NV Business ID: NV20131621533

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

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

X	General Funds	**1.90 %**		Fees	0.00 %	
X	Federal Funds	**69.00 %**		Bonds	0.00 %	
	Highway Funds	0.00 %	**X**	Other funding	**29.10 %**	**BEN, ESD Special Fund and Career Enhancement Program**

Agency Reference #: 3053-19-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/08/2017**

Anticipated BOE meeting date 11/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2019**

Contract term: **2 years and 22 days**

4. Type of contract: **Contract**

Contract description: **HVAC**

5. Purpose of contract:

This is the first amendment to the original contract which provides regular maintenance and emergency services for heating, ventilation, and air conditioning to Northern Nevada facilities on an as needed basis. This amendment increases the maximum amount from $10,500 to $30,500 due to the increased volume of heating, ventilation, and air conditioning (HVAC) services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$10,500.00	$10,500.00	$10,500.00	Yes - Info
2.	Amount of current amendment (#1):	$20,000.00	$20,000.00	$30,500.00	Yes - Info
3.	New maximum contract amount:	$30,500.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract to provide heating, ventilation and air conditioning (HVAC) maintenance and services for the facilities located in northern Nevada on an as needed basis.

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 required experience and training for 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):

b. Soliciation Waiver: **Not Applicable**

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

One in a vendor pool. Vendor offered services as needed at reasonable rates.

d. Last bid date: 03/17/2017 Anticipated re-bid date: 01/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	10/30/2018 08:07:53 AM
Division Approval	rolso1	11/05/2018 11:05:11 AM
Department Approval	kdesoci1	11/07/2018 09:40:54 AM
Contract Manager Approval	swilli31	11/07/2018 13:59:31 PM
Budget Analyst Approval	dbaughn	11/16/2018 09:27:45 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: **17388**

		Amendment Number:	**2**
		Legal Entity Name:	NORTHERN NEVADA PEST CONTROL
Agency Name:	**DETR - EMPLOYMENT SECURITY DIVISION**	Contractor Name:	**NORTHERN NEVADA PEST CONTROL**
Agency Code:	**902**	Address:	**INC**
Appropriation Unit:	**All Budget Accounts - Category 04**		**1285 BARING BLVD STE 339**
Is budget authority available?:	**Yes**	City/State/Zip	**SPARKS, NV 89434-8673**
If "No" please explain:	Not Applicable	Contact/Phone:	Kurt Dyer 775/857-1245
		Vendor No.:	T27038663A
		NV Business ID:	NV20141264666

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

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

X	General Funds	**1.90 %**		Fees	0.00 %
X	Federal Funds	**69.00 %**		Bonds	0.00 %
	Highway Funds	0.00 %	**X**	Other funding	**29.10 % BEN, ESD Special Fund, and Career Enhancement Program**

Agency Reference #: 2053-17-DETR

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/03/2016**
   Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/31/2019**
   Contract term: **3 years and 363 days**

4. Type of contract: **Contract**
   Contract description: **Pest Exterminator**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing pest control and exterminator services at various department owned facilities in northern Nevada (Carson City, Sparks, and Fallon). This amendment adds attachment DD for non-federal provisions, extends the termination date and increases the maximum amount from $6,624 to $13,248 due to increased volume and the continued need of pest control and exterminator services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$3,312.00	$3,312.00	$3,312.00	No
	a. Amendment 1:	$3,312.00	$6,624.00	$6,624.00	No
2.	Amount of current amendment (#2):	$6,624.00	$13,248.00	$13,248.00	Yes - Info
3.	New maximum contract amount:	$13,248.00			
	and/or the termination date of the original contract has changed to:	01/31/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

Need to maintain a pest free environment for the safety and comfort of staff and the public.

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

State employees do not have the expertise or materials to perform this service.

9. Were quotes or proposals solicited? Yes

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

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

b. Soliciation Waiver: **Not Applicable**

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

Vendor offered services as needed at reasonable rates.

d. Last bid date: 12/16/2015 Anticipated re-bid date: 11/01/2019

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)?

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	jbende2	11/21/2018 10:36:07 AM
Division Approval	rolso1	12/06/2018 14:33:39 PM

Department Approval	kdesoci1	12/07/2018 16:36:43 PM
Contract Manager Approval	swilli31	12/10/2018 11:40:29 AM
Budget Analyst Approval	dbaughn	12/17/2018 14:11:35 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: **18376**

		Amendment Number:	**3**
		Legal Entity Name:	Geographic Solutions
Agency Name:	**DETR - ADMINISTRATIVE SERVICES**	Contractor Name:	**Geographic Solutions**
Agency Code:	**908**	Address:	**1001 Omaha Circle**
Appropriation Unit:	**3274-22**		
Is budget authority available?:	**Yes**	City/State/Zip	**Palm Harbor, FL 34683-4036**
If "No" please explain:	Not Applicable	Contact/Phone:	Paul Toomey 727-786-7955
		Vendor No.:	T27039926
		NV Business ID:	NV20161382911

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

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

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

Agency Reference #: RFP# 3199

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 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/30/2021**

   Contract term: **4 years and 197 days**

4. Type of contract: **Contract**

   Contract description: **Automated Workforce**

5. Purpose of contract:

This is the third amendment to the original contract which provides an automated reporting and management information system that includes the hardware, software, implementation, maintenance and support to provide various self-service jobseeker and employer system modules for the Nevada workforce agency offices across the State of Nevada. This amendment 1) revises SAWS proposed payment milestone and SARA software agreement and 2) increases the total contract amount from $3,473,994 to $3,503,264 to include SARA Module Annual Software License Fee of $109,800 ($36,600 per year) for three years; with a total credit for Amendments 1 and 2 for $80,530 thus increasing the total contract by $29,270.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$3,393,464.00	$3,393,464.00	$3,393,464.00	Yes - Action
	a. Amendment 1:	$28,590.00	$28,590.00	$28,590.00	Yes - Info
	b. Amendment 2:	$51,940.00	$51,940.00	$80,530.00	Yes - Action
2.	Amount of current amendment (#3):	$29,270.00	$29,270.00	$29,270.00	Yes - Info
3.	New maximum contract amount:	$3,503,264.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Upgrading the current Statewide Automated Workforce System (SAWS) will provide improved program services to Nevada's jobseekers, employers, trainers and staff, reduce manual effort and inefficiencies, increase Federal and State compliance and upgrade antiquated technologies through the modernization of the current system.

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

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

9. Were quotes or proposals solicited? Yes

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

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

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #3199, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/16/2015 Anticipated re-bid date: 09/01/2020

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	mgassawa	11/27/2018 15:02:03 PM
Division Approval	kdesoci1	12/03/2018 14:23:53 PM

Department Approval	kdesoci1	12/03/2018 14:23:57 PM
Contract Manager Approval	swilli31	12/03/2018 14:59:19 PM
EITS Approval	daxtel1	12/06/2018 16:56:12 PM
Budget Analyst Approval	dbaughn	12/13/2018 07:35:58 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21356**

		Legal Entity Name:	EIDE BAILLEY, LLP
Agency Name:	**ADMIN - DEFERRED COMPENSATION**	Contractor Name:	**EIDE BAILLEY, LLP**
Agency Code:	**920**	Address:	**5441 Kietzke Lane, Suite 150**
Appropriation Unit:	**1017-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89511**
If "No" please explain:	Not Applicable	Contact/Phone:	775-689-9279
		Vendor No.:	T29026023
		NV Business ID:	NV20001000409

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

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

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

Agency Reference #: ASD

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**
   Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**
   Contract term: **179 days**
4. Type of contract: **Contract**
   Contract description: **Audit**
5. Purpose of contract:

This is a new contract to provide an independent third-party audit of the Program's financial statements.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$28,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 287.017 (f) (3) requires to perform an annual independent audit.

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

Independent third-party audit is required.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

   b. Soliciation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
   Approval #: null
   Approval Date: 11/28/2018
   c. Why was this contractor chosen in preference to other?

Eide Bailly did the last independent audit and as Purchasing is in the process of obtaining a Master Service Agreement (MSA) for state-wide auditors, it is expedient to use this vendor. See Solicitation waiver 181103 attached.

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:

LLP

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:

Rob Boehmner, Executive Officer Ph: 684-3397

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	12/12/2018 07:09:09 AM
Division Approval	ssands	12/12/2018 07:09:12 AM
Department Approval	ssands	12/12/2018 07:09:17 AM
Contract Manager Approval	ssands	12/12/2018 07:13:30 AM
Budget Analyst Approval	lfree1	12/12/2018 15:10:03 PM

State of Nevada
Department of Administration

Purchasing Division

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

Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:	
Approval#:	181103

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	**Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:**		
	State Agency:	***Department of Administration- Deferred Compensation***	
	Contact Name and Title	*Phone Number*	*Email Address*
	Rob Boehmer, Executive Officer	***775-684-3397***	***rboehmer@defcomp.nv.gov***

	Vendor Information:	
1b	Identify Vendor:	***Eide Bailly, LLP***
	Contact Name:	***Nielsine Sherk***
	Address:	***5441 Kietzke Lane, Suite 150***
	Telephone Number:	***775-689-9279***
	Email Address:	***nsherk@eidebailly.com***

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

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

1e	**Term:**				
	One (1) Time Purchase:				
	Contract:	Start Date:	***01/01/2019***	End Date:	***06/30/2019***

1f	**Funding:**	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	***Funded by Vendor Assessments- Program Revenue generated through established fee assessment***

1g	**Total Estimated Value of this Service Contract, Amendment or Purchase:**
	$25-28K

	Provide a description of work/services to be performed or commodity/good to be purchased:
2	***The selected accounting firm ("Contractor") is to audit the financial records of the Nevada Public Employees Deferred Compensation Plan ("NDC" and/or "Program") which includes a standalone Voluntary 457(b) Plan as well as the State's mandatory employee non-elective Section 3121/ Federal Insurance Contributions Act ("FICA") Alternative Program for employees that do not qualify to be able to participate in the Nevada Public Employees' Retirement Program ("NVPERS"). This process must be in accordance with acceptable auditory standards in accordance with the American Institute of Certified Public Accountants' auditing standards generally accepted in the United States of America and the most recent applicable U.S. Government Accountability Office's Government Auditing Standards. The Contractor is to complete each Program's fiscal year's financial statements, and provide a written report of their findings, recommendations, and certification that the assets held in the custodial accounts established with the Program's contracted Recordkeeper(s) are in proof with the total assets record-kept by the State's contracted Recordkeeper(s).*** ***The audit will include tests of accounting records and other procedures necessary to express an opinion as to whether the basic financial statements are presented in accordance with accounting principles generally accepted in the United States of America, including all applicable effective statements of the Governmental Accounting Standards Board (GASB), and the accrual basis of accounting. The Contractor will immediately advise the NDC Executive Officer if an opinion other than unqualified is anticipated. Audits will also include procedures prescribed by generally accepted auditing standards to be applied to any required supplementary information, and the Contractor will report on such information accordingly.*** ***The Firm is to provide a reconciliation of payroll contributions from State of Nevada Central Payroll, Nevada System of Higher Education (NSHE), and no less than five payroll centers from our contracted political subdivisions within the Program. The Program's Executive Officer will select and approve the payroll locations of each annual audit.*** ***The fees and contract provisions are not contingent in completing an audit from year to year as the State has sole discretion for determining the audit periods and frequency. All work is expected to be completed within the prescribed period authorized by the Program's Executive Officer. The Contractor will advise the Program's Executive Officer if significant issues/problems arise that may cause the Contractor to cease work on the engagement or that may delay the completion of the audit beyond the prescribed authorized period.*** ***Any adjustments to scope of the audit must be fully authorized and approved by the State and the Program's Executive Officer prior to any action.*** ***As part of the audit the Contractor is to audit the net asset change, appreciation/depreciation, contributions/distribution, and audit and certify the declared interest crediting rates of the Program's adopted Stable Value Investment option (ie: Stable Value Fund, General/Fixed Account, Stable Value Separate Account, etc.).*** ***The Contractor is to provide a work plan with each audit review documenting timeline for audit completion. The Contractor will participate in a contract coordination meeting organized and chaired by the NDC Executive Officer along with all of the key contacts of each of the payroll centers and the Program's contracted Recordkeeper(s) so that all parties acknowledge the established audit timeline*** ***Work shall at all times, be subject to the NDC Executive Officer's review and approval.***

	The Contractor is to prepare a formal report, and be required to present its findings to the Committee at one of its regularly scheduled quarterly committee meetings, determined by the NDC Executive Officer. The Contractor will be required to provide an electronic version and 10 hard copies of the final report, financial statements, management letters, and any other written communication that will be part of the final report to the Executive Officer at least 30 days prior to the regularly scheduled quarterly committee meeting the Contractor will be presenting at.

3	**What are the unique features/qualifications required for this service or good that are not available from any other vendor:**
	The NDC Program has adopted the Federal guidelines outlined in the Employee Retirement Income Security Act of 1974 (ERISA) regarding best practices to be utilizing in the administration, oversight, and management of Defined Contribution plans within its governing PLAN DOCUMENTS, Investment Policy Statement (IPS), and as a standard operating procedure as a Plan Sponsor. This vendor is one of very few independent auditing firms across the Country that have the dedicated staff and experience in auditing a multi-payroll location governing entity and near Billion dollar government sponsored Defined Contribution Plan.

4	**Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:**
	Professional Services are not offered internally through the State Audits Division as this has to be an independent Financial audit, and there is currently not Statewide contract for Financial Auditing services. Also, we are required by Federal guidelines to conduct independent Financial audit of Plan assets. It should be also noted that the Nevada state Purchasing Division is currently in the process of facilitating a solicitation resulting in a Master Service Agreement (MSA) for Statewide use which our Program will take advantage of once implemented.

5	**Were alternative services or commodities evaluated? Check One.**	Yes:		No:	*X*
	a. *If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.*				
	b. *If not, why were alternatives not evaluated?*				
	See response in question #4				

6	**Has the agency purchased this service or commodity in the past? Check One.** ***Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.***	Yes:	*X*	No:	
	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 #)*
11/2017	*05/2018*	*$55,000.00*	*This was for auditing FY2016 &2017- Two years*	*ASD initiated and handled*

	11/2014	*12/2016*	*$25,000.00/Year*	*Bi-Annual audits- FY2014 &2015*	*ASD initiated and handled*
	01/2010	*12/31//2012*	*$147,000.00*	*$45K- 2010; 40K- 2011; 40K- 2012*	*RFP*
			$		
			$		

7	**What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?**
	Not completing the required Annual Fanatical Audit for the Deferred Compensation Program would cause the State to be out of compliance with the Plan's adopted governing Plan Documents which has adopted the ERISA best practices recommendation in maintaining its fiduciary responsibility and due diligence.

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?**
	We have gathered data from past contracts and from other programs across the country of customary rates and charges charged by vendors in the industry for the same level of professional service. The proposed contract amount is in-line with these findings and past contract amounts.

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:	*X*
	a. *If yes, please provide details regarding future obligations or needs.*				
	In the event that the MSA solicitation is not completed prior to the commencement of future audit years, we will need to continue to solicit a waiver for completing these required services.				

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

Robert R. Boehmer, Executive Officer — 11/29/18

Print Name of Agency Representative Initiating Request — Date

Signature of Agency Head Authorizing Request

Robert R. Boehmer, Executive Officer — 11/29/18

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 — 11-29-2018

Date

2017 NDC Financial Audit Solicitation

1. CliftonLarsonAllen LLP
2. Eide Bailly Reno
3. Grant Thornton Reno
4. Keddington & Christensen LLC
5. Kohn & Company LLP – they declined to submit a proposal on 12/29/16
6. KPMG
7. Strong McPherson
8. Ernst & Young
9. Deloitte
10. Price Waterhouse

Department of Administration
Administrative Services Division

Service Contract Request

Please complete the contract request, print, and obtain the appropriate authorizing signature. If necessary, prepare the scope of work (SOW) in a separate Word document. Submit this scanned contract request and the SOW Word.doc file through the ASD website by selecting "New Service Contract Request."

General Information

Agency name and code (3-digit number)
(e.g. Admin Services Div. - 086):
Nevada Deferred Compensation- 920

Date this form completed (mm/dd/yyyy):
10/11/2018

Agency Address, phone and fax:
100 N. Stewart Street, Suite 100, CC, NV, 89701
775-684-3397/ Fax- 775-684-3399

Purpose of Contract:
Perform Annual Independent Finacial Audit

☒ New Contract
☐ Sole Source (Attached approved solicitation waiver, if available)

Note: If there is a current contract in place and extension of contract termination date or increase in authority is needed, please refer to Service Contract Amendments under Agency Guidance.

Contract Term:
From: (mm/dd/yyyy): 11/1/2018

Or **Eff. Upon BOE approval:** ☒ Yes ☐ No

To: (mm/dd/yyyy): 6/30/2020

Required notice for termination:
90 days

Estimated contract amount per fiscal year (please provide information for all fiscal years):

FY19	**$28,000.00**	**FY20**	$28,000 ~~**$280,000.00**~~
FY21	**$28,000.00**	**FY22**	$28,000.00

Account coding to charge:

To what State Fiscal Year(s) will the contract be charged? **20192020** (2019 and annually thereafter)
Budget account: 1017 Category: 4 GL (leave blank if unsure):
Job number (optional): Org code (optional): Function code (optional):

Potential Vendors

Company Name	Contact Name	Email Address	Fax Number

See Attached (ASD provided last year) Please research and see if there are any others that we can consider as well

Payment terms:

- ☒ upon approved invoice
- ☒ upon completion of project/deliverables
- ☐ at approved rate of $0.00 per Hour
- ☐ other (please specify)

Enter the percentage of funding that comes from each of the following categories. Entries must total to 100 percent.

General Funds:	___%	
Highway Funds:	___%	
Fees:	100%	**Description:** We are a 100 % fee based Program
Bonds:	___%	
Other Funding:	___%	**Description:** _____
Federal Funds:	___%	
Total:	100%	

Justification (what conditions require this work to be done?):
As part of our Fiduciary responsibility to the administration of the NDC Program, we are required to conduct an annual independent finacial audit to create and maintain each plan(s) annual finacial statements and to ensure compliance standards to meet federal and state guidelines and best practices.

Explain why state employees are not able to do this job.
We were informed that there is not an agency within the State that we could contract with to perform this type of audit.

If this is a contact for extra services, list any current contracts for the requested services.

Insurance Questionnaire	
Will the contract involve the use of the contractor's or the State's vehicle as part of the services being provided? ☐ Yes ☒ No	**Does the contract involve janitorial or building maintenance services?** ☐ Yes ☒ No
Will the contractor be responsible for keeping a "master key" to State property? ☐ Yes ☒ No	**Will the contract involve security services?** ☐ Yes ☒ No
Will the contractor handle money on behalf of the State? ☐ Yes ☒ No	**Will the contract involve elevator maintenance?** ☐ Yes ☒ No
Will the contract involve vehicle transport/storage/repairs or maintenance? ☐ Yes ☒ No	**Will the contract involve special events/use of State premises?** ☐ Yes ☒ No
Will the contract involve long-term leasing or rent of State or private premises? ☐ Yes ☒ No	**Will the contract involve purchase of products to be sold or distributed directly to the public?** ☐ Yes ☒ No
Will the contract involve the purchase and installation of large or highly valued equipment? ☐ Yes ☒ No	**Will the contract involve the purchase of hazardous materials?** ☐ Yes ☒ No
Will the contract involve environmental services or consulting? ☐ Yes ☒ No	**Will the contract require the services of a licensed or certified professional?** ☐ Yes ☒ No If so, please indicate type below: CPA
Do any of the following IT components relate to this contract?	

• Software development • Computer consulting • Web site design/programming • Integrated computer system design • Privileged access to network systems, valuable property or sensitive data	• Multi-media design • Data management • Other computer service ☐ Yes ☒ No

Scope of Work

Attach, in a separate Word document, a detailed, specific scope of work and/or contractor's proposal. Please label the document with the contract title followed by "Scope of Work" and the date it was prepared. **When submitting through ASD website, please attach the electronic Word document file (not a scanned copy) of the scope of work.**
Please consider the following:

- what facilities will use the service?
- deliverables with dates
- required reports with dates
- milestones with dates
- deadlines
- inspections
- product specifications
- functional specifications
- performance specifications
- subsequent service and support
- usage and warranty
- applicable laws
- who evaluates performance?
- what happens if deliverable, report, milestone, etc. is missed?

See Attached

If this contract is anticipated to be determined by the RFP process, please complete the following section. If not, continue to the last page and complete the form and obtain signatures.

RFP type of service:	
RFP contact person if different from contract monitor:	**RFP contact phone:**
Will there be a pre proposal conference or walkthrough? ☐ Yes ☒ No	**If there will be a pre proposal conference or walkthrough, is it mandatory?** ☐ Yes ☒ No

Mailing List Development – Potential Vendors

In the space provided below, please identify entities who should receive direct notification of the RFP's release. Please include vendors from the Purchasing Division's database via their website.

Company Name	Contact Name	Email Address	Fax Number

Contract monitor/agency lead:	Contract monitor/agency lead phone:
Name: Robert R. Boehmer **Title:** Executive Officer and Certified Contract Manager	775-684-3397

Authorization to proceed with contract:

Robert R. Boehmer

Print Name and Title

Signature of Division Administrator or Designee

10/11/18

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: **21125**

		Legal Entity Name:	Strauss Enterprises LLC
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**Reno Techs**
Agency Code:	**BDC**	Address:	**PO Box 13753**
Appropriation Unit:	**B019 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89507**
If "No" please explain:	Not Applicable	Contact/Phone:	Chris Strauss 775-835-4055
		Vendor No.:	
		NV Business ID:	NV20111480165

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

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

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

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/12/2018**
   Anticipated BOE meeting date 09/2018

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2019**
   Contract term: **50 days**
4. Type of contract: **Contract**
   Contract description: **Software Services**
5. Purpose of contract:

A new contract where vendor will provide customized licensing management system software, website and support.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$15,000.00**
   Other basis for payment: $7500 at commencement and $7500 at acceptance of completed work by the Board

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board is in need of a new computer software system and website in order to better manage their charge in accordance with their Chapter of Law.

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

Staff of the Board does not have the expertise to facilitate the development of a computer software system and website.

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. Soliciation 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? 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:

Name of Company is Reno Techs but is registered with the Secretary of State as an LLC under the owners name Strauss Enterprises.

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	vwind1	09/20/2018 14:54:15 PM
Division Approval	vwind1	09/20/2018 14:54:18 PM
Department Approval	vwind1	09/20/2018 14:54:22 PM
Contract Manager Approval	vwind1	09/20/2018 14:54:26 PM
EITS Approval	lolso3	09/24/2018 13:17:29 PM
Budget Analyst Approval	lfree1	12/12/2018 14:46:28 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21332**

		Legal Entity Name:	EDULOKA LIMITED DBA
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**EDULOKA LIMITED DBA**
Agency Code:	**BDC**	Address:	**INLUMON**
Appropriation Unit:	**B036 - All Categories**		**9645 GATEWAY DR STE A**
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89521-2967**
If "No" please explain:	Not Applicable	Contact/Phone:	Tuhin Verma 800/240-6317
		Vendor No.:	T29034911
		NV Business ID:	NV20101126878

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

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

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

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/30/2018**
   Anticipated BOE meeting date 01/2019

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2019**
   Contract term: **211 days**

4. Type of contract: **Contract**
   Contract description: **Add License Types**

5. Purpose of contract:

This is a new contract to provide technical support to the inLumon licensing database software. The support covered under this contract includes completion of the tasks assigned as part of original contract #15878 for the completion of the compliance module used by the inspection staff, upgrades for implementation of statutory changes approved as part of 2017 AB 178, R108-17, and R040-18 including adding two new license types (structural integration practitioner and reflexologist) , establishment application processing, establishment certificate, and upgrading the database to a new platform to improve performance and enhance available features including the ability to email all licensees from the database, generate ad hoc queries, and upload continuing education certificates as courses are taken.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$16,075.00**

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

Other basis for payment: Complete Compliance Module $6,875 - Add new license types $4,000 per - Add establishment certificate $1,200

II. JUSTIFICATION

7. What conditions require that this work be done?

AB 179 passed during the 2017 Legislative Session. The Board is implementing the license types and other changes included in this bill.

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

The Board's database is maintained by Eduloka Limited dba inLumon. The Board does not have staff with this skill set.

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. Soliciation Waiver: **Not Applicable**

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

   Eduloka Limited maintains the Board's database.

   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:

    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	anders7	11/20/2018 12:10:40 PM
Division Approval	anders7	11/20/2018 12:10:42 PM
Department Approval	anders7	11/20/2018 12:10:44 PM
Contract Manager Approval	anders7	11/20/2018 12:10:46 PM
EITS Approval	daxtel1	11/20/2018 14:18:25 PM
Budget Analyst Approval	mmoren1	11/30/2018 14:41:25 PM