

Governor Steve Sisolak  
Chairman

Susan Brown  
Clerk of the Board



Attorney General Aaron D. 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:** July 14, 2020, 10:00 AM

**Location:**

*Pursuant to the Governor's Emergency Directive 006, as extended, there will be no physical location for this meeting. This meeting can be viewed on YouTube. The link will not go live until 10:00 am*

[https://www.youtube.com/channel/UCF8zpKli9VhMDNVq\\_GsEYuQ/live](https://www.youtube.com/channel/UCF8zpKli9VhMDNVq_GsEYuQ/live)

**Please do not call for the collaboration code if you have not been contacted by your Executive Branch Budget Officer to do so.  
Thank you.**

**Conference Call Line**

775-687-0999 or 702-486-5260  
Please call 775-684-0222 for collaboration code

### AGENDA

- 1. Call to Order / Roll Call**
- 2. Public Comment** (The first public comment is limited to comments on items on the agenda. 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. The Chair of the Board will impose a time limit of three minutes).
- 3. Approval of the June 9, 2020 Minutes** (For possible action)

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

Board action under this item only grants permission to the employing agency. Current and former employees are still subject to all ethical requirements of NRS Chapter 281A, specifically including subsection 550 which restricts certain former employees and state agencies.

**Department of Administration – Purchasing Division**

Pursuant to NRS 333.705, subsection 4, the Department of Administration, Purchasing Division seeks a favorable recommendation regarding the Division's determination to use the emergency provision to contract with former employee Brian Bracken to perform administrative duties through Master Service Agreement #18404 with HAT Limited Partnership, dba Manpower.

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Don Soderberg to perform hearings duties through Master Service Agreement #18404 with HAT Limited Partnership, dba Manpower.

## 5. Request for Designation of Bad Debts (For possible action)

### Office of the State Controller

Pursuant to NRS 353C.220, the Office of the State Controller requests the Board of Examiners to write-off bad debts deemed uncollectible on behalf of the following state departments:

Department	Division	Number of Accounts	Total Amount
1. Administration	Purchasing	1	\$114.82
2. Administration	Central Payroll	39	\$19,048.55
3. Attorney General	Administration	75	\$49,641.99
4. Attorney General	Private Investigator's Licensing Board	4	\$8,825.00
5. Agriculture	Agriculture	37	\$2,639.15
6. Business and Industry	Dairy Commission	1	\$3,824.75
7. Business and Industry	Insurance	52	\$16,500.00
8. Business and Industry	Transportation Authority	4	\$3,623.44
9. Conservation and Natural Resources	Environmental Protection	51	\$301,110.02
10. Conservation and Natural Resources	Forestry	8	\$28,562.09
11. Corrections	Corrections	4,971	\$336,209.83
12. Health and Human Services	Welfare and Supportive Services	36	\$10,213.90
13. Health and Human Services	Child and Family Services	4	\$97.67
14. Health and Human Services	Healthcare Finance and Policy	54	\$9,719.11
15. Health and Human Services	Public and Behavioral Health	89	\$1,856.65
16. Health and Human Services	Health Care Quality Compliance	3	\$92.00
17. Health and Human Services	Welfare and Supportive Services	166	\$185,180.26
18. Motor Vehicles	Motor Carrier	78	143,140.90
19. Motor Vehicles	Motor Vehicles	7,143	\$4,349,614.33
20. Motor Vehicles	Records	1	\$48.00
21. Governor's Office	Energy	6	\$11,869,080.00
22. Judicial Discipline Commission	Judicial Discipline Commission	1	\$10,845.87
23. Office of Veterans Services	Veteran's Home	1	\$15,883.71
24. Public Employees Benefit Program	Public Employees Benefit Program	194	\$117,792.89
25. Public Safety	Records, Communications and Compliance	8	\$2,070.69
26. Public Safety	Parole and Probation	1,810	\$584,394.75
27. Public Safety	Records and Technology	5	\$553.75
28. Public Safety	Fire Marshall	116	\$16,137.38
29. Public Utilities	Public Utilities Commission	1	\$1,000.00
30. Secretary of State	Secretary of State	292	\$33,161.81
31. Transportation	Transportation	8	\$23,931.10
32. Western Interstate Commission for Higher Education	Western Interstate Commission for Higher Education	30	\$791,603.85
33. Wildlife	Wildlife	1	\$44.98
Grand Total		15,290	\$18,936,563.24

6. [Approval of Proposed Leases](#) (For possible action)
7. [Approval of Proposed Contracts](#) (For possible action)
8. [Approval of Work Plan](#) (For possible action)
9. [Approval of Proposed Master Service Agreements](#) (For possible action)
10. [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 May 19, 2020 through June 22, 2020.

11. **Public Comment** (This public comment period is for any matter that is within the jurisdiction of the public body. 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. The Chair of the Board will impose a time limit of three minutes.)

12. **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 will limit public comments to three minutes per speaker and may place other reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint. We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Dale Ann Luzzi at (775) 684-0223 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at [daluzzi@finance.nv.gov](mailto:daluzzi@finance.nv.gov). Supporting materials for this meeting are available posted on the Board of Examiner's website and by contacting Dale Ann Luzzi at (775) 684-0223 or by email at [daluzzi@finance.nv.gov](mailto:daluzzi@finance.nv.gov)

**Agenda Posted at the Following Locations:** Notice of this meeting was posted on the Internet: <http://budget.nv.gov/Meetings/Meetings-new/> and <https://notice.nv.gov>

Governor Steve Sisolak  
Chairman

Susan Brown  
Clerk of the Board



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## STATE OF NEVADA BOARD OF EXAMINERS

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Phone: (775) 684-0222 / Fax: (775) 684-0260  
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### MEETING MINUTES

**Date and Time:** June 9, 2020, 10:00 AM

**Location:**

*Pursuant to the Governor's Emergency Directive 006, there will be no physical location for this meeting. This meeting can be viewed on YouTube. The link will not go live until 10:00 am*

[https://www.youtube.com/channel/UCF8zpKli9VhMDNVq\\_GsEYuQ/live](https://www.youtube.com/channel/UCF8zpKli9VhMDNVq_GsEYuQ/live)

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775-687-0999 or 702-486-5260  
Please call 775-684-0222 for collaboration code

**MEMBERS PRESENT:**

Governor Steve Sisolak  
Attorney General Aaron Ford – on the phone  
Secretary of State Barbara Cegavske – on the phone

**STAFF PRESENT:**

Susan Brown, Clerk  
Dale Ann Luzzi, Board Secretary

## 1. Call to Order / Roll Call

**Governor:** Good morning, I would like to call to order today's meeting of the State of Nevada, Board of Examiners for Tuesday, June 9, 2020. Could I ask the Clerk to take the roll, please?

**Board Secretary:** Yes. Governor Sisolak?

**Governor:** Here.

**Board Secretary:** Attorney General Ford?

**Attorney General:** Here.

**Board Secretary:** Secretary of State Cegavske?

**Secretary of State:** I'm here.

**Board Secretary:** Let the record reflect, we do have a quorum.

**Governor:** Thank you.

## 2. Public Comment (The first public comment is limited to comments on items on the agenda. 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. The Chair of the Board will impose a time limit of three minutes).

**Governor:** Thank you. Item number 2 is *Public Comment*. This is the first time set aside for public comment. Anyone wishing to address the Board, please identify yourself for the record. Comments will be limited to three minutes. Do we have anyone on the phone? Do we have any written public comments? Okay. No public comment.

## 3. Approval of the May 12, 14 and 19, 2020 Minutes (For possible action)

**Governor:** Do we have a motion, item number 3 for *Approval of the May 12<sup>th</sup>, 14<sup>th</sup> and 19<sup>th</sup> Minutes?*

**Secretary of State:** Move for approval. This is Barbara.

**Attorney General:** Move approval. Second.

**Secretary of State:** We both did it.

**Governor:** We have two motions for approval. Any discussion on that motion? Seeing and hearing none, all in favor signify by saying aye. [ayes around] Motion passes.

**4. 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 Agriculture	1	\$42,118
<b>Total</b>	<b>1</b>	<b>\$42,118</b>

**Governor:** Item number 4, *State Vehicle Purchases*.

**Clerk:** There is one request for one vehicle in this agenda item. This request is from the Department of Agriculture to purchase one replacement vehicle for \$42,118. The vehicle being replaced has met the age and mileage requirements in SAM. This vehicle is being purchased with federal funds. Are there any questions on this item?

**Governor:** Do we have any questions on item number 4? Do I have a motion on item number 4?

**Attorney General:** None here. Move approval.

**Governor:** We have a motion on the floor for approval. Any discussion? Hearing and seeing none, all in favor signify by saying aye. [ayes around] Motion passes.

**5. Authorization to Contract with a Current and/or a Former State Employees** (For possible action)

Board action under this item only grants permission to the employing agency. Current and former employees are still subject to all ethical requirements of NRS Chapter 281A, specifically including subsection 550 which restricts certain former employees and state agencies.

**Governor’s Office – Athletic Commission**

Pursuant to NRS 333.705, subsection 1, the Commission requests authority to contract with Charvez Foger a current Ombudsman with the Department of Business and Industry, to provide inspector services at unarmed combat events.

**Governor:** Item number 5, *Authorization to Contract with a Current and/or Former State Employee*.

**Clerk:** Item 5 includes one request to contract with a current employee pursuant to NRS 333.705(1). This request is from the Athletic Commission to contract with a current employee to provide inspector services at unarmed combat events. This individual is currently employed with the Department of Business and Industry and will provide these services outside his normal work hours. Are there any questions on this item?

**Governor:** Do we have any questions on item number 5? Seeing none. Do I have a motion?

**Attorney General:** Move approval.

**Governor:** We have a motion for approval, any discussion on that motion? Hearing and seeing none, all in favor signify by saying aye. [ayes around] Motion passes.

**6. Request for Designation of Bad Debts** (For possible action)

**Department of Business and Industry – Division of Industrial Relations**

Pursuant to NRS 232.605(2), the Advisory Council requests that the Board of Examiners designate the following debts as bad debts, as they have been determined to be uncollectible:

<b>Business and Industry, Division of Industrial Relations</b>	<b>\$1,753,539.55</b>
Occupational Safety and Health Administration Fines/Penalties	\$67,358.82
Uninsured Employer Claim Account	\$1,175,915.38
Worker’s Compensation Administrative Fines and Premium Penalties	\$510,265.35

**Governor:** Item number 6, *Request for Designation of Bad Debts*.

**Clerk:** Item number 6. Most State agencies turn their uncollectable debt over to the State Controller who has the authority to request the Board of Examiners write off bad debt that has become impossible or impractical to collect. Bad debt under the purview of the State Controller cannot be removed from the State’s books unless the Board of Examiners designates the bad debt as uncollectable. In this case, pursuant to NRS 232.605, the Department of Business and Industry, Division of Industrial Relations’ Advisory Council, shall request the Board of Examiners to designate such amount as a bad debt that the Division determines is impossible or impractical to collect.

This item includes one request to designate debts as bad debts under the provisions of NRS 232.605. The request is from the Division of Industrial Relations to designate \$1,753,539.55 as bad debt for the purpose of removing these debts from the State’s books. The agency has worked with the Controller’s Office on debt collection efforts. This has no impact on the general fund. Are there any questions?

**Governor:** Yeah, do we outsource this to a private collection agency?



**Clerk:** In this case, the agency itself, the Division of Industrial Relations has a process that they follow and then they turn it over to the Controller's Office who has a vendor that they use, a contractor that they use for additional debt collection efforts.

**Governor:** Okay. So, what success have we had with that vendor?

**Clerk:** I'm going to say that there's been about \$100,000 collected in bad debt in the current fiscal year. And just—I'm ballparking that because I did look at this the other day. I would have to do some more research and get that information for you.

**Governor:** Do we have representation from Controller's Office on the phone? They're not in attendance? Okay. Do we have a motion on this one?

**Secretary of State:** Governor? Governor, this is Barbara Cegavske. In the past, when we've talked about this being on the Board of Examiners', this is something that sometimes they turn over and sometimes they do it internally. We asked a lot of questions about this and your staff got us the information. So, I'm okay with making a motion to approve, but I do want you to know that a lot of its exhausted because sometimes the people have moved.

**Governor:** Right.

**Secretary of State:** But, what we did find out is, sometimes, they get a new business license. And so, we would want to make sure that they hadn't done that or that they're working under another name.

**Governor:** Okay. Well, if we could follow up with the Controller's Office if she could make herself available to answer those questions and provide that information. I think it would be helpful. Okay. Do we have a motion on this item?

**Secretary of State:** Yes sir, I made a motion and I'll stick with it.

**Governor:** We have a motion on the floor, any discussion? Hearing and seeing none. All in favor, signify by saying aye. [ayes around] Motion passes.

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

### **Department of Public Safety – Dignitary Protection**

Pursuant to NRS 353.268, the Division requests the Board's recommendation to the Interim Finance Committee for \$23,000 from Contingency Account to cover costs associated with providing dignitary protection to the Governor.

## **Patient Protection Commission**

Pursuant to NRS 353.268, the Commission requests the Board's recommendation to the Interim Finance Committee for an allocation of \$241,065 from the Interim Finance Committee Contingency Account, to cover projected costs for fiscal year 2021 related to the Patient Protection Commission arising from the passage of Senate Bill 544 in the 2019 Legislative Session.

## **Department of Corrections**

Pursuant to NRS 353.268, the Nevada Department of Corrections (NDOC) requests the Board's recommendation to the Interim Finance Committee for \$1,318,680 Inmate Driven expenditure categories.

**Governor:** Item number 7, *Request for a Recommendation of Approval to the Interim Finance Committee for an Allocation Amount from the Contingency Account.*

**Clerk:** This item includes 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 \$18 million to cover unanticipated costs for the remainder of the 2019-2021 biennium. If these items are approved the remaining balance in the account will be approximately \$16.4 million.

The first request from the Department of Public Safety has been withdrawn.

The second request is from the Governor's Office, Patient Protection Commission for \$241,065 to continue to cover costs for the Patient Protection Commission arising from the passage of Senate Bill 544 of the 2019 legislative session.

The third request is from the Department of Corrections for \$1,318,680 to cover non-medical related costs, such as increased food costs. Total ask for NDOC from the contingency account year to date is \$8.3 million.

Are there any questions on any of these items?

**Governor:** Do we have any questions on item number 7? Do we have a motion?

**Attorney General:** I'll move approval.

**Governor:** We have a motion for approval, any discussion on that motion? Hearing and seeing none, all in favor signify by saying aye. [ayes around] Motion passes. Thank you.

**8. Requests for the Allocation and Disbursement of Funds for Salary Adjustments** (For possible action)

The 2019 Legislature, through Assembly Bill 542, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State's respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor's Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

The following department, commission and agency requests for allocations from the General Fund and/or Highway Fund salary adjustment accounts are recommended by the Director of Finance:

<b>BA#</b>	<b>BUDGET ACCOUNT NAME</b>	<b>GENERAL FUND ADJUSTMENT</b>	<b>HWY FUND ADJUSTMENT</b>
1036	Attorney General's Office – Crime Prevention	\$11,052	
	<b>Total</b>	<b>\$11,052</b>	
2691	Department of Agriculture – Nutrition Education Programs	\$2,720	
	<b>Total</b>	<b>\$2,720</b>	
4738	Department of Public Safety – Dignitary Protection	\$15,419	
	<b>Total</b>	<b>\$15,419</b>	

**Governor:** The next item is item number 8, *Request for Allocation and Disbursement of Funds for Salary Adjustments*.

**Clerk:** Sections 4, 5, 6 and 7 of Assembly Bill 542 from the 2019 Legislative Session appropriated Salary Adjustment funds to the Board of Examiners to cover the 3% cost of living adjustments effective July 1, 2019, which were not included in agency salary budgets.

An agency whose actual salaries exceed their budgeted amount due to these COLAs are allowed to request salary adjustment dollars from the Board of Examiners. This item requests access to those funds by:

- The Attorney General's Office – Crime Prevention Account to cover COLAs in the amount of \$11,052 in General Funds.
- The Department of Agriculture – Nutrition Education Program in the amount of \$2,720 in General Funds
- The Department of Public Safety – Dignitary Protection Detail in the amount of \$15,419 in General Funds.

The total General Fund request today is \$29,191. The legislature appropriated \$30.4 million in General Fund for this purpose.

**Governor:** Do we have any questions on item number 8? Do we have a motion?

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

**Governor:** We have a motion for approval, any discussion on that motion? Seeing none, all in favor signify by saying aye. [ayes around] Motion passes. Thank you.

#### 9. Approval of Proposed Leases (For possible action)

**Governor:** The next item is item number 9, *Approval of Proposed Leases*.

**Clerk:** There are six leases in agenda item 9 for approval by the Board this morning. Lease number 4 with the Department of Health and Human Services and Aging and Disability Services Division has been withdrawn. Are there any questions on any of these items?

**Governor:** No, I want to thank you for going over these leases with me in my briefing. I think we just need to be cognizant of the fact that as we're continuing in this downturn of the economy, these prices are coming down and I would hope that our negotiations reflect that. Questions?

**Attorney General:** None here.

**Governor:** Do I have a motion?

**Attorney General:** Move approval.

**Governor:** We have a motion on the floor, any discussion? All in favor signify by saying aye. [ayes around] Motion passes.

#### 10. Approval of Proposed Contracts (For possible action)

**Governor:** Item number 10, *Approval of Proposed Contracts*.

**Clerk:** There are 55 contracts in agenda item 10 for approval by the Board this morning. Contract 17 Department of Tourism and Cultural Affairs and Certified Folder Display Service and Contract 42 Department of Health and Human Services, Division of Child and Family Services and Board of Regents, UNR School of Social Work have been withdrawn. Are there any questions on any of these items?

**Governor:** I do. I have questions on items number 7, 8, 9 and 10. Do we have a representative from the Treasurer's Office?

**Attorney General:** We can get them on the line, Governor.

**Governor:** Okay. I'm going to move to hold items 7, 8, 9 and 10. We'll vote on the rest of them. Can we do that? Okay. Do we have a motion on the rest of the items with a hold on 7, 8, 9 and 10 since the Treasurer's Office is not with us?

**Secretary of State:** So moved.

**Attorney General:** Move approval.

**Governor:** We have a motion on the floor. Any discussion on the motion? All in favor signify by saying aye. [ayes around] Motion passes. We'll bring those back at a future meeting when the Treasury can attend.

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

**Governor:** Item number 11, *Approval of Proposed Master Service Agreements*.

**Clerk:** There are 5 master service agreements in agenda item 11 for approval by the Board this morning. Are there any questions on any of these items?

**Governor:** I do not have any questions. Do we have any questions on item number 11? Do we have a motion?

**Attorney General:** None here, so moved. Move approval.

**Governor:** We have a motion on the floor. Any discussion on the motion? All in favor, signify by saying aye. [ayes around] Motion passes.

## 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 April 21, 2020 through May 18, 2020.

**Governor:** Item number 12, information item, *Clerk of the Board Contracts*.

**Clerk:** Item number 12, there were 55 contracts under the \$50,000 threshold approved by the Clerk between April 21, 2020 and May 18, 2020. Are there any questions on any of these items?

**Governor:** I do not have any questions. Do we have any questions on item number 12?

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

**Attorney General:** None here.

**Governor:** Okay. That's an information item.

### **13. Information Item and Reports**

#### **Statewide Quarterly Overtime Report – Fiscal Year 2020 3rd 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 3rd Quarter Overtime Report and analysis for Fiscal Year 2020.

**Governor:** Item number 13, information item and reports. *Statewide Overtime Report*, this is always a good one.

**Clerk:** This report is on overtime and accrued compensatory leave for the third quarter of FY 2020. My staff summarized the report into a two-page summary, so I won't read the details but I will hit a couple of highlights. For the first nine months of fiscal year 2020, overtime pay and comp leave accounted for a total of approximately \$36.86 million, or 4.45% of total pay, this is a slight increase from fiscal year 2019 or about \$1.2 million.

The Department of Corrections had the highest amount of overtime for the quarter and comp time at \$3.36 million or 8.74% of their base pay, followed by the Department of Health and Human Services at \$2.9 million or 3.81% of their base pay. These two agencies accounted for 55.8% of the overtime for the quarter.

Year to date, the Department of Corrections has incurred \$11.5 million in overtime compared to \$9 million for the same period last year or 9.43% of base pay while DHHS has incurred \$8.3 million of overtime and comp time or 3.52% of base pay. Those two agencies account for 53.7% of the overtime and comp time through the first three quarters of FY 2020.

At the Department of Corrections, overtime and comp time decreased by \$1 million from the prior quarter, and overtime and comp time at the seven locations on Page 2 accounted for 86.9% of the total overtime for the department.

By event code, the highest four causes on Page 2 accounted for 85.5% of the overtime at the Department of Corrections. Finally, at the Department of Health and Human Services, the four - event codes on the bottom of Page 2 accounted for 77.2% of their overtime.

Are there any questions on this item?

**Governor:** I do not have any questions on this. The overtime obviously continues to be high and problematic. Do we have any comments on that item?

**Attorney General:** None here, Governor.

**Secretary of State:** Not from me, Governor, thank you.

**Governor:** Okay. Thank you.

**14. Public Comment** (This public comment period is for any matter that is within the jurisdiction of the public body. 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. The Chair of the Board will impose a time limit of three minutes.)

**Governor:** Item number 14, *Public Comment*. This is the second time set aside for public comment. Anyone wishing to address the Board on any item, please step forward, identify yourself for the record and comments will be limited to three minutes. Do we have anyone? Seeing no one, we'll close public comments. Secretary Cegavske, I know you've got a busy day ahead of you.

**Secretary of State:** I do.

**Governor:** Best of luck.

**Secretary of State:** Thank you.

**Governor:** We have total confidence in you that it will turn out fine. And, again, we'll be a standard for the rest of the country. So, thank you for all your doing for us.

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

**Governor:** Do I have a motion to adjourn?

**Secretary of State:** Thank you, Governor, let's adjourn!

**Governor:** All in favor signify by saying aye. [ayes around] Motion passes. Thanks, everybody.

Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
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: June 16, 2020  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Shauna Tilley, 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 ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 4, the Department of Administration, Purchasing Division seeks a favorable recommendation regarding the Division's determination to use the emergency provision to contract with former employee Brian Bracken to perform administrative duties through Master Service Agreement #18404 with HAT Limited Partnership, dba Manpower.

Additional Information:

Mr. Bracken retired from the Department of Employment, Training and Rehabilitation (DETR) as Business Process Analyst 3 on August 6, 2019. His skills and experience are needed to implement the Pandemic Unemployment Assistance (PUA) program as created by the Coronavirus Aid, Relief, and Economic Security (CARES) Act related to unemployment insurance benefits for DETR from May 25, 2020 through September 25, 2020.

Statutory Authority:

NRS 333.705 (4)

REVIEWED: _____
ACTION ITEM: _____





**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**

June 11, 2020

**MEMORANDUM**

**To: Shauna Tilley**

**From: Annette Morfin, Purchasing Officer**

**Subject: CETS Contract 18404 – HAT LTD Partnership dba Manpower  
RFP 3296 – Temporary Employment Services**

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Brian Bracken who Manpower wants to hire. This request is a retroactive request as the contract start date is May 25, 2020 and needs to go to the July BOE.

Brian Bracken recently left state service and is within the two (2) year window. He is currently receiving benefits from PERS.

If you have any questions, please contact me at 684-0185 or [amorfin@admin.nv.gov](mailto:amorfin@admin.nv.gov)



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:** Brian Bracken  
**Former Employee ID Number:** 12612  
**Former Job Title:** BPAIII,  
**Former Employee Agency:** DETR  
**Former Class and Grade:** 7.655 38-10  
**Former Employment Dates:** 02/21/1995-08/05/2019  
**Contracting Agency:** DETR

### 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-1 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-1 below.

#### a. Summarize scope of contract work.

The position was needed to provide leadership, coordination, and direction necessary for development and implementation of the federally mandated Pandemic Unemployment Assistance Program (PUA) enacted by law (CARES Act). Additionally, the contractor is responsible for ensuring achievement of mandated program goals and objectives pursuant to CARES Act requirements.

#### b. Document former job description.

Business Process Analysts apply an in-depth knowledge of the agency's program areas to define and implement solution to a given problem that requires an individually tailored response for end-user requirements.

Analyze business processes by maintaining documentation of agency business processes, developing procedural alternatives in the absence of properly operating software, identifying work processes that may be automated, researching and evaluating computer hardware and software needs, defining potential benefits of proposed system or deficiencies to be corrected in the existing system, proposing business process improvements, and defining and documenting data definitions and relationships to be used in the foundation of systems development.

Develop requirements by participating in agency program planning; determining business function and end-user requirements through consultation with end-users, technicians, vendors, management, and others; conducting detailed alternative analyses; developing written requirements for proposed systems and applications; writing technical requirements for grant proposals as required; and preparing documentation for the computer system manual.

Monitor financial aspects of system development by participating in recommending and justifying resource allocations and expenditure decisions, participating in budgeting, preparing purchase requests, tracking and recording expenditures, and tracking project progress and

costs.

Test systems functionality by preparing test plans and participating in quality assurance.

Monitor system implementation by participating in procedure development and evaluation, preparing end user procedures, devising and implementing procedure modifications, developing transition plans, developing training material, and participating in training development and presentation for a variety of agency programs and applications.

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

Yes, the contractor has 25 years of experience in the Nevada UI Program which included 10 years of experience in management level positions with oversight responsibilities for program operations. Former titles with the agency were ESD Manager II, ESD Manager III, ESD Program Chief, Appeals Chief, BPA III.

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

This position type has never existed and is essential to administering the Federal PUA program. Mr. Bracken has been involved in the upper layers of the PUA program since its inception in March. Since then he has been involved in all layers and has the most understanding of the program along with the best fitting credentials to ensure the success of the PUA program.

- 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.**

N/A

- f. List contractor's hourly rate.**

52.61

- g. List the range of comparable State employee rates.**

\$34.90 - \$52.61

- 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.**

Position is only needed temporarily.

- 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)**

5/25/2020 – 09/25/2020

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

Full-time, 40 plus hours per week

**Approval for Authorization to Contract with a Former Employee:**

Heather K... .. 6/10/20  
Signature of Agency Head Authorizing Request Date

Kevin D. Doty 6/11/2020  
Purchasing Administrator Signature (if a Statewide Contract) Date

Shawne Tilly 6/16/20  
Budget Analyst Signature Date

\_\_\_\_\_  
Clerk of the Board of Examiners Signature Date

**DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION  
JUSTIFICATION TO FILL  
TEMPORARY/CONTRACT POSITION**

Date: 5/5/20

Authorization is required to fill the following contract/temporary position:

1.	Division: Employment Security Budget Account# 4772 Entity: Contract is With:	Agency: 902														
Proposed Employee's Name Brian Bracken																
2.	Is this person: Currently employed by the State of Nevada? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency employed by, class title, number of hours: Currently a contractor working as an ESD Manager 3 in the NTIC. 40 plus hours a week.  A former employee of the State of Nevada? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list: <table style="width:100%; border:none;"> <tr> <td style="border-bottom:1px solid black;"><u>Agency</u></td> <td style="border-bottom:1px solid black;"><u>Last Class Title</u></td> <td style="border-bottom:1px solid black;"><u>Grade/Step</u></td> <td style="border-bottom:1px solid black;"><u>Employment Dates</u></td> </tr> <tr> <td>902</td> <td>07.655</td> <td>38/10</td> <td>02/21/95-08/06/19</td> </tr> </table> Is the person a State of Nevada retiree? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Related to or in a dating relationship with anyone in DETR (refer to NAC 284.375)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If yes, list: <table style="width:100%; border:none;"> <tr> <td style="border-bottom:1px solid black;"><u>Name</u></td> <td style="border-bottom:1px solid black;"><u>Agency</u></td> <td style="border-bottom:1px solid black;"><u>Relationship</u></td> </tr> <tr> <td>Amy Yukish</td> <td>ESD</td> <td>Partners</td> </tr> </table> Does this person have/work for a business that provides similar services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain why you are not contracting with the business entity?		<u>Agency</u>	<u>Last Class Title</u>	<u>Grade/Step</u>	<u>Employment Dates</u>	902	07.655	38/10	02/21/95-08/06/19	<u>Name</u>	<u>Agency</u>	<u>Relationship</u>	Amy Yukish	ESD	Partners
<u>Agency</u>	<u>Last Class Title</u>	<u>Grade/Step</u>	<u>Employment Dates</u>													
902	07.655	38/10	02/21/95-08/06/19													
<u>Name</u>	<u>Agency</u>	<u>Relationship</u>														
Amy Yukish	ESD	Partners														
3.	Requested Job Title: PUA Deputy Administrator Qualifications Required: Bachelor's degree from an accredited college or university in business or public administration, education, human services or other relevant field and five years of experience supervising and managing comprehensive, complex programs and budgets, and professional personnel.  Working knowledge of: principles and methods of administration and management including budget and personnel administration and staff development, coordination and supervision, principles and techniques used in planning, organizing, developing and administering comprehensive programs which are subject to unprecedented circumstances; strategic and program planning principles and practices. General knowledge of: State and federal legislation regarding employment, training and rehabilitation services and programs; State and federal laws, regulations and administrative processes including budgeting, internal control procedures, policy development, and personnel administration and planning; State legislative processes to include drafting bills and position statements. Ability to: plan, organize and manage personnel including delegating responsibility, evaluating performance, and staff															

development; read and interpret complex legal and technical documents such as federal and State laws and regulations, legal opinions, and contracts; read and interpret management reports including fiscal, statistical, and performance indicators; plan, schedule and coordinate the activities of staff and multiple organizational units to ensure program directives and timeframes are met; negotiate and exchange ideas, information, and opinions with others to formulate policies and programs and/or arrive jointly at decisions, conclusions, or solutions; establish and adjust priorities for programs and staff. Skill in: speaking before large groups and committees to present detailed information and respond to questions; organizational analysis sufficient to analyze staffing patterns, budget reports and program effectiveness and develop appropriate process improvements; mediating between claimants, employers, special interest groups, other organizations, and staff with opposing points of view; using a personal computer to prepare correspondence, develop spreadsheets, research information on the Internet, and send messages; writing extensive and detailed proposals, reports, corrective action plans, and policies and procedures.

Working knowledge of: State legislative processes to include drafting legislative bills and position statements; State and federal laws, regulations and administrative processes including budgeting, internal control procedures, policy development, planning, problem resolution, management analysis, and personnel administration. Ability to: evaluate the impact of legislative proposals affecting programs and/or budgets to identify critical issues; coordinate and work effectively with administrators of various agencies and political entities; establish and maintain effective, cooperative working relationships with the public and State, federal and local legislators and officials; write technical reports to explain implication of changes and the impact on programs; support department goals and objectives and recognize the interrelationship between functions and projects.

State of Nevada Title and Grade that most closely corresponds to the duties to be performed by this position (review other positions doing same work; consult with division personnel officer): ESD Deputy Administrator Grade 43 Class Code 12.103

State of Nevada Hourly Salary Range (employee/employer-paid retirement):  
Step 1 \_\_\_\_\_ Step 5 \_\_\_\_\_ Step 10 \_\_\_\_\_ X \_\_\_\_\_

Would this person meet the minimum qualifications of the State of Nevada Job Class?  
 Yes  No

If no, please explain:

I have reviewed and concur with the information in Section 3:

*Molly Korn for Brian Baughter*  
DETR Personnel Officer's Signature \_\_\_\_\_

4.

Hours per week: 40

Hourly salary to employee: \$ 52.61

Hourly cost to agency: \$58.66

Monthly cost to agency: \$9385.62

- If hourly salary requested is above Step 5, please explain the basis of the request:  
Employee was a step 10 when he was last with the Department.
5. Anticipated start date of employment: 5/25/2020  
Anticipated end date of employment (period of time to complete an assignment):  
06/30/2021  
If the assignment is anticipated to be longer than 6 months, please explain why:  
This program will definitely last longer than 6 months to implement, maintain, and then close. There are many impacts of the PUA program and Federal requirements such as appeals that will outlast the 6-month range in addition to the amount of time the Federal funding is made available.
- If this is a renewal, list all prior periods of employment with this person and job title:  
Start \_\_\_\_\_ End \_\_\_\_\_ Title \_\_\_\_\_
6. This position is critical to:  
Public Safety  Client Care  Essential Service
7. a. Is this contract replacing a vacant state position? No  
If yes, indicate Budget Account #, Position Control#, and Class Title of vacant position:  
  
Date position became vacant:  
How did this position become vacant?  
Indicate status of filling the position:  
  
b. If this contract is not replacing a vacant state position, explain why a state position was not requested in the division's budget or reason requested position was not authorized: This position is needed to provide leadership, coordination, and direction of the Pandemic Unemployment Assistance program.  
  
c. Was this position approved in the division's budget as a contract position? No  
If yes, indicate period of time approved for:
8. Specify what duties this position will be performing and what deliverables are expected at the end of the employment period.  
Duties:  
1. Manage the delivery of the Pandemic Unemployment Assistance (PUA) program. Ensure the achievement of mandated goals and objectives.  
  
2. Under administrative direction of the Division Administrator, incumbents are responsible and accountable for planning, organizing, coordinating and managing program support of a major organizational component of the Employment Security or Rehabilitation Divisions within the Department of Employment, Training and Rehabilitation (DETR), and oversee the management of programs to ensure the timely, accurate, consistent, and effective delivery of services to clients through local offices and regional centers.



**3. Direct, through subordinate managers, the administrative and technical activities of assigned programs; develop, implement, monitor and adjust State and federal program goals and performance measures, budgets, and revenue and expenditure plans; monitor, adjust and approve the statewide distribution and use of resources; analyze staffing and budget reports; and approve requests for staff positions, travel, training, equipment, supplies and service.**

**4. Evaluate the effectiveness of programs in meeting established goals, performance measures, and requirements through quality control programs, performance appraisal process and fiscal analysis; develop corrective action plans and implement changes; and evaluate and approve the development, redesign and maintenance of automated systems which support program activities.**

**5. Ensure the timely, accurate, consistent, and effective delivery of services to clients through local offices and regional centers; analyze a variety of labor market and other demographic information provided by the department research section as well as past program performance, State and national trends, discussion with labor and management groups/leaders, legislators, and others; administer intensive client assessment, training and employment programs.**

**6. Represent the department and division as a spokesperson at meetings, legislative hearings, boards, councils and committees.**

**7. Direct the coordination and delivery of statewide program support units which provide interpretation of regulations, quality assurance, report validation, policy and procedure development, computer support, and staff development programs.**

**8. Supervise subordinate managers, professionals and support staff as assigned; interview and select new employees; delegate authority and responsibility to appropriate personnel; develop work performance standards; complete performance appraisals; provide appropriate counseling, guidance, staff development and motivation; and initiate, recommend or approve disciplinary action.**

**Expected deliverables:**

**Provided leadership to implement and maintain the successful performance of PUA.**

**Provided continued service to PUA claimants.**

**If this is a renewal, explain why the assignment was not completed.**

- 9. Reason for the urgency to fill and/or consequences of not filling position?  
Need the leadership and direction to implement and maintain PUA due to the needs to provide Nevadans the service required because of the shutdown of all nonessential businesses due to Covid 19. The Department must adhere to Federal requirements of the CARES act and this position is essential to the coordination of PUA.**

10. What is position funding source?

General Fund	%	Other Funding	%
Federal Funds	100	Other Funding	%
Fees	%	Other Funding	%

11.

Department Director's Signature required due to:

Salary Requested  Current State Employee  Has been state employee within 12 months

Length of Employment in Temporary Capacity

Meets S.A.M. definition of Consultant – "a person that provides information, an opinion or advice for a fee"

Attach memo if IFC approval is also required.

*[Signature]*  
Division Administrator's Signature

*5/21/2020*  
Date

Approved for hire  Not approved for hire

*[Signature]*  
Division Director's/Designee's Signature

*5/21/2020*  
Date

Comments:

12.

Department Director's signature not required

Approved for hire  Not approved for hire

Division Administrator's Signature

Date

Comments:

Date cc: sent to DETR Director's Office and Financial Management

Date



Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
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: June 16, 2020

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

From: Shauna Tilley, Executive Branch Budget Officer  
Governor's Finance Office *ST*

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Don Soderberg to perform hearings duties through Master Service Agreement #18404 with HAT Limited Partnership, dba Manpower.

Additional Information:

Mr. Soderberg retired from the Department of Employment, Training and Rehabilitation (DETR) as Director on March 2, 2019. His skills and experience are needed to conduct hearings related to unemployment insurance benefits for DETR, to assist the response to the COVID-19 pandemic through December 31, 2020.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____
ACTION ITEM: _____

*ST*



**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**

June 11, 2020

**MEMORANDUM**

**To: Shauna Tilley**

**From: Annette Morfin, Purchasing Officer**

**Subject: CETS Contract 18404 – HAT LTD Partnership dba Manpower  
RFP 3296 – Temporary Employment Services**

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Don Soderberg who Manpower wants to hire. This request is a retroactive request as the contract start date is July 1, 2020 and needs to go to the July BOE.

Don Soderberg recently left state service and is within the two (2) year window. He is currently receiving benefits from PERS.

If you have any questions, please contact me at 684-0185 or [amorfin@admin.nv.gov](mailto:amorfin@admin.nv.gov)



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:** Don Soderberg  
**Former Employee ID Number:** 14233  
**Former Job Title:** Director  
**Former Employee Agency:** DETR  
**Former Class and Grade:** Unclassified  
**Former Employment Dates:** 10/13/14 – 03/02/19  
**Contracting Agency:** ESD

### 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-1 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-1 below.

#### a. Summarize scope of contract work.

Appeals Referees conduct fair and impartial quasi-judicial hearings related to unemployment insurance benefits, experience rating rulings and employer tax liability cases; make decisions affecting benefit payments, effective dates of eligibility and tax liability for past, present and future employees of a business; affirm, modify or reverse any overpayment already established and impose disqualifications when claimants make willful misrepresentation of facts; elicit and record testimony, accept documentation, and make findings of fact; weigh the validity of issues and evidence presented at the hearing; research and interpret related laws, case law, regulations, policies and procedures applicable to the issues; and make appropriate decisions.

Schedule, open and preside at hearings under the guidelines of the Nevada Administrative Procedures Act, federal laws, regulations and standards, and agency policies and procedures; issue subpoenas for witnesses and/or records; admit relevant documentation, testimony and exhibits into evidence; summarize the issues for the record and for the parties involved; question claimants/petitioners and witnesses to clarify facts; swear in witnesses and control questioning; maintain order and rule on procedural matters including the admissibility and relevance of evidence presented; guide the development of the case and maintain a clear, understandable record.

#### b. Document former job description.

Mr. Soderberg had oversight of the daily operations of DETR which includes nearly 1,000 staff members in several offices throughout the state and was responsible for ensuring quality delivery of the state's employment and training, and enforcement programs. He had executive oversight of the Nevada Equal Rights Commission, Vocational Rehabilitation Division, Research and Analysis, operations and financial management, as well as human resources and public affairs support services.

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

Yes. Mr. Soderberg was the Director of the Department for the better part of 5 years. Transition is TBD depending on the workload.

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

The Division needs to additional help this contractor will add to effectively handle the workload due to the pandemic crisis. Other similar positions are currently going through recruitment

**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.**

N/A

**f. List contractor's hourly rate.**

\$41.82

**g. List the range of comparable State employee rates.**

\$27.96 - \$41.82

**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.**

Position is only needed temporarily.

**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)**

07/01/2020 – 12/31/2020

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

Full time up to 40 hours a week

**Approval for Authorization to Contract with a Former Employee:**

  
Signature of Agency Head Authorizing Request

6/10/20  
Date

  
Purchasing Administrator Signature (if a Statewide Contract)

6/11/2020  
Date

  
Budget Analyst Signature

6/11/20  
Date

\_\_\_\_\_  
Clerk of the Board of Examiners Signature

\_\_\_\_\_  
Date



**DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION  
JUSTIFICATION TO FILL  
TEMPORARY/CONTRACT POSITION**

Date: 3/17/20

Authorization is required to fill the following contract/temporary position:

1.	Division: Employment Security <span style="float: right;">Agency: 902</span> Budget Account# 4772 Entity Contract is With: Man Power														
Proposed Employee's Name: Don Soderberg															
2.	Is this person: Currently employed by the State of Nevada? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency employed by, class title, number of hours  A former employee of the State of Nevada? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, list: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Agency</u></th> <th style="text-align: left;"><u>Last Class Title</u></th> <th style="text-align: left;"><u>Grade/Step</u></th> <th style="text-align: left;"><u>Employment Dates</u></th> </tr> </thead> <tbody> <tr> <td>DETR</td> <td>Director</td> <td>UnClassified</td> <td>10/13/14-03/02/19</td> </tr> </tbody> </table> Is the person a State of Nevada retiree? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Related to or in a dating relationship with anyone in DETR (refer to NAC 284.375)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If yes, list: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Agency</u></th> <th style="text-align: left;"><u>Relationship</u></th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> Does this person have/work for a business that provides similar services? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain why you are not contracting with the business entity?	<u>Agency</u>	<u>Last Class Title</u>	<u>Grade/Step</u>	<u>Employment Dates</u>	DETR	Director	UnClassified	10/13/14-03/02/19	<u>Name</u>	<u>Agency</u>	<u>Relationship</u>			
<u>Agency</u>	<u>Last Class Title</u>	<u>Grade/Step</u>	<u>Employment Dates</u>												
DETR	Director	UnClassified	10/13/14-03/02/19												
<u>Name</u>	<u>Agency</u>	<u>Relationship</u>													
3.	Requested Job Title: ESD Appeals Ref 2 Qualifications Required: Bachelor's degree from an accredited college or university in public or business administration, social science, English or related field and four years of experience which included managing diverse programs and functions of an office; supervising subordinate managers, supervisors or professional staff providing a variety of unemployment insurance services or similar program of benefit service delivery; interpreting and applying complex rules, regulations, policies and procedures; analyzing complex information, problems, situations, practices and procedures and identify relevant concerns, factors, tendencies and relationships; preparing comprehensive management reports and recommendations; monitoring critical office functions; evaluating and revising policies and procedures; establishing staffing patterns and priorities; developing and implementing new services and procedures; and establishing and maintaining working relationships with agency management, government officials and professionals in the community; OR an equivalent combination of education and experience as described above.														

	<p>State of Nevada Title and Grade that most closely corresponds to the duties to be performed by this position (review other positions doing same work; consult with division personnel officer): ESD Appeals Ref 2 Grade 38 Step 10</p> <p>State of Nevada Hourly Salary Range (employee/employer-paid retirement):  Step 1 _____ Step 5 _____ Step 10 _____</p> <p>Would this person meet the minimum qualifications of the State of Nevada Job Class?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please explain:</p> <p>I have reviewed and concur with the information in Section 3:</p> <p><i>Molly Kaur for Brian Boughter</i>  DETR Personnel Officer's Signature</p>
4.	<p>Hours per week:40  Hourly salary to employee: \$41.82                      Hourly cost to agency: \$52.28  Monthly cost to agency: \$8,364</p> <p>If hourly salary requested is above Step 5, please explain the basis of the request:  Incumbent retired from State service at a much higher unclassified State salary. Grade 38 step 10 is the highest rate available for the requested work to be performed.</p>
5.	<p>Anticipated start date of employment: 07/1/2020-12/31/2020  Anticipated end date of employment (period of time to complete an assignment):  If the assignment is anticipated to be longer than 6 months, please explain why:</p> <p>If this is a renewal, list all prior periods of employment with this person and job title:  Start _____ End _____ Title _____</p>
6.	<p>This position is critical to:</p> <p>Public Safety <input type="checkbox"/>                      Client Care <input type="checkbox"/>                      Essential Service <input checked="" type="checkbox"/></p>
7.	<p>a. Is this contract replacing a vacant state position? No  If yes, indicate Budget Account #, Position Control#, and Class Title of vacant position:</p> <p>Date position became vacant:  How did this position become vacant?  Indicate status of filling the position:</p> <p>b. If this contract is not replacing a vacant state position, explain why a state position was not requested in the division's budget or reason requested position was not authorized: Other positions are going through recruitment currently. This position is needed in addition to these approved emergency directive positions.</p> <p>c. Was this position approved in the division's budget as a contract position? No  If yes, indicate period of time approved for:</p>

8.	<p>Specify what duties this position will be performing and what deliverables are expected at the end of the employment period.</p> <p><b>Duties:</b></p> <p>1. Employment Security Division (ESD) Appeals Referees conduct fair and impartial quasi-judicial hearings related to unemployment insurance benefits, experience rating rulings and employer tax liability cases; make decisions affecting benefit payments, effective dates of eligibility and tax liability for past, present and future employees of a business; affirm, modify or reverse any overpayment already established and impose disqualifications when claimants make willful misrepresentation of facts; elicit and record testimony, accept documentation, and make findings of fact; weigh the validity of issues and evidence presented at the hearing; research and interpret related laws, case law, regulations, policies and procedures applicable to the issues; and make appropriate decisions.</p> <p>2. Schedule, open and preside at hearings under the guidelines of the Nevada Administrative Procedures Act, federal laws, regulations and standards, and agency policies and procedures; issue subpoenas for witnesses and/or records; admit relevant documentation, testimony and exhibits into evidence; summarize the issues for the record and for the parties involved; question claimants/petitioners and witnesses to clarify facts; swear in witnesses and control questioning; maintain order and rule on procedural matters including the admissibility and relevance of evidence presented; guide the development of the case and maintain a clear, understandable record.</p> <p>3. Review and analyze documented evidence and arguments and research applicable laws, case law, and regulations; make decisions based on facts established during hearings, opinions obtained from expert witnesses which clarify issues being heard, and applicable policies, laws and regulations.</p> <p>4. Render written decisions; clearly state the relevant issues, findings of fact that support any conclusions of law, and reasons and rationale for the decision; cite applicable law and case law and where conflicting evidence exists, state the basis for finding one party's evidence more credible; sign final decisions which are subject to appellate review.</p> <p>5.</p> <p><b>Expected deliverables:</b>  Appeals decisions for CARES Act-Pandemic Unemployment Assistance</p> <p>If this is a renewal, explain why the assignment was not completed.</p>
9.	<p><b>Reason for the urgency to fill and/or consequences of not filling position?</b>  PUA appeals processing delay – tied specifically to the pandemic and CARES Act.</p>
10.	<p><b>What is position funding source?</b></p>

General Fund	%	Other Funding	%
Federal Funds	100 %	Other Funding	%
Fees	%	Other Funding	%

11.

Department Director's Signature required due to:

Salary Requested  Current State Employee  Has been state employee within 12 months

Length of Employment in Temporary Capacity

Meets S.A.M. definition of Consultant – "a person that provides information, an opinion or advice for a fee"

Attached memo if IFC approval is also required.

*Ministry S. Gao*  
Division Administrator's Signature

6/9/2020  
Date

Approved for hire  Not approved for hire

*Heta Kothari* 6/9/20  
Division Director's/Designee's Signature

6/9/20  
Date

Comments:

12.

Department Director's signature not required

Approved for hire  Not approved for hire

\_\_\_\_\_  
Division Administrator's Signature

\_\_\_\_\_  
Date

Comments:

Date cc: sent to DETR Director's Office and Financial Management \_\_\_\_\_

\_\_\_\_\_  
Date

Steve Sisolak  
Governor

Susan Brown  
Director



Tiffany Greenameyer  
Deputy Director

STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division

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

Date: June 15, 2020

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

From: Darlene Baughn, Executive Branch Budget Officer  
Governor's Finance Office

A handwritten signature in blue ink that reads "Darlene Baughn".

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**OFFICE OF THE STATE CONTROLLER**

Agenda Item Write-up:

Pursuant to NRS 353C.220, the Office of the State Controller requests the Board of Examiners to write-off bad debts deemed uncollectible on behalf of the following state departments:

Department	Division	Number of Accounts	Total Amount
1. Administration	Purchasing	1	\$114.82
2. Administration	Central Payroll	39	\$19,048.55
3. Attorney General	Administration	75	\$49,641.99
4. Attorney General	Private Investigator's Licensing Board	4	\$8,825.00
5. Agriculture	Agriculture	37	\$2,639.15
6. Business and Industry	Dairy Commission	1	\$3,824.75
7. Business and Industry	Insurance	52	\$16,500.00
8. Business and Industry	Transportation Authority	4	\$3,623.44
9. Conservation and Natural Resources	Environmental Protection	51	\$301,110.02
10. Conversation and Natural Resources	Forestry	8	\$28,562.09
11. Corrections	Corrections	4,971	\$336,209.83

Department	Division	Number of Accounts	Total Amount
12. Health and Human Services	Welfare and Supportive Services	36	\$10,213.90
13. Health and Human Services	Child and Family Services	4	\$97.67
14. Health and Human Services	Healthcare Finance and Policy	54	\$9,719.11
15. Health and Human Services	Public and Behavioral Health	89	\$1,856.65
16. Health and Human Services	Health Care Quality Compliance	3	\$92.00
17. Health and Human Services	Welfare and Supportive Services	166	\$185,180.26
18. Motor Vehicles	Motor Carrier	78	143,140.90
19. Motor Vehicles	Motor Vehicles	7,143	\$4,349,614.33
20. Motor Vehicles	Records	1	\$48.00
21. Governor's Office	Energy	6	\$11,869,080.00
22. Judicial Discipline Commission	Judicial Discipline Commission	1	\$10,845.87
23. Office of Veterans Services	Veteran's Home	1	\$15,883.71
24. Public Employees Benefit Program	Public Employees Benefit Program	194	\$117,792.89
25. Public Safety	Records, Communications and Compliance	8	\$2,070.69
26. Public Safety	Parole and Probation	1,810	\$584,394.75
27. Public Safety	Records and Technology	5	\$553.75
28. Public Safety	Fire Marshall	116	\$16,137.38
29. Public Utilities	Public Utilities Commission	1	\$1,000.00
30. Secretary of State	Secretary of State	292	\$33,161.81
31. Transportation	Transportation	8	\$23,931.10
32. Western Interstate Commission for Higher Education	Western Interstate Commission for Higher Education	30	\$791,603.85
33. Wildlife	Wildlife	1	\$44.98
Grand Total		15,290	\$18,936,563.24

**Additional Information:**

This summary of delinquent accounts includes the uncollectible accounts receivable submitted to the Controller's Office for collections from all state agencies and departments. The Controller's Office private collection agencies have been unable to recover the outstanding debts. Therefore, these debts are hereby being submitted to the Board of Examiners for approval.

**Statutory Authority:**  
NRS 353C.220

**REVIEWED:** \_\_\_\_\_

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



OFFICE OF THE  
STATE CONTROLLER

MEMORANDUM

Date: June 08, 2020

To: State Budget Division – The Clerk of the Board of Examiners  
From: State Controller’s Office  
Subject: Request for Designation of Bad Debt

NRS 353C.220 delegates authority to the State Controller to request, on behalf of state agencies, that the State Board of Examiners (or Clerk of the Board) designate certain debts as bad debts. This includes the uncollectible accounts receivable submitted to the Controller’s Office for collections from all state agencies and departments.

Enclosed is a summary of delinquent accounts that have been referred to the Controller’s Office for collections and to write off. Our private collection agency has been unable to recover any of the outstanding debts listed. Please review these accounts and write them off accordingly if you concur.

Request Summary:

To	# Accounts	Amount
The Clerk of the Board	15290	\$18,936,563.24

The Clerk of the Board of Examiners

Date

---

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Agency Name	BOE Amount	# of		# of		Total No. Accounts
		Accounts	Clerk Amount	Accounts	Total Amount	
1 ADM-ADM	\$ 114.82	1			\$ 114.82	1
2 ADM-CP	\$ 18,137.62	12	\$ 910.93	27	\$ 19,048.55	39
3 AG-ADM	\$ 49,183.48	59	\$ 458.51	16	\$ 49,641.99	75
4 AG-PILB	\$ 8,825.00	4			\$ 8,825.00	4
5 AGRI-AGRI	\$ 1,545.00	1	\$ 1,094.15	36	\$ 2,639.15	37
6 BI-DC	\$ 3,824.75	1			\$ 3,824.75	1
7 BI-INS	\$ 15,442.00	7	\$ 1,058.00	45	\$ 16,500.00	52
8 BI-TA	\$ 3,592.64	3	\$ 30.80	1	\$ 3,623.44	4
9 CNR-EP	\$ 301,083.42	50	\$ 26.60	1	\$ 301,110.02	51
10 CNR-FTY	\$ 28,562.09	8			\$ 28,562.09	8
11 CORR-CORR	\$ 267,390.72	248	\$ 68,819.11	4723	\$ 336,209.83	4971
12 DHHS-CS	\$ 9,061.85	5	\$ 1,152.05	31	\$ 10,213.90	36
13 DHHS-DCFS			\$ 97.67	4	\$ 97.67	4
14 DHHS-DHCFP	\$ 8,785.82	7	\$ 933.29	47	\$ 9,719.11	54
15 DHHS-DPBH	\$ 81.59	1	\$ 1,775.06	88	\$ 1,856.65	89
16 DHHS-HCQC			\$ 92.00	3	\$ 92.00	3
17 DHHS-WSS	\$ 183,923.32	126	\$ 1,256.94	40	\$ 185,180.26	166
18 DMV-MC	\$ 142,906.57	70	234.33	8	\$ 143,140.90	78
19 DMV-MV	\$ 4,346,667.91	7045	\$ 2,946.42	98	\$ 4,349,614.33	7143
20 DMV-REC			\$ 48.00	1	\$ 48.00	1
21 GOV-EGY	\$ 11,869,080.00	6			\$ 11,869,080.00	6
22 JDC-JDC	\$ 10,845.87	1			\$ 10,845.87	1
23 OVS-VH	\$ 15,883.71	1			\$ 15,883.71	1
24 PEBP-PEBP	\$ 117,518.97	184	\$ 273.92	10	\$ 117,792.89	194
25 PS-GSD	\$ 1,826.19	1	\$ 244.50	7	\$ 2,070.69	8
26 PS-PP	\$ 578,566.03	1617	\$ 5,828.72	193	\$ 584,394.75	1810
27 PS-RT	\$ 478.75	2	\$ 75.00	3	\$ 553.75	5
28 PS-SFMD	\$ 15,620.40	93	\$ 516.98	23	\$ 16,137.38	116
29 PUC-PUC	\$ 1,000.00	1			\$ 1,000.00	1
30 SOS-SOS	\$ 25,921.81	8	\$ 7,240.00	284	\$ 33,161.81	292
31 TRANS-NDOT	\$ 23,931.10	8			\$ 23,931.10	8
32 WICHE-WICHE	\$ 791,603.85	30			\$ 791,603.85	30
33 WILD-WILD			\$ 44.98	1	\$ 44.98	1
<b>Grand Total</b>	<b>18,841,405.28</b>	<b>9,600</b>	<b>95,157.96</b>	<b>5,690</b>	<b>18,936,563.24</b>	<b>15,290</b>



# LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	DEPARTMENT OF ADMINISTRATION – ENTERPRISE INFORMATION TECHNOLOGY SERVICES	INN MARIN ASSOCIATES, LLC	\$504,406
		This lease is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>07/01/2020</b> – <b>06/30/2024</b>	<b>Located in Carson City</b>
2.	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES – DIVISION OF STATE LANDS (ON BEHALF OF DEPARTMENT OF ADMINISTRATION, ENTERPRISE IT SERVICES)	DIAMOND SOLO, LLC	\$54,000
		This lease is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>07/01/2020</b> – <b>07/01/2024</b>	<b>Located in Las Vegas</b>
3.	DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION – NEVADA EQUAL RIGHTS COMMISSION	JS PARK SAHARA, LLC	\$83,232
		This lease is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>08/01/2020</b> – <b>01/31/2022</b>	<b>Located in Sparks</b>
4.	DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION – JOB CONNECT	PYRAMID CENTER, LLC	\$892,680
		This lease is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>07/01/2020</b> – <b>06/30/2025</b>	<b>Located in Sparks</b>
5.	DEPARTMENT OF PUBLIC SAFETY – HIGHWAY PATROL DIVISION	KNOLL FAMILY TRUST	\$68,766
		This lease is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>07/01/2020</b> – <b>06/30/2025</b>	<b>Located in Laughlin</b>
6.	DEPARTMENT OF TRANSPORTATION – ENVIRONMENTAL SERVICES DIVISION, CULTURAL RESOURCES SECTION	iSTORAGE PO, LLC	\$307,322
		This lease is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>08/01/2020</b> – <b>07/31/2025</b>	<b>Located in Carson City</b>
7.	STATE PUBLIC CHARTER SCHOOL AUTHORITY	FINSTON FAMILY TRUST	\$65,789
		This lease is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>12/01/2020</b> – <b>11/31/2021</b>	<b>Located in Carson City</b>

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

For Budget Division Use Only	
Reviewed by:	<i>[Signature]</i> 6/9/20
Reviewed by:	<i>[Signature]</i> 6/11/20
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Administration  
Enterprise Information Technology Services  
100 North Stewart Street, Suite 100  
Carson City, Nevada 89701  
Suzie Block  
T: 775.687.9073 F: 775.684.4324 E: suzie.block@admin.nv.gov

Remarks: This is a renewal of an existing lease, which created a savings of \$6,886.08 in the first year.

Exceptions/Special notes:

2. Name of Lessor: Inn Marin Associates, LLC

3. Address of Lessor: 448 Ignacia Boulevard, Suite 318  
Novato, California 94949

4. Property contact: c/o Evans Management Company  
NAI Alliance Carson City  
1000 North Division Street, Suite 202  
Carson City, Nevada 89703  
Jennifer Hilderbrand  
T: 775.546.2884 F: 775.434.2998 E: jhilderbrand@naialliance.com

5. Address of Lease property: 333 West Nye Lane  
Carson City, Nevada 89703

a. Square Footage:  Rentable  Usable 7,173

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Improve-ment cost per square foot	Base Rent cost per square foot	Actual cost per square foot
Increase %	\$ 10,185.66	12	\$ 122,227.92	July 1, 2020 - June 30, 2021	\$0.00	\$0.00	\$1.42
2%	\$ 10,400.85	12	\$ 124,810.20	July 1, 2021 - June 30, 2022	\$0.00	\$0.00	\$1.45
2%	\$ 10,616.04	12	\$ 127,392.48	July 1, 2022 - June 30, 2023	\$0.00	\$0.00	\$1.48
2%	\$ 10,831.23	12	\$ 129,974.76	July 1, 2023 - June 30, 2024	\$0.00	\$0.00	\$1.51

c. Total Lease Consideration: 48 \$ 504,405.36

d. Total Improvement Cost: \$0.00

e. Option to renew:  Yes  No 365 Renewal terms: One (1) identical term

f. Holdover notice: # of Days required 30 Holdover terms: 5%/90

g. Term: Four (4) Years

h. Pass-thrus/CAM/Taxes:  Landlord  Tenant

i. Utilities:  Landlord  Tenant

j. Janitorial:  Landlord  Tenant  3 day  5 day  Rural 3 day  Rural 5 day  Other (see special notes)

k. Repairs: Major:  Landlord  Tenant Minor:  Landlord  Tenant

l. Comparable Area Market Rate Average: \$1.63

m. Specific termination clause in lease: Breach/Default lack of funding

n. Lease will be paid for by Agency Budget Account Number: 1365

6. This lease constitutes:  An extension of an existing lease  
 An addition to current facilities  
 A relocation  
 A new location  
 Remodeling only  
 Other

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

**RECEIVED**

MAY 22 2020

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

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

\_\_\_\_\_

Authorized Agency Signature: Megan O'Block Date: 6-30-20

For Public Works Information:

7. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20131405858</u>	Exp:	<u>7/31/2020</u>	35	
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section					
d. Is the Contractors Name the same as the Legal Entity Name?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section					
e. Does the Contractor have a current Nevada State Business License (SBL)?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section					
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T32003817</u>				
h. Is this an Arms Length Transaction		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	

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

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

Authorized Signature: [Signature] Date: 5/21/20  
Public Works Division

# For Board of Examiners  YES  NO

Steve Sisolak  
Governor



Laura Freed  
Director

Ward D. Patrick, PE  
Administrator

**Carson City Offices:**  
*Public Works Section*  
515 East Musser Street, Suite 102  
Carson City, Nevada 89701-4263  
(775) 684-4141 | Fax (775) 684-4142

*Buildings & Grounds Section*  
(775) 684-1800 | Fax (775) 684-1821

*Leasing Services Section*  
(775) 684-1815 | Fax (775) 684-1817

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Public Works Division*

**Las Vegas Offices:**  
*Public Works Section*  
2300 McLeod Street  
Las Vegas, Nevada 89104-4136  
(702) 486-5115 | Fax (702) 486-5094

*Buildings & Grounds Section*  
(702) 486-4300 | Fax (702) 486-4308

Date: May 22, 2020

To: Nikki Hovden, Budget Analyst

✓ From: Leanne Lima, Public Works Division, Leasing Services  
llima@admin.nv.gov 775-684-1824

Subject: For placement on July's BOE meeting

Projected BOE Date: July 14, 2020

BOE Deadline Date: June 9, 2020

Lessor: INN MARIN ASSOCIATES, LLC  
Tenant: EITS  
Property Location: 333 West Nye Lane, Carson City

This memo is a clarification for a retroactive start date of July 1, 2020. This lease was negotiated to include a rent reduction with a savings of \$6,886.08 in the first year of the lease. The owner agreed to allow for a July 1, 2020 start date for new rents.

Current cost per square foot is \$1.50, the new cost will be \$1.42.

LoopNet's current 'grossed-up' advertised average market rate, without improvements, for this area is \$1.63.

No State space in Carson City is available.

RECEIVED

MAY 22 2020

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

For Budget Division Use Only	
Reviewed by:	LA 6/22/20
Reviewed by:	

**REAL PROPERTY (FOR BOARDS AND COMMISSIONS)  
OR STORAGE LEASE INFORMATION**

1. Agency (Lessee):

Department of Conservation & Natural Resources  
Division of State Lands (on behalf of Department of Administration, Enterprise IT Services)  
5003 So. Stewart St., Suite 5003  
Carson City, NV 89701  
Charles Donohue  
T: 775.684.2738 E: cdonohue@lands.nv.gov

Purpose:

This lease is for an existing communications tower.

Exceptions/Special Lease Terms:

2. Name of Landlord (Lessor):

Diamond Solo, LLC

3. Address of Landlord:

5052 S. Jones Blvd., Suite 110  
Las Vegas, NV 89118

4. Property Contact:

Darren Petersen  
T: 702.734.9393 F: 702.734.1695  
Mobile: 702.236.1802

5. Address of Lease Property:

Apex Peak  
Las Vegas, NV 89101 Parcel Number: 122-05-010-008

a. Square Footage or Unit Description

2,930

b. Cost:

Cost Per Month	# of Months in Time Frame	Cost Per Year	Time Frame	Cost/Square Foot
\$1,125.00	12	\$13,500.00	July 1, 2020 - June 30, 2021	\$0.38
\$1,125.00	12	\$13,500.00	July 1, 2021 - June 30, 2022	\$0.38
\$1,125.00	12	\$13,500.00	July 1, 2022 - June 30, 2023	\$0.38
\$1,125.00	12	\$13,500.00	July 1, 2023 - July 1, 2024	\$0.38
	48	\$54,000.00		

Increase %

c. Total Lease Consideration:

Yes  No Renewal Terms: Three (3) identical term

d. Option to Renew:

# of Days Required: Four (4) Years Holdover Terms:

e. Holdover Notice:

f. Term:

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:

n/a

l. Specific termination clause in lease:

Breach/Default/Lack of Funding

m. Lease will be paid for by Agency Budget Account Number or BOC Number:

1388

6. BOE Threshold:

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

a. Estimated Moving Expenses: \$

0

Furnishings: \$ 0

Data/Phones: \$ 0

**PROPERTY OR STORAGE LEASE INFORMATION**

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE AND STORAGE 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

Charles Dawhe 6/24/2020

Authorized Agency Signature

Date

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20061422995</u>	Exp: <u>01/31/2021</u>			
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC <input checked="" type="checkbox"/>	INC. <input type="checkbox"/>	CORP. <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T29013315</u>	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
h. Is this an Arms Length Transaction?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	

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

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

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



Nevada Division of  
**STATE LANDS**

**STATE OF NEVADA**  
**Department of Conservation & Natural Resources**  
Steve Sisolak, Governor  
Bradley Crowell, *Director*  
Charles C. Donohue, *Administrator*

**MEMORANDUM**

**DATE:** JUNE 24, 2020  
**TO:** RICHARD JACOBS, EXECUTIVE BRANCH BUDGET OFFICER 1  
**THROUGH:** CHARLES DONOHUE, DCNR, STATE LANDS ADMINSTRATOR AND REGISTRAR  
**FROM:** ANDRE EMME, DCNR, NDSL, STATE LAND AGENT II  
**SUBJECT:** BOE AGENDA ITEMS FOR JULY 14, 2020 – APEX PEAK RETROACTIVE LEASE

Pursuant to NRS 322.007 and 322.050, we are requesting the attached Lease Agreement as issued by Diamond Solo, LLC to the Nevada Division of State Lands (NDSL) on behalf of the Department of Administration, Enterprise IT Services (EITS) for continued use as a communication tower site be placed on the agenda for the Board of Examiners as scheduled for July 14, 2020.

This is a retroactive lease since Diamond Solo, LLC and NDSL have entered into a new lease the term of which began on July 1, 2020 to replace a lease that expired on January 12, 2020. The lease is for an existing communications tower that the state has leased since 2004. The site has been deemed a critical site by the Department of Administration, Enterprise IT services. The state has been in a month-to-month tenancy since the expiration of the previous lease and up to commencement of the new lease on July 1, 2020. The previous lease rate is \$11,101.04 annually. The new lease rate is \$13,500.00 annually including property taxes. The rental payment is paid quarterly. EITS is budgeted for the new lease rate for the 2021 fiscal. The new lease term is set to begin at the start of the 2021 fiscal year on July 1, 2020.

If you have any questions or require additional information, please do not hesitate to contact Jackson Shedd at 684-2733 or via email at [aemme@lands.nv.gov](mailto:aemme@lands.nv.gov)

Thank you,

Andre Emme  
Land Agent II

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

For Budget Division Use Only	
Reviewed by:	JTB 5/28/20
Reviewed by:	CB 6/11/2020
Reviewed by:	

**STATEWIDE LEASE INFORMATION  
FIRST AMENDMENT**

**RECEIVED**

**MAY 26 2020**

**GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION**

1. Agency: Department of Employment, Training and Rehabilitation  
Nevada Equal Rights Commission  
500 East Third Street  
Carson City, Nevada 89701  
Brandon Taylor  
T: 775.684.3901 F: 775.684.3848 E: btaylor@nvdetr.org

Remarks: This is an amendment extending the lease an additional 18 months, rate based on short term renewal.

Exceptions/Special notes:

2. Name of Lessor: JS Park Sahara, LLC

3. Address of Lessor: c/o Optima Asset Management  
1600 Dove Street, Suite 301  
Newport Beach, California 92660

4. Property contact: Kem Braswell  
T: 949.852.0900 F: 949.752.5113 E: kem@optimaasset.com

5. Address of Lease property: 1820 East Sahara Avenue, Suites 314 & 315  
Las Vegas, Nevada 89104

a. Square Footage:  Rentable  
 Usable 3,729

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improve-ment cost per square foot	Base Rent cost per square foot	Actual cost per square foot
\$ 4,623.96	12	\$ 55,487.52	August 1, 2020 - July 31, 2021	\$0.00	\$0.00	\$1.24
\$ 4,623.96	6	\$ 27,743.76	August 1, 2021 - January 31, 2022	\$0.00	\$0.00	\$1.24
Increase %						
0%						

c. Total Lease Consideration: 18 \$ 83,231.28

d. Total Improvement Cost: \$0.00

e. Option to renew:  Yes  No 365 Renewal terms: One (1) identical term

f. Holdover notice: # of Days required 30 Holdover terms: 5%/90

g. Term: Eighteen (18) Months

h. Pass-thrus/CAM/Taxes  Landlord  Tenant

i. Utilities:  Landlord  Tenant

j. Janitorial:  Landlord  Tenant  3 day  5 day  Rural 3 day  Rural 5 day  Other (see special notes)

k. Repairs: Major:  Landlord  Tenant Minor:  Landlord  Tenant

l. Comparable Area Market Rate Average:

m. Specific termination clause in lease: Breach/Default lack of funding

n. Lease will be paid for by Agency Budget Account Number: 2580

6. This lease constitutes:  An extension of an existing lease  
 An addition to current facilities  
 A relocation  
 A new location  
 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 Base

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

[Signature] 5/10/20  
Authorized Agency Signature Date

For Public Works Information:

7. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20051400133</u>	Exp:	<u>6/30/2021</u>	17
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T29007659</u>			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO

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

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

[Signature] 5/22/20  
Authorized Signature Date  
Public Works Division

//  
For Board of Examiners  YES  NO

For Budget Division Use Only	
Reviewed by: <i>AB</i>	<i>7/11/2020</i>
Reviewed by: <i>CB</i>	<i>7/11/2020</i>
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  
 Employment Security Division, JobConnect  
 500 East Third Street  
 Carson City, Nevada 89713  
 Brandon Taylor  
 T: 775-684-3901 F: 775-684-3908 E: bataylor@detr.nv.gov

Remarks: This is a renewal of a current lease with no tenant improvements.

Exceptions/Special notes:

2. Name of Lessor: Pyramid Center, LLC

3. Address of Lessor: 3868 Bowers Dr.  
 Reno, Nevada 89511

4. Property contact: NAI Alliance  
 5345 Kietzke Lane, Suite 100  
 Reno, Nevada 89511  
 Marcus Clark  
 T: 775.336.4600 F: 775.336.4699 E: mclark@naialliance.com

5. Address of Lease property: 2281 Pyramid Way  
 Sparks, Nevada 89431

a. Square Footage:  Rentable  Usable 8,600

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
Increase %						
3%						
0%						
3%						
0%						

c. Total Lease Consideration: 60 \$ 892,680.00

d. Total Improvement Cost: \$0.00

e. Option to renew:  Yes  No 365 Renewal terms: One identical term

f. Holdover notice: # of Days required 30 Holdover terms: 5%/90

g. Term: Five (5) years

h. Pass-thrus/CAM/Taxes  Landlord  Tenant

i. Utilities:  Landlord  Tenant

j. Janitorial:  Landlord  Tenant  3 day  5 day  Rural 3 day  Rural 5 day  Other (see special notes)

k. Repairs: Major:  Landlord  Tenant Minor:  Landlord  Tenant

l. Comparable Area Market Rate Average: \$1.82

m. Specific termination clause in lease: Breach/Default lack of funding

n. Lease will be paid for by Agency Budget Account Number: 4770, ~~4767~~, 3265

6. This lease constitutes:
- An extension of an existing lease
  - An addition to current facilities
  - A relocation
  - A new location
  - Remodeling only
  - Other

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

**RECEIVED**  
 MAY 14 2020

GOVERNOR'S FINANCE OFFICE  
 BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes  No  Dec Unit Base

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

[Signature]  
Authorized Agency Signature      Date 5/5/2020

For Public Works Information:

7. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20021140759</u>	Exp:	<u>11/30/2020</u>	20		
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>	
c. Is the Contractor Exempt from obtaining a Business License:		<input type="checkbox"/> YES				<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section						
d. Is the Contractors Name the same as the Legal Entity Name?		<input checked="" type="checkbox"/> YES				<input type="checkbox"/> NO
*If no, please explain in exceptions section						
e. Does the Contractor have a current Nevada State Business License (SBL)?		<input checked="" type="checkbox"/> YES				<input type="checkbox"/> NO
*If no, please explain in exceptions section						
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?		<input checked="" type="checkbox"/> YES				<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T27035754</u>					
h. Is this an Arms Length Transaction		<input checked="" type="checkbox"/> YES				<input type="checkbox"/> NO

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

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

[Signature]      5/12/20  
Authorized Signature      Date

Public Works Division

[Signature] For Board of Examiners       YES       NO

OFFICE OF THE DIRECTOR  
Financial Management



STEVE SISOLAK  
Governor

DR. TIFFANY G.  
TYLER-GARNER  
Director

KATHLEEN DESOCIO  
Chief Financial Officer

**MEMORANDUM**

**DATE:** June 24, 2020  
**TO:** Darlene C. Baughn, Budget Analyst IV  
Department of Administration  
**FROM:** Heather Korbolic, Director  
**SUBJECT:** RETROACTIVE CONTRACT  
Pyramid Center, LLC

---

On behalf of the Department of Employment, Training and Rehabilitation (DETR), I respectfully request approval to execute a retroactive lease agreement for Pyramid Center, LLC. This is for our Sparks Job Connect Office located at 2281 Pyramid Way in Sparks, NV.

Thank you for your consideration of this request.

Andrea Allen  
Contract Manager, DETR

**DETR, Financial Management, Approved by:**

  
\_\_\_\_\_  
Kitty DeSocio  
Chief Financial Officer, DETR

Date: 6/24/20

For Budget Division Use Only	
Reviewed by:	<i>See</i>
Reviewed by:	
Reviewed by:	

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

**STATEWIDE LEASE INFORMATION**

1. Agency:

Department of Public Safety  
 Highway Patrol Division  
 555 Wright Way  
 Carson City, Nevada 89711  
 Roxana Gifford  
 T: 775.684.4467 F: 775.684.4967 E: rgifford@dps.state.nv.us

Remarks:

Leasing Servies negotiated this renewal of a gross modified lease. Lessor to pay for ballistic type film for windows and doors and a door lock.

Exceptions/Special notes:

Tenant to pay utilities. Lessor to continue minimal janitorial services.

2. Name of Lessor:

Knoll Family Trust

3. Address of Lessor:

P.O. Box 110546  
 Campbell, California 95011

4. Property contact:

Walter Knoll  
 T: 408.859.1521 F: 408.374.8642 E: knoll1945@aol.com

5. Address of Lease property:

3650 South Point Circle, #107  
 Laughlin, Nevada 89028

a. Square Footage:

Rentable  
 Usable 993

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improve-ment cost per square foot	Base Rent cost per square foot	Approx-imate cost per square foot
\$ 1,068.62	12	\$ 12,823.44	July 1, 2020 - June 30, 2021	\$0.00	\$0.00	\$1.08

Increase %

3%	\$ 1,106.02	12	\$ 13,272.24	July 1, 2021 - June 30, 2022	\$0.00	\$0.00	\$1.11
3%	\$ 1,144.73	12	\$ 13,736.76	July 1, 2022 - June 30, 2023	\$0.00	\$0.00	\$1.15
4%	\$ 1,184.80	12	\$ 14,217.60	July 1, 2023 - June 30, 2024	\$0.00	\$0.00	\$1.19
4%	\$ 1,226.27	12	\$ 14,715.24	July 1, 2024 - June 30, 2025	\$0.00	\$0.00	\$1.23

c. Total Lease Consideration:

60 \$ 68,765.28

d. Total Improvement Cost:

\$0.00

e. Option to renew:

Yes  No 365 Renewal terms: One (1) identical term

f. Holdover notice:

# of Days required 30 Holdover terms: 5%/90

g. Term:

Five (5) years

h. Pass-thrus/CAM/Taxes

Landlord  Tenant

i. Utilities:

Landlord  Tenant

j. Janitorial:

Landlord  Tenant  3 day  5 day  Rural 3 day  Rural 5 day  Other (see special notes)

k. Repairs:

Major:  Landlord  Tenant Minor:  Landlord  Tenant

l. Comparable Area Market Rate Average:

\$1.76

m. Specific termination clause in lease:

Breach/Default lack of funding

n. Lease will be paid for by Agency Budget Account Number:

4713

6. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities
- A relocation
- A new location
- Remodeling only
- Other

a. Estimated Expenses:

Moving: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

RECEIVED

JUN 09 2020

GOVERNOR'S FINANCE OFFICE  
 BUDGET DIVISION

**STATEWIDE LEASE INFORMATION**

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes \_\_\_\_\_ No \_\_\_\_\_ Dec Unit \_\_\_\_\_

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

L. Hartman 05/27/20  
Authorized Agency Signature Date

For Public Works Information:

7. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV20101445094	Exp:	7/21/2020	10
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	T29005798			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO

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

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

[Signature] 6/8/20  
Authorized Signature Date  
Public Works Division

✓<sup>jz</sup> For Board of Examiners  YES  NO

Steve Sisolak  
Governor



**Nevada Department of**  
**Public Safety**  
Office of Traffic Safety

George Togliatti  
Director

Sheri Brueggemann  
Deputy Director

Amy Davey  
Administrator

107 Jacobsen Way  
Carson City, Nevada 89711-0525  
Telephone (775) 684-7470 Fax (775) 684 7482

## MEMORANDUM

DATE: June 25, 2020  
TO: Susan Brown, Director, Governor's Finance Office  
THRU: Jim Rodriguez, Executive Branch Budget Officer, Governor's Finance Office  
FROM: Curtis Palmer, DPS Fiscal Manager *CP*  
RE: Retroactive Lease

.....

Attached is a lease renewal between the Department of Public Safety, Highway Patrol division and Knoll Family Trust, for which we are requesting retroactive approval. This lease begins on July 1, 2020 and will be placed on the July 7, 2020 B.O.E. agenda.

Due to negotiation delays, due to COVID-19, the lease was unable to be signed and delivered to the G.F.O. office prior to the June B.O.E. deadline. The lease is currently slated to be placed on July 2020 B.O.E. agenda.

Your consideration in approval of this lease is greatly appreciated. Please contact me if you have questions or if I can be of any assistance.

Regards,

For Budget Division Use Only	
Reviewed by:	<i>[Signature]</i>
Reviewed by:	
Reviewed by:	

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

**STATEWIDE LEASE INFORMATION**

1. Agency:

Department of Transportation  
 Environmental Services Division, Cultural Resources Section  
 1263 South Stewart Street  
 Carson City, Nevada 89712  
 C. Cliff Creger  
 Phone: 775-888-7666; Fax: 775-888-7104; Email: ccreger@dot.nv.gov

Remarks:

Leasing Services negotiated this extension of an existing lease, decreasing the yearly rates.

Exceptions/Special notes:

2. Name of Lessor:

iStorage PO, LLC

3. Address of Lessor:

3579 Highway 50 East  
 Carson City, Nevada 89701

4. Property contact:

c/o NAI Alliance  
 1000 North Division Street, Suite 202  
 Carson City, Nevada 89703  
 Cheryl Evans  
 Phone: 775-546-2890; Fax: 775-434-2998; Email: cevans@naialliance.com

5. Address of Lease property:

1179 Fairview Drive, Suite G-2  
 Carson City, Nevada 89701

a. Square Footage:

Rentable  
 Usable 4,000 office space

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improve-ment cost per square foot	Base Rent cost per square foot	Actual cost per square foot
\$ 4,738.10	12	\$ 56,857.20	August 1, 2020 - July 31, 2021	\$0.00	\$0.00	\$1.18
2% \$ 4,832.87	12	\$ 57,994.44	August 1, 2021 - July 31, 2022	\$0.00	\$0.00	\$1.21
2% \$ 4,929.52	12	\$ 59,154.24	August 1, 2022 - July 31, 2023	\$0.00	\$0.00	\$1.23
2% \$ 5,028.11	12	\$ 60,337.32	August 1, 2023 - July 31, 2024	\$0.00	\$0.00	\$1.26
2% \$ 5,128.68	12	\$ 61,544.16	August 1, 2024 - July 31, 2025	\$0.00	\$0.00	\$1.28
\$295,887.36						

Increase %

2%  
2%  
2%  
2%  
2%

800 storage space						
\$ 183.09	12	\$ 2,197.08	August 1, 2020 - July 31, 2021	\$0.00	\$0.00	\$0.23
2% \$ 186.75	12	\$ 2,241.00	August 1, 2021 - July 31, 2022	\$0.00	\$0.00	\$0.23
2% \$ 190.49	12	\$ 2,285.88	August 1, 2022 - July 31, 2023	\$0.00	\$0.00	\$0.24
2% \$ 194.30	12	\$ 2,331.60	August 1, 2023 - July 31, 2024	\$0.00	\$0.00	\$0.24
2% \$ 198.18	12	\$ 2,378.16	August 1, 2024 - July 31, 2025	\$0.00	\$0.00	\$0.25
\$11,433.72						

c. Total Lease Consideration:

60 \$307,321.08 \$0.00

d. Total Improvement Cost:

e. Option to renew:

Yes  No 365 Renewal terms: One (1) identical term

f. Holdover notice:

# of Days required 30 Holdover terms: 5%/90

g. Term:

Five (5) years

h. Pass-thrus/CAM/Taxes

Landlord  Tenant

i. Utilities:

Landlord  Tenant

j. Janitorial:

Landlord  Tenant  3 day  5 day  Rural 3 day  Rural 5 day  Other (see special notes)

k. Repairs:

Major:  Landlord  Tenant Minor:  Landlord  Tenant

l. Comparable Area Market Rate Average:

\$1.41

m. Specific termination clause in lease:

Breach/Default lack of funding

n. Lease will be paid for by Agency Budget Account Number:

4660

6. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities
- A relocation
- A new location
- Remodeling only
- Other

**RECEIVED**

MAY 14 2020

GOVERNOR'S FINANCE OFFICE  
 BUDGET DIVISION

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**

DocuSigned by:  
My Linh Nguyen 05/07/2020  
Authorized Agency Signature Date

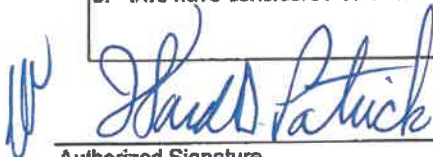
For Public Works Information:

7. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20161562560</u>	Exp:	<u>9/30/2020</u>	9
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T32004347</u>			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO

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

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

 5/12/20  
Authorized Signature Date

Public Works Division

For Board of Examiners  YES  NO

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

For Budget Division Use Only	
Reviewed by:	DB 6/18/2020
Reviewed by:	CB 6/22/2020
Reviewed by:	

**STATEWIDE LEASE INFORMATION  
FIRST AMENDMENT**

1. Agency: State Public Charter School Authority  
1749 North Stewart Street  
Carson City, Nevada 89706  
Audra Blackwell  
T: 775.687.9165 F: 775.687.9113 E: audrab@spsca.nv.gov

Remarks: This is an amendment to a current lease.

Exceptions/Special notes:

2. Name of Lessor: Finston Family Trust

3. Address of Lessor: 7 Meriam Drive  
San Rafael, California 94903

4. Property contact: NAI Alliance, Carson City  
Jennifer Hilderbrand  
T: 775.546.2884 F: 775.434.2998 E: jhilderbrand@naialliance.com

5. Address of Lease property: 1749 North Stewart Street  
Carson City, Nevada 89706

a. Square Footage:  Rentable  Usable 3,916

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improve-ment cost per square foot	Base Rent cost per square foot	Actual cost per square foot
\$ 5,482.40	12	\$ 65,788.80	December 1, 2020-November 30, 2021	\$0.00	\$0.00	\$1.40
	12	\$ 65,788.80				

Increase %

c. Total Lease Consideration:

d. Total Improvement Cost: \$0.00

e. Option to renew:  Yes  No 365 Renewal terms: One (1) identical term

f. Holdover notice: # of Days required 30 Holdover terms: 5%/90

g. Term: One (1) year

h. Pass-thrus/CAM/Taxes:  Landlord  Tenant

i. Utilities:  Landlord  Tenant

j. Janitorial:  Landlord  Tenant  3 day  5 day  Rural 3 day  Rural 5 day  Other (see special notes)

k. Repairs: Major:  Landlord  Tenant Minor:  Landlord  Tenant

l. Comparable Area Market Rate Average: \$1.63

m. Specific termination clause in lease: Breach/Default lack of funding

n. Lease will be paid for by Agency Budget Account Number: 2711

6. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities
- A relocation
- A new location
- Remodeling only
- Other

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

**RECEIVED**  
JUN 18 2020  
GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes  No  Dec Unit Base

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

Debbie Bowman 6/3/2020  
Authorized Agency Signature Date

For Public Works Information:

7. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20141387312</u>	Exp:	<u>6/30/2020</u>	9	
b. The Contractor is registered with the Nevada Secretary of State's Office as a:		LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:		<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
*If yes, please explain in exceptions section					
d. Is the Contractors Name the same as the Legal Entity Name?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section					
e. Does the Contractor have a current Nevada State Business License (SBL)?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
*If no, please explain in exceptions section					
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T27042842</u>				
h. Is this an Arms Length Transaction		<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	

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

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

David P. Stich 6/17/20  
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.	030	ATTORNEY GENERAL'S OFFICE - CONSUMER ADVOCATE	LCPDS, LLC	OTHER: REGULATORY ASSESSMENTS	\$100,000	Professional Service
	Contract Description:	This is a new contract to provide expert witness and technical expertise in analyzing the general areas involving electric, gas and water utilities.				
		Term of Contract:	Upon Approval - 07/14/2022	Contract # 23259		
2.	050	TREASURER'S OFFICE - STATE TREASURER	CHANDLER ASSET MANAGEMENT, INC.	OTHER: INVESTMENT EARNINGS NVEST	\$500,000	
	Contract Description:	This is a new contract to provide investment management services for the investment portfolios for local governments approved to participate in the State Treasurer's Government Long Term Investment Account program.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 23161		
3.	050	TREASURER'S OFFICE - STATE TREASURER	FHN FINANCIAL MAIN STREET ADVISORS, LLC	OTHER: LOCAL GOVERNMENT INVESTMENT POOL EARNINGS	\$900,000	
	Contract Description:	This is a new contract to provide investment management services for the State Local Government Investment Pool which must be invested in accordance with Nevada Revised Statutes Chapter 355.				
		Term of Contract:	08/01/2020 - 06/30/2024	Contract # 23164		
4.	050	TREASURER'S OFFICE - STATE TREASURER	FEDERATED INVESTMENT COUNSELING BUSINESS TRUST	OTHER: INVESTMENT EARNINGS NVEST	\$600,000	
	Contract Description:	This is a new contract to provide investment management services for the investment portfolios for local governments approved to participate in the State Treasurer's Government Long Term Investment Account program.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 23162		
5.	050	TREASURER'S OFFICE - STATE TREASURER	GOVERNMENT PORTFOLIO ADVISORS, LLC	OTHER: INVESTMENT EARNINGS NVEST	\$420,000	
	Contract Description:	This is a new contract to provide investment management services for the investment portfolios for local governments approved to participate in the State Treasurer's Government Long Term Investment Account program.				
		Term of Contract:	08/01/2020 - 06/30/2024	Contract # 23165		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	PENTA BUILDING GROUP, LLC	BONDS	(\$187,489)	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides Owner Construction Manager at Risk (CMAR) services for Southern Desert Correctional Center - Building Systems and Finishes Renovations for Unit 8 project: CIP Project No. 17-C12; SPWD Contract No. 111368. This amendment decreases the maximum amount from \$5,724,068.00 to \$5,536,579.49 due to the owner portion of CMAR savings and Owner Contingency balances returned to the owner.				
		Term of Contract:	07/10/2018 - 06/30/2022	Contract # 20145		
7.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	UNITED RX, LLC DBA ABACUS-RX PHARMACY	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$1,600,000	
	Contract Description:	This is a new contract to provide ongoing pharmaceutical services.				
		Term of Contract:	08/01/2020 - 07/31/2024	Contract # 23294		
8.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	\$1,115,836	Exempt
	Contract Description:	This is a new interlocal agreement to provide an ongoing Infant Toddler Child Development Associate training program, including professional development, coaching and all fees associated with earning a Child Development Associate certificate, for childcare providers statewide.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 23171		
9.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	\$1,756,432	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing Quality Rating Improvement System (QRIS) Assessors and a QRIS coaching academy to support the QRIS for childcare sites.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 23172		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	JENNIFER KALAS CONSULTING, LLC	FEDERAL	\$200,020	Sole Source
	Contract Description:	This is the third amendment to the original contract which provides Environment Rating Scales (ERS) anchor assessors for the Child Care and Development Program, Quality Rating and Improvement System. ERS are observational assessment tools used to evaluate the quality of early childhood classrooms at childcare centers in Nevada. This amendment increases the maximum amount from \$1,024,034 to \$1,224,054 due to the addition of three assessors to the scope of services.				
	Term of Contract:	01/01/2014 - 06/30/2021	Contract # 15043			
11.	300	DEPARTMENT OF EDUCATION - SAFE AND RESPECTFUL LEARNING	TURNING POINT, INC.	FEDERAL	\$175,372	
	Contract Description:	This is a new contract to provide monthly, quarterly and annual meetings to train mental health professionals and school-based multi-tiered systems of support personnel to increase trauma-specific mental health services for eligible students.				
	Term of Contract:	Upon Approval - 09/29/2024	Contract # 23269			
12.	331	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - MUSEUMS AND HISTORY - NEVADA STATE MUSEUM, LAS VEGAS	JOHNSON CONTROLS, INC.	GENERAL 45% OTHER: LODGING TAX 55%	\$278,995	Sole Source
	Contract Description:	This is a new contract to provide ongoing repair and maintenance services for the heating, air conditioning and ventilation system at Nevada State Museum.				
	Term of Contract:	08/01/2020 - 07/31/2024	Contract # 23295			
13.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNICABLE DISEASES	RAMSELL CORPORATION	FEE: PHARMACEUTICAL REBATES 70% FEDERAL 30%	\$26,400,000	
	Contract Description:	This is the first amendment to the original contract which provides Pharmacy Benefits Manager services for clients of the Ryan White HIV/AIDS Part B program. This amendment increases the maximum amount from \$57,221,520.61 to \$83,621,520.61 due to increased drug costs.				
	Term of Contract:	06/13/2017 - 03/31/2021	Contract # 18693			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
14.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - MATERNAL CHILD AND ADOLESCENT HEALTH SERVICES	UNIVERSITY OF UTAH	FEDERAL	\$40,000	EXEMPT
	Contract Description:	This is the fourth amendment to the original interlocal agreement which provides information, resources and local referrals to families, service providers or care coordinators serving children and youth with special healthcare needs. This amendment extends the termination date from September 30, 2020, to September 30, 2021, increases the maximum amount from \$168,500 to \$208,500 and revises Attachment AA-Scope of Work due dates and reporting criteria due to the continued need for these services.				
		Term of Contract:	05/23/2016 - 09/30/2021	Contract # 18094		
15.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	STATE OF RHODE ISLAND FOR CHILD SUPPORT LIEN NETWORK	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$164,777	
	Contract Description:	This is the first amendment to the original interlocal agreement which provides child support data matching services used to identify and intercept insurance claim settlements before insurers send payments to claimants who owe past-due child support. This amendment increases the maximum amount from \$200,000 to \$364,777 due to an increased number of traditional claim matches per year.				
		Term of Contract:	07/01/2017 - 06/30/2021	Contract # 18402		
16.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	\$78,192	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing psychiatric fellows services.				
		Term of Contract:	07/01/2020 - 06/30/2022	Contract # 23241		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES	UNIVERSITY OF NEVADA, RENO SCHOOL OF MEDICINE INTEGRATED CLINICAL	FEDERAL	\$244,600	Exempt
	Contract Description:	This is a new interlocal agreement to provide advanced practice registered nurses and supervision of psychiatric services.				
		Term of Contract:	07/01/2020 - 06/30/2022	Contract # 23237		
18.	550	DEPARTMENT OF AGRICULTURE - NUTRITION EDUCATION PROGRAMS	COLYAR TECHNOLOGY SOLUTIONS	FEDERAL	\$999,413	
	Contract Description:	This is a new contract to provide software modules, hosting and maintenance for the Child and Adult Care Food Program and Summer Food Service Program.				
		Term of Contract:	Upon Approval - 12/31/2020	Contract # 23303		
19.	580	PUBLIC UTILITIES COMMISSION OF NEVADA	SOLIX, INC.	OTHER: REGULATORY ASSESSMENTS	\$314,763	
	Contract Description:	This is a new contract to provide ongoing fiscal agent services to administer the Nevada Universal Service Fund.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 23309		
20.	654	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF EMERGENCY MANAGEMENT	GRANTANALYST.COM LLC, DBA ZOOMGRANTS	FEDERAL	\$34,500	
	Contract Description:	This is the first amendment to the original contract which provides user access to a cloud-based Grants Application and Management System. This amendment extends the termination date from December 31, 2021 to June 30, 2022 and increases the maximum amount from \$21,500 to \$56,000 due to the continued need for these services.				
		Term of Contract:	01/13/2020 - 06/30/2022	Contract # 22664		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS - NON-EXEC	H2O ENVIRONMENTAL, INC.	FEE: USER OVRAGE	\$350,000	
	Contract Description:	This is a new contract to provide on-call septic pumping services for the Valley of Fire State Park.				
	Term of Contract:	Upon Approval - 08/10/2024	Contract # 23238			
22.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - MATERIALS MANAGEMENT & CORRECTIVE ACTION	WALKER RIVER PAIUTE TRIBE	OTHER: MITIGATION	\$50,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide technical support and tribal monitoring services for the interpretation of reports, studies or related decisions and field activities at the Anaconda Copper Mine Site for the Walker River Paiute Tribe.				
	Term of Contract:	Upon Approval - 06/08/2024	Contract # 22939			
23.	756	DEPARTMENT OF BUSINESS AND INDUSTRY - DIVISION OF MORTGAGE LENDING	EDULOKA LTD, DBA INLUMON	FEE: LICENSING, INVESTIGATION, APPLICATION, EXAMINATION, SUPERVISION	\$549,326	
	Contract Description:	This is a new contract to implement an approved technology investment to provide a mortgage lending database and includes post-implementation maintenance, hosting and licensing costs.				
	Term of Contract:	Upon Approval - 06/30/2024	Contract # 23277			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	GEOGRAPHIC SOLUTIONS	FEDERAL	\$39,996	
	Contract Description:	This is the fourth 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. This amendment increases the maximum amount from \$3,503,264 to \$3,543,260 and adds the Help Desk Management Module to the scope of services.				
	Term of Contract:	02/14/2017 - 08/30/2021	Contract # 18376			
25.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - UNEMPLOYMENT INSURANCE	ALORICA, INC.	FEDERAL	\$1,700,000	
	Contract Description:	This is the first amendment to the original contract which provides a third-party call center to support the existing agency call center during COVID-19 and the new Pandemic Unemployment Assistance program. This amendment increases the maximum amount from \$5,000,000 to \$6,700,000 and adds 35 Adjudicators to the scope of services and Attachment EE - Data Share Agreement.				
	Term of Contract:	04/10/2020 - 12/31/2020	Contract # 23107			

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23259**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>LCPDS, LLC</b>
Agency Code: <b>030</b>	Contractor Name: <b>LCPDS, LLC</b>
Appropriation Unit: <b>1038-10</b>	Address: <b>PO BOX 2195</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89702-2195</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Dale Stransky 775/790-9263</b>
	Vendor No.: <b>T27042424</b>
	NV Business ID: <b>NV20181350935</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2021-2023</b>

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Regulatory Assessments</b>

Agency Reference #: 20217

2. Contract start date:

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

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/14/2022**

Contract term: **2 years and 13 days**

4. Type of contract: **Contract**

Contract description: **Professional Service**

5. Purpose of contract:

**This is a new contract to provide expert witness and technical expertise in analyzing the general areas involving electric, gas and water utilities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$125.00 per hour maximum

Other basis for payment: Presentation and approval of monthly invoices by the BCP that itemize work performed by time and date of services rendered.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Statutory requirement to represent consumers' interests in matters before the Public Utilities Commission and any legislature, board or commission with jurisdiction over Nevada regulated public utilities.**

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

**Specialized expertise is required by our office to adequately protect the public interest.**

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

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

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

**Not Applicable**

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

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

Contractor was chosen in preference for his specialized expertise, availability and reasonable rate.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The contractor is currently engaged under contract with the Bureau of Consumer Protection and the services provided 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:  
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:

Ernest Figueroa, Consumer Advocate Ph: (775) 684-1197

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hrobinso	06/03/2020 14:35:35 PM
Division Approval	hrobinso	06/03/2020 14:35:39 PM
Department Approval	hrobinso	06/03/2020 14:35:44 PM
Contract Manager Approval	hrobinso	06/03/2020 14:35:49 PM
Budget Analyst Approval	hfield	06/05/2020 15:32:22 PM
BOE Agenda Approval	hfield	06/05/2020 15:32:24 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: **23161**

Agency Name: <b>TREASURER - TREASURER'S OFFICE</b>	Legal Entity Name: <b>Chandler Asset Management, Inc.</b>
Agency Code: <b>050</b>	Contractor Name: <b>Chandler Asset Management, Inc.</b>
Appropriation Unit: <b>1080-04</b>	Address: <b>6225 Lusk Boulevard</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>San Diego, CA 92121</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Nicole Dragoo 858-564-3737</b>
	Vendor No.: <b>T29043137</b>
	NV Business ID: <b>NV20201780217</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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 %	<b>X</b> Other funding	<b>100.00 % Investment Earnings NVEST</b>

Agency Reference #: **RFP #05TO-S979TB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date **06/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Investment Mgmt.**

5. Purpose of contract:

**This is a new contract to provide investment management services for the investment portfolios for local governments approved to participate in the State Treasurer's Government Long Term Investment Account program.**

6. NEW CONTRACT

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

Other basis for payment: Annual fee not to exceed 0.07% on all assets under management paid in quarterly installments within 30 days of receipt of invoice and State Treasurer's approval. The annual fee will be calculated using the quarter-end market value of each managed portfolio in the records of the State Treasurer's securities custodian, which will be deducted from the money market funds of the vendor's assigned investment portfolio(s).

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NRS 355.165 established the Local Government Pooled Long Term Investment Account NVEST which is administered by the State Treasurer. This program provides outside manager(s) experienced in corporate and securitized notes who local governments may utilize for longer term investment needs.**

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

**The Treasurer's Office does not have staff nor the expertise and analytic reporting tools to effectively manage these types of securities.**

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):

Federated Investment Counseling  
Chandler Asset Management  
Buckhead Capital Management

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S979, and in accordance with NRS 333, the selected vendor was one of several of the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 01/09/2020 Anticipated re-bid date: 01/09/2024

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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	thagan	05/05/2020 10:48:30 AM
Division Approval	thagan	05/05/2020 10:48:33 AM
Department Approval	thagan	05/05/2020 10:48:37 AM
Contract Manager Approval	thagan	05/05/2020 10:48:42 AM
Budget Analyst Approval	cbrekken	05/14/2020 11:43:44 AM
BOE Agenda Approval	cbrekken	05/14/2020 11:43:46 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: **23164**

Agency Name: <b>TREASURER - TREASURER'S OFFICE</b> Agency Code: <b>050</b> Appropriation Unit: <b>1080-04</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>FHN Financial Main Street Advisors, LLC</b> Contractor Name: <b>FHN Financial Main Street Advisors, LLC</b> Address: <b>10655 Park Run Drive, Suite 120</b> City/State/Zip: <b>Las Vegas, NV 89144</b> Contact/Phone: <b>Rick Philips 702-575-6600</b> Vendor No.: <b>T27043532</b> NV Business ID: <b>NV20041226048</b>
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To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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 %	<b>X</b> Other funding	<b>100.00 % Local Gov. Investment Pool Earnings</b>

Agency Reference #: **RFP #05TO-S979TB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2020**

Anticipated BOE meeting date **06/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

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

4. Type of contract: **Contract**

Contract description: **Investment Mgmt.**

5. Purpose of contract:

**This is a new contract to provide investment management services for the State Local Government Investment Pool which must be invested in accordance with Nevada Revised Statutes Chapter 355.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$900,000.00**

Other basis for payment: Annual fee not to exceed 0.015% on all assets paid in quarterly installments within 30 days of receipt of invoice.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The State Treasurer's Office must invest assets in the Local Government Investment Pool in accordance with NRS Chapter 355.

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 in a variety of fixed income securities to assist the portfolio to increase yield to LGIP participants.

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):

American Beacon  
Buckhead Capital Management  
Dimensional Advisors

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S979, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/09/2020 Anticipated re-bid date: 01/09/2024

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

STO 2015-Present - 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	thagan	05/05/2020 10:44:57 AM
Division Approval	thagan	05/05/2020 10:45:01 AM
Department Approval	thagan	05/05/2020 10:45:05 AM
Contract Manager Approval	thagan	05/05/2020 10:45:09 AM
Budget Analyst Approval	cbrekken	05/14/2020 11:48:56 AM
BOE Agenda Approval	cbrekken	05/14/2020 11:48:57 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: **23162**

Agency Name:	<b>TREASURER - TREASURER'S OFFICE</b>	Legal Entity Name:	Federated Investment Counseling Business Trust
Agency Code:	<b>050</b>	Contractor Name:	<b>Federated Investment Counseling Business Trust</b>
Appropriation Unit:	<b>1080-04</b>	Address:	<b>1001 Liberty Avenue</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Pittsburgh, PA 15222-3779</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Amy Michaliszyn 412-288-6504
		Vendor No.:	Pending
		NV Business ID:	NV20201770567

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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 %	<b>X</b> Other funding	<b>100.00 % Investment Earnings NVEST</b>

Agency Reference #: RFP #05TO-S979TB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date 06/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **NVEST Money Manager**

5. Purpose of contract:

**This is a new contract to provide investment management services for the investment portfolios for local governments approved to participate in the State Treasurer's Government Long Term Investment Account program.**

6. NEW CONTRACT

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

Other basis for payment: State Annual fee not to exceed 0.10% on the first \$250 million in assets, 0.08% on the next \$250 million in assets and 0.06% all assets over \$500 million paid in quarterly installments within 30 days of receipt of invoice and State Treasurer's approval. The annual fee will be calculated using the quarter-end market value of each managed portfolio in the records of the State Treasurer's securities custodian, which will be deducted from the money market funds of the vendor's assigned investment portfolio(s).

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 355.165 established the Local Government Pooled Long Term Investment Account NVEST which is administered by the State Treasurer. This program provides outside manager(s) experienced in corporate and securitized notes who local governments may utilize for longer term investment needs.

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

The Treasurer's Office does not have staff nor the expertise and analytic reporting tools to effectively manage these types of securities.

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):

Chandler Asset Management  
Buckhead Capital Management  
Federated Investment Counseling

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S979, and in accordance with NRS 333, the selected vendor was one of several of the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 01/09/2020 Anticipated re-bid date: 01/09/2024

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

**Foreign Business Trust**

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	thagan	05/05/2020 10:49:52 AM
Division Approval	thagan	05/05/2020 10:49:55 AM
Department Approval	thagan	05/05/2020 10:49:58 AM
Contract Manager Approval	thagan	05/05/2020 10:50:02 AM
Budget Analyst Approval	cbrekken	05/14/2020 11:40:29 AM
BOE Agenda Approval	cbrekken	05/14/2020 11:40:31 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23165**

Agency Name: <b>TREASURER - TREASURER'S OFFICE</b>	Legal Entity Name: <b>Government Portfolio Advisors, LLC</b>
Agency Code: <b>050</b>	Contractor Name: <b>Government Portfolio Advisors, LLC</b>
Appropriation Unit: <b>1080-04</b>	Address: <b>2188 SW Park Place, Suite 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Portland, OR 97205</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Deanne Woodring 503-248-9973</b>
	Vendor No.: <b>T29043138</b>
	NV Business ID: <b>NV20141165471</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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 %	<b>X</b> Other funding	<b>100.00 % Investment Earnings NVEST</b>

Agency Reference #: **RFP #05TO-S979TB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2020**

Anticipated BOE meeting date **06/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

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

4. Type of contract: **Contract**

Contract description: **NVEST Money Manager**

5. Purpose of contract:

**This is a new contract to provide investment management services for the investment portfolios for local governments approved to participate in the State Treasurer's Government Long Term Investment Account program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$420,000.00**

Other basis for payment: The annual fee will not exceed 0.07% on all assets under management paid in quarterly installments within 30 days of receipt of invoice and State Treasurer's approval. The annual fee will be calculated using the quarter-end market value of each managed portfolio in the records of the State Treasurer's securities custodian, which will be deducted from the money market funds of the vendor's assigned investment portfolio(s).

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 355.165 established the Local Government Pooled Long Term Investment Account NVEST which is administered by the State Treasurer. This program provides outside manager(s) experienced in corporate and securitized notes who local governments may utilize for longer term investment needs.

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

The Treasurer's Office does not have staff nor the expertise and analytic reporting tools to effectively manage these types of securities.

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):

Federated Investment Counseling  
Buckhead Capital Management  
Chandler Asset Management

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S979, and in accordance with NRS 333, the selected vendor was one of several of the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 01/09/2020 Anticipated re-bid date: 01/09/2024

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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	thagan	05/05/2020 10:46:50 AM
Division Approval	thagan	05/05/2020 10:46:54 AM
Department Approval	thagan	05/05/2020 10:46:57 AM
Contract Manager Approval	thagan	05/05/2020 10:47:00 AM
Budget Analyst Approval	cbrekken	05/14/2020 11:53:07 AM
BOE Agenda Approval	cbrekken	05/14/2020 11:53:10 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: **20145** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **PENTA BUILDING GROUP, LLC**

Agency Code: **082** Contractor Name: **PENTA BUILDING GROUP, LLC**

Appropriation Unit: **1550-51** Address: **181 E. WARM SPRING RD.**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89119-4101**

If "No" please explain: **Not Applicable** Contact/Phone: **702-614-1678**

Vendor No.: **T29025775**

NV Business ID: **NV20081225302**

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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 111368

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/10/2018**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 356 days**

4. Type of contract: **Contract**

Contract description: **OWNER-CMAR**

5. Purpose of contract:

**This is the first amendment to the original contract which provides Owner Construction Manager at Risk (CMAR) services for Southern Desert Correctional Center - Building Systems and Finishes Renovations for Unit 8 project: CIP Project No. 17-C12; SPWD Contract No. 111368. This amendment decreases the maximum amount of \$5,724,068 to \$5,536,579.49 due to the owner portion of CMAR savings and Owner Contingency balances returned to Owner.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$5,724,068.00	\$5,724,068.00	\$5,724,068.00	Yes - Action
2. Amount of current amendment (#1):	-\$187,488.51	-\$187,488.51	-\$187,488.51	Yes - Action
3. New maximum contract amount:	\$5,536,579.49			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP.

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

Professional Owner-CMAR Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	lwildes	06/10/2020 12:01:40 PM
Division Approval	lwildes	06/10/2020 12:01:45 PM
Department Approval	lwildes	06/10/2020 12:01:49 PM
Contract Manager Approval	lwildes	06/10/2020 12:01:54 PM
Budget Analyst Approval	nkephart	06/17/2020 10:48:42 AM
BOE Agenda Approval	jrodrig9	06/23/2020 16:17:38 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23294**

Agency Name:	<b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name:	United Rx, LLC dba, Abacus-RX Pharmacy
Agency Code:	<b>240</b>	Contractor Name:	<b>United Rx, LLC dba, Abacus-RX Pharmacy</b>
Appropriation Unit:	<b>2561-10</b>	Address:	<b>1516 W. Warm Springs Road</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Henderson, NV 89014</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Kristine Carlton 702-475-8609
		Vendor No.:	T32008300
		NV Business ID:	NV20141548460

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2024**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Pharmacy Services**

5. Purpose of contract:

**This is a new contract to provide ongoing pharmaceutical services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,600,000.00**

Other basis for payment: paid within 45-60 days upon receipt of approved invoice & supporting documentation

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Southern Nevada State Veterans Home is responsible to provide 24-hour pharmaceutical services, which includes prescription coverage for the residents.

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

The State does not have the capability to provide this service.

9. Were quotes or proposals solicited? Yes

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

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

Conconus Pharmacy  
Ominicare  
PharMerica

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #24VS-S1140, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 04/09/2020 Anticipated re-bid date: 01/01/2024

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Current vendor and the services have been satisfactory.

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: 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	06/03/2020 15:26:00 PM
Division Approval	agarland	06/03/2020 15:26:03 PM
Department Approval	agarland	06/03/2020 15:26:07 PM
Contract Manager Approval	agarland	06/03/2020 15:26:10 PM
Budget Analyst Approval	afrantz	06/16/2020 13:55:40 PM
BOE Agenda Approval	bwooldri	06/22/2020 09:29:22 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: **23171**

Agency Name:	<b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name:	<b>BOARD OF REGENTS, NSHE ON BEHALF OF UNIVERSITY OF NEVADA, RENO</b>
Agency Code:	<b>300</b>	Contractor Name:	<b>BOARD OF REGENTS, NSHE ON BEHALF OF UNIVERSITY OF NEVADA, RENO</b>
Appropriation Unit:	<b>2709-21</b>	Address:	<b>MAIL STOP 0325 1664 N VIRGINIA STREET</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89557-0325</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>KARIM HUSSEIN 775/784-4040</b>
		Vendor No.:	<b>D35000816</b>
		NV Business ID:	<b>N/A</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date 06/2020

Retroactive? **Yes**

If "Yes", please explain

**There was a delay in the contract process due to not knowing the funding level of the sub-grant award for fiscal year 2021 from the Division of Welfare and Supportive Services.**

3. Termination Date: **06/30/2024**

Contract term: **4 years**

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

Contract description: **CDA TRAINING PROGRAM**

5. Purpose of contract:

**This is a new interlocal agreement to provide an ongoing Infant Toddler Child Development Associate training program, including professional development, coaching and all fees associated with earning a Child Development Associate certificate, for child care providers statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,115,836.00**

Payment for services will be made at the rate of \$278,959.00 per Fiscal Year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Infant Toddler CDA training programs is part of Nevada's State Plan (as submitted by the Division of Welfare and Supportive Service Child Care Chief) which is a requirement of the Child Care and Development Block Grant.

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

The NDE, Office of Early Learning does not have sufficient number of staff to perform these activities. The Board of Regents - UNR is a government entity.

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

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

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

Not Applicable

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

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

Per NRS 277.180 the agency is contracting with the Board of Regents, University of Nevada, Reno.

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

5%

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

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: 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	bfarra2	05/04/2020 16:17:59 PM
Division Approval	bfarra2	05/04/2020 16:18:04 PM
Department Approval	bfarra2	05/04/2020 16:18:09 PM
Contract Manager Approval	bfarra2	05/04/2020 16:18:15 PM
Budget Analyst Approval	mranki1	06/10/2020 08:29:51 AM
BOE Agenda Approval	cbrekken	06/10/2020 16:29:28 PM
BOE Final Approval	Pending	

Steve Sisolak  
Governor

Jhone M. Ebert  
Superintendent of Public  
Instruction



Southern Nevada Office  
2080 East Flamingo Rd,  
Suite 210  
Las Vegas, Nevada 89119-0811  
(702) 486-6458  
Fax: (702) 486-6450

**STATE OF NEVADA**  
**DEPARTMENT OF EDUCATION**  
700 E. Fifth Street | Carson City, Nevada 89701-5096  
Phone: (775) 687-9200 | [www.doe.nv.gov](http://www.doe.nv.gov) | Fax: (775) 687-9101

June 5, 2020

MEMORANDUM

TO: Susan Brown  
Clerk of the Board of Examiners  
Governor's Finance Office – Budget Division

THROUGH: Catherine Bartlett  
Executive Budget Officer 2, Governor's Finance Office – Budget Division

FROM: Heidi Haartz *Heidi Haartz*  
Deputy Superintendent, Business and Support Services

SUBJECT: Request for Retroactive Contract with the Board of Regents,  
UNR Cooperative Extension

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This memorandum serves as a request for retroactive approval to July 1, 2020 for contract 23171 with the Board of Regents, UNR Cooperative Extension (UNCE) anticipated to be on the agenda for the July 14, 2020 Board of Examiner's meeting.

This contract between the Nevada Department of Education (NDE) and the UNCE is funded by Federal Child Care and Developments Funds (CCDF). The NDE receives CCDF funding from the Division of Welfare and Supportive Services (DWSS) through an annual subgrant. The NDE was trying to be proactive and have the contracts in place by July 1, but there was a delay in the contract approval process pending receipt of a subgrant award for FY 21.

If the retroactive date is not approved, funding will not be provided until Board of Examiner's approval. This will cause programs to cease work and UNCE employees to be temporarily laid off.

We appreciate your consideration in this matter.

CC: Jhone M. Ebert, Superintendent of Public Instruction  
CC: Patti Oya, Director, Office of Early Learning and Development

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23172**

Agency Name:	<b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name:	<b>BOARD OF REGENTS, NSHE ON BEHALF OF UNIVERSITY OF NEVADA, RENO</b>
Agency Code:	<b>300</b>	Contractor Name:	<b>BOARD OF REGENTS, NSHE ON BEHALF OF UNIVERSITY OF NEVADA, RENO</b>
Appropriation Unit:	<b>2709-21</b>	Address:	<b>UNR CONTROLLERS OFFICE MAIL STOP 0325</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89557-0325</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>KARIM HUSSEIN 775-784-4040</b>
		Vendor No.:	<b>D35000816</b>
		NV Business ID:	<b>N/A</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date 06/2020

Retroactive? **Yes**

If "Yes", please explain

**There was a delay in the contract process due to not knowing the funding level of the sub-grant award for fiscal year 2021 from the Division of Welfare and Supportive Services.**

3. Termination Date: **06/30/2024**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **QRIS ASSESSORS**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing Quality Rating Improvement System (QRIS) Assessors and a QRIS coaching academy to support the QRIS for child care sites.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,756,432.00**

Payment for services will be made at the rate of \$439,108.00 per Fiscal Year

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Quality Rating and Improvement System (QRIS) including assessors are part of Nevada's State Plan (as submitted by the Division of Welfare and Supportive Service Child Care Chief) which is a requirement of the Child Care and Development Block Grant.

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

The NDE, Office of Early Learning does not have sufficient number of staff to perform these activities. The Board of Regents - UNR is a government entity.

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

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

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

Not Applicable

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

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

Per NRS 277.180 the agency is contracting with the Board of Regents, University of Nevada, Reno.

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

5%

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

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: 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	bfarra2	05/04/2020 16:16:58 PM
Division Approval	bfarra2	05/04/2020 16:17:01 PM
Department Approval	bfarra2	05/04/2020 16:17:04 PM
Contract Manager Approval	bfarra2	05/04/2020 16:17:07 PM
Budget Analyst Approval	mranki1	06/10/2020 08:30:53 AM
BOE Agenda Approval	cbrekken	06/10/2020 16:30:28 PM
BOE Final Approval	Pending	

Steve Sisolak  
Governor

Jhone M. Ebert  
Superintendent of Public  
Instruction



Southern Nevada Office  
2080 East Flamingo Rd,  
Suite 210  
Las Vegas, Nevada 89119-0811  
(702) 486-6458  
Fax: (702) 486-6450

**STATE OF NEVADA**  
**DEPARTMENT OF EDUCATION**  
700 E. Fifth Street | Carson City, Nevada 89701-5096  
Phone: (775) 687-9200 | [www.doe.nv.gov](http://www.doe.nv.gov) | Fax: (775) 687-9101

June 5, 2020

MEMORANDUM

TO: Susan Brown  
Clerk of the Board of Examiners  
Governor's Finance Office – Budget Division

THROUGH: Catherine Bartlett  
Executive Budget Officer 2, Governor's Finance Office – Budget Division

FROM: Heidi Haartz *Heidi K Haartz*  
Deputy Superintendent, Business and Support Services

SUBJECT: Request for Retroactive Contract with the Board of Regents,  
UNR Cooperative Extension

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This memorandum serves as a request for retroactive approval to July 1, 2020 for contract 23172 with the Board of Regents, UNR Cooperative Extension (UNCE) anticipated to be on the agenda for the July 14, 2020 Board of Examiner's meeting.

This contract between the Nevada Department of Education (NDE) and the UNCE is funded by Federal Child Care and Developments Funds (CCDF). The NDE receives CCDF funding from the Division of Welfare and Supportive Services (DWSS) through an annual subgrant. The NDE was trying to be proactive and have the contracts in place by July 1, but there was a delay in the contract approval process pending receipt of a subgrant award for FY 21.

If the retroactive date is not approved, funding will not be provided until Board of Examiner's approval. This will cause programs to cease work and UNCE employees to be temporarily laid off.

We appreciate your consideration in this matter.

CC: Jhone M. Ebert, Superintendent of Public Instruction  
CC: Patti Oya, Director, Office of Early Learning and Development

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>15043</b>	Amendment Number: <b>3</b>	
	Legal Entity Name: <b>JENNIFER KALAS CONSULTING, LLC</b>	
Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Contractor Name: <b>JENNIFER KALAS CONSULTING, LLC</b>	
Agency Code: <b>300</b>	Address: <b>11108 DESERT DOVE AVE</b>	
Appropriation Unit: <b>2709-21</b>	City/State/Zip: <b>LAS VEGAS, NV 89144-1462</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>702/303-0189</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>T32006230</b>	
	NV Business ID: <b>NV20171702723</b>	

To what State Fiscal Year(s) will the contract be charged? **2014-2021**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2021**

Termination Date:

Contract term: **7 years and 181 days**

4. Type of contract: **Contract**

Contract description: **Child Care Quality**

5. Purpose of contract:

**This is the third amendment to the original contract which provides Environment Rating Scales (ERS) anchor assessors for the Child Care and Development Program, Quality Rating and Improvement System. ERS are observational assessment tools used to evaluate the quality of early childhood classrooms at child care centers in Nevada. This amendment increases the maximum amount from \$1,024,034 to \$1,224,054 and adds additional assessors to the scope of services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$388,850.00	\$388,850.00	\$388,850.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$635,184.00	\$635,184.00	\$635,184.00	Yes - Action
2. Amount of current amendment (#3):	\$200,020.00	\$200,020.00	\$200,020.00	Yes - Action
3. New maximum contract amount:	\$1,224,054.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

DWSS receives funding from the US Administration for Children & Families, Child Care and Development Fund (CCDF) and a minimum of 4% of CCDF funds must be used to enhance child care quality and availability.

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

State employees do not have the resources or expertise to perform these duties.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

**Approval #: 130812**

**Approval Date: 08/27/2013**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bfarra2	06/05/2020 11:09:45 AM
Division Approval	bfarra2	06/05/2020 11:09:52 AM
Department Approval	bfarra2	06/05/2020 11:09:57 AM
Contract Manager Approval	bfarra2	06/05/2020 11:10:01 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: **23269**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>TURNING POINT, INC.</b>
Agency Code: <b>300</b>	Contractor Name: <b>TURNING POINT, INC.</b>
Appropriation Unit: <b>2721-42</b>	Address: <b>55 NORTH C STREET STE 22 PO BOX 1028</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>VIRGINIA CITY, NV 89440</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>DEBORAH LOESCH-GRIFFIN 775/843-2275</b>
	Vendor No.: <b>T29005273</b>
	NV Business ID: <b>NV20121608520</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **300**

2. Contract start date:

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

Anticipated BOE meeting date **07/2020**

Retroactive? **Yes**

If "Yes", please explain

3. Termination Date: **09/29/2024**

Contract term: **4 years and 91 days**

4. Type of contract: **Contract**

Contract description: **Trauma Recovery Demo**

5. Purpose of contract:

**This is a new contract to provide monthly, quarterly and annual meetings to train mental health professionals and school based multi-tiered system of support personnel to increase trauma specific mental health services for eligible students.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$175,372.00**

Other basis for payment: **Per Monthly Itemized Invoice**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Provide secular, non-ideological, trauma-specific services to low-income public, charter and private school students in Nevada whose school success has been negatively impacted by exposure to trauma.

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 cannot be done by a state employee.

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):

No other Vendor responded

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #30DOE-S1125, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 04/17/2020 Anticipated re-bid date: 04/01/2024

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

Department of Education &#65533; 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:  
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	bfarra2	06/05/2020 11:11:21 AM
Division Approval	bfarra2	06/05/2020 11:11:24 AM
Department Approval	bfarra2	06/05/2020 11:11:28 AM
Contract Manager Approval	bfarra2	06/05/2020 11:11:32 AM
Budget Analyst Approval	mranki1	06/12/2020 15:11:47 PM
BOE Agenda Approval	cbrekken	06/22/2020 10:33:24 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: **23295**

Agency Name: <b>DTCA - MUSEUMS AND HISTORY DIVISION</b>	Legal Entity Name: <b>JOHNSON CONTROLS, INC.</b>
Agency Code: <b>331</b>	Contractor Name: <b>JOHNSON CONTROLS, INC.</b>
Appropriation Unit: <b>2943-07</b>	Address: <b>3645 W Oquendo Rd</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89118</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>Salman Jawhari 702-598-3454</b>
	Vendor No.: <b>T10346500A</b>
	NV Business ID: <b>NV19571000769</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

<b>X</b> General Funds	<b>45.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>55.00 % Lodging Tax</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2024**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **NSMLV HVAC MAINT**

5. Purpose of contract:

**This is a new contract to provide ongoing repair and maintenance services for the heating, air conditioning and ventilation system at Nevada State Museum Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$278,995.00**

Other basis for payment: \$69,228 Year 1&2; \$569,920 Year 3; \$70,619 Year 4. Each year paid in monthly installments.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

If the HVAC system is not maintained and serviced on a regular basis, it could result in catastrophic failure, endanger valuable artifact collections, and require closure of the building until costly repairs are made.

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

The agency does not have positions approved for the maintenance and repair of HVAC equipment. These positions require certified skills and knowledge.

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

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

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

**Not Applicable**

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

**Approval #: 200204**

**Approval Date: 02/13/2020**

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

This vendor installed the system in the building at the time of construction and owns the proprietary software required for use of the system.

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:

DCFS 4/1/2010 - 3/31/2012  
Nevada State Veterans Home - Boulder City 7/1/11 - Unknown End Date  
DETR 7/1/11 - Unknown End Date  
B&G 8/8/12 - Unknown End Date  
Nevada State Museum Las Vegas - 5/2013 - 11/30/2017

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

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

Not Applicable

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

Paul Curry, Facility Supervisor Ph: 7024865205

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cedlefse	06/03/2020 13:15:44 PM
Division Approval	cedlefse	06/03/2020 13:15:49 PM
Department Approval	amathies	06/03/2020 13:25:01 PM
Contract Manager Approval	cedlefse	06/03/2020 13:26:37 PM
Budget Analyst Approval	stilley	06/17/2020 09:58:44 AM
BOE Agenda Approval	hfield	06/19/2020 12:45:04 PM
BOE Final Approval	Pending	



**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

<b>Purchasing Use Only:</b>	
Approval#:	200204 (2)

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note:</b> Approved copy will be sent to only the contact(s) listed below:			
	<b>State Agency Name:</b>	Division of Museums & History, Nevada State Museum Las Vegas		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Carrie Edlefsen – Administrative Services Officer	(775) 687-7340	cedlefsen@nevadaculture.org
		Paul Curry – Facility Supervisor	(702) 822-8741	pcurry@nevadaculture.org

<b>1b</b>	<b>Vendor Information:</b>	
	<b>Identify Vendor:</b>	Johnson Controls, Inc
	<b>Contact Name:</b>	Salman Jawhari, Account Executive/Building Efficiency
	<b>Complete Address:</b>	3645 W. Oquendo Road
	<b>Telephone Number:</b>	(702) 598-3454
	<b>Email Address:</b>	Salman.Jawhari@jci.com

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

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

<b>1e</b>	<b>Term:</b>				
	<b>One (1) Time Purchase:</b>				
	<b>Contract:</b>	<b>Start Date:</b>	3/1/2020	<b>End Date:</b>	2/29/2024

<b>1f</b>	<b>Funding:</b>	
	<b>State Appropriated:</b>	<input checked="" type="checkbox"/>
	<b>Federal Funds:</b>	
	<b>Grant Funds:</b>	
	<b>Other (Explain):</b>	X-Tourism Funds & Admission Charges

Purchasing Use Only:

Approval #:

200204 ©

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$268,992 (\$5,605 x 48 months)

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>Ongoing full service repair and maintenance for the Nevada State Museum's Las Vegas HVAC system.</i>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<i>The Nevada State Museum, Las Vegas, commissioned in 2009, is a 75,000 square-foot building with large-volume public museum exhibition galleries, secured storage areas, administrative and support facilities. The HVAC systems that provide a safe and comfortable environment must function reliably through changing demands and standards. Johnson Controls, Inc. (JCI), was selected as a hardware and software control vendor by the general contractor, so much of the equipment was provided by them. Since commissioning, Johnson Controls, Inc., has managed the complex hardware and software and its successful integration, updates and operation.</i>  <i>Facility personnel at the Nevada State Museum, Las Vegas report that JCI has consistently provided high-quality, reliable, service response in a professional manner. While other vendors may appear to offer lower cost on paper, we are better served with a vendor that "owns" the hardware and software especially in the complex environment of a museum where different areas have very different requirements for temperature, air flow, and humidity.</i>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>While other vendors indicate they can service Johnson Controls, Inc. equipment, the fact is they must often sub-contract to support JCI software and may obtain replacement parts not fully compatible with OEM specifications, potentially leading to premature component failures, system shutdown, and increased cost to the State.</i>

5	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i><b>If yes</b>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>				
	<i>During the initial RFP, respondent submissions included subcontracting detail which included JCI as the subcontractor. As indicated in section #4, other vendors will need to subcontract with JCI to support their proprietary software and may obtain replacement parts not fully compatible with OEM specifications unless those parts were to be obtained directly from JCI.</i>				
	b. <i><b>If not</b>, why were alternatives not evaluated?</i>				

Purchasing Use Only:	
Approval #:	2002040

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</b>			Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>		
	<i>5/1/13</i>	<i>11/30/14</i>	<i>\$71,580</i>	<i>HVAC Maintenance</i>	<i>RFP# 2943-2013-01</i>		
	<i>12/1/14</i>	<i>7/30/18</i>	<i>\$248,289</i>	<i>HVAC Full Service</i>	<i>RFP#2943-2015-01</i>		
			<i>\$</i>				

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<i>Based on past RFP history and the proprietary nature of the HVAC program software Johnson Controls, Inc. would be the only contractor qualified to perform the service and if not chosen to award the contract to would need to be retained by the awarded contractor for subcontract work. While other vendors may appear to offer lower cost on paper, we are better served with the vendor that "owns" the hardware and software especially in the complex environment of a museum where different areas have very different requirements for temperature, air flow and humidity.</i>

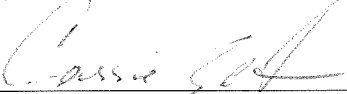
8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>As indicated in section #4, while other vendors indicate they can service Johnson Controls, Inc. equipment, the fact is they must often sub-contract to support JCI software and may obtain replacement parts not fully compatible with OEM specifications, potentially leading to premature component failures, system shutdown, and increased cost to the State.</i>

9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				

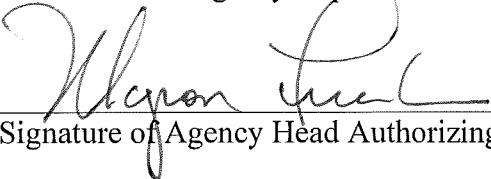


<i>Purchasing Use Only:</i>	
Approval #:	200204 ©

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

Carrie Edlefsen      Administrative Services Officer      2/3/2020  
 \_\_\_\_\_  
 Print Name of Agency Representative Initiating Request      Date

  
 \_\_\_\_\_  
 Signature of Agency Head Authorizing Request      1/31/20

Myron Freedman      Acting Administrator      \_\_\_\_\_  
 \_\_\_\_\_  
 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 or 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 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.

Approved by:

  
 \_\_\_\_\_  
 Administrator, Purchasing Division or Designee      2/13/2020  
 \_\_\_\_\_  
 Date

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>18693</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>Ramsell Corporation</b>
Agency Code: <b>406</b>	Contractor Name: <b>Ramsell Corporation</b>
Appropriation Unit: <b>3215-24</b>	Address: <b>200 Webster Street, Suite 300</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Oakland, CA 94607</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Sophia Byndloss 510-587-2600</b>
	Vendor No.: <b>T27041405</b>
	NV Business ID: <b>NV20171253641</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2017-2021</b>

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

General Funds	0.00 %	<b>X</b>	Fees	70.00 % <b>Pharmaceutical Rebates</b>
<b>X</b> Federal Funds	<b>30.00 %</b>		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP 3412/C 16023**

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 **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **03/31/2021**  
 Contract term: **3 years and 292 days**

4. Type of contract: **Contract**  
 Contract description: **Rx Benefits Manager**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides Pharmacy Benefits Manager services for clients of the Ryan White HIV/AIDS Part B program. This amendment increases the maximum amount from \$57,221,520.61 to \$83,621,520.61 due to increased drug costs.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$57,221,520.61	\$57,221,520.61	\$57,221,520.61	Yes - Action
2. Amount of current amendment (#1):	\$26,400,000.00	\$26,400,000.00	\$26,400,000.00	Yes - Action
3. New maximum contract amount:	\$83,621,520.61			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

A Pharmacy Benefits Manager PBM facilitates the program which provides medication to eligible Nevadans to include over 6,000 prescription claims per month utilizing over 200 pharmacies statewide. We as a state do not possess the ability to handle over 6,000 prescription claims per month utilizing over 200 pharmacies statewide.

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 skills or abilities to perform this work.

9. Were quotes or proposals solicited? Yes

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

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

Procure Rx  
Optum Rx  
Megellan Health

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3412, 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: 02/13/2017 Anticipated re-bid date: 07/01/2020

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:

Contracted with DPBH since June 2017. - 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	tilto1	06/09/2020 15:17:46 PM
Division Approval	chadwic1	06/24/2020 14:14:12 PM
Department Approval	mwinebar	06/24/2020 14:38:27 PM
Contract Manager Approval	tilto1	06/24/2020 14:49:46 PM
Budget Analyst Approval	bwooldri	06/24/2020 15:30:37 PM
BOE Agenda Approval	bwooldri	06/24/2020 15:30:43 PM

### CONTRACT SUMMARY

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: <b>18094</b>	Amendment Number: <b>4</b>
Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>University of Utah</b>
Agency Code: <b>406</b>	Contractor Name: <b>University of Utah</b>
Appropriation Unit: <b>3222-15</b>	Address: <b>DBA Department of Pediatrics 295 Chipeta Way</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Salt Lake City, UT 89108</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jason Fox 801-587-1621</b>
	Vendor No.: <b>T29000319</b>
	NV Business ID: <b>T29000319</b>

To what State Fiscal Year(s) will the contract be charged? **2016-2022**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C 14920**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/23/2016**  
 Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **5 years and 131 days**

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

Contract description: **Web Portal**

5. Purpose of contract:

**This is the fourth amendment to the original interlocal agreement which provides information, resources and local referrals to families, service providers or care coordinators serving children and youth with special healthcare needs. This amendment extends the termination date from September 30, 2020 to September 30, 2021, increases the maximum amount from \$168,500 to \$208,500 and revises Attachment AA-Scope of Work due dates and reporting criteria due to the continued need for these services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$40,000.00	\$40,000.00	\$40,000.00	Yes - Info
a. Amendment 1:	\$8,500.00	\$8,500.00	\$48,500.00	No
b. Amendment 2:	\$80,000.00	\$88,500.00	\$128,500.00	Yes - Action
c. Amendment 3:	\$40,000.00	\$40,000.00	\$40,000.00	Yes - Info
2. Amount of current amendment (#4):	\$40,000.00	\$40,000.00	\$80,000.00	Yes - Action
3. New maximum contract amount:	\$208,500.00			

## II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada needs to care for children born with metabolic health issues.

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

The portal is maintained by the vendor in Utah.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Pursuant to NRS 277.180 one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking. This contract is a very cost-effective way to provide specialized web content for the Nevada CYSHCN community without building a new website.

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:

DPBH since 08/2016 - 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	ttilto1	06/02/2020 16:11:36 PM
Division Approval	chadwic1	06/02/2020 18:06:25 PM

Department Approval	mwinebar	06/03/2020 14:45:32 PM
Contract Manager Approval	ttilto1	06/04/2020 15:40:32 PM
Budget Analyst Approval	afrantz	06/10/2020 09:40:56 AM
BOE Agenda Approval	bwooldri	06/17/2020 18:53:07 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>18402</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name: <b>STATE OF RHODE ISLAND for CHILD SUPPORT LIEN NETWORK</b>
Agency Code: <b>407</b>	Contractor Name: <b>STATE OF RHODE ISLAND for CHILD SUPPORT LIEN NETWORK</b>
Appropriation Unit: <b>3238-04</b>	Address: <b>CHILD SUPPORT LIEN NETWORK 77 DORRANCE ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PROVIDENCE, RI 02903</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>401-222-2887</b>
	Vendor No.: <b>T80660150A</b>
	NV Business ID: <b>Gov't Entity</b>

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

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>66.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>34.00 % State Share of Collections</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

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

Contract description: **CSEP Lien Network**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides child support data matching services used to identify and intercept insurance claim settlements before insurers send payments to claimants who owe past due child support. This amendment increases the maximum amount from \$200,000 to \$364,777 due to an increased number of traditional claim matches per year.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
2. Amount of current amendment (#1):	\$164,777.00	\$164,777.00	\$164,777.00	Yes - Action
3. New maximum contract amount:	\$364,777.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Created in 1999 by Rhode Island, CSLN matches child support data from participating states with claimant information provided by of 1,500 insurance carriers. Individual states then take action to seize the settlements as appropriate under individual state laws. With authorized access to over 70% of our nation's injury claims, the CSLN interface is expected to produce over \$1,000,000 annually in additional child support collections for Nevada's families.

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

This database is used by state employees.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

Currently under contract and providing satisfactory service.

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

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

Not Applicable

15. The contractor is 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	dsorensen	02/28/2020 15:49:20 PM
Division Approval	bberry	03/02/2020 17:14:01 PM
Department Approval	mwinebar	06/03/2020 10:50:42 AM
Contract Manager Approval	mpomerle	06/03/2020 11:12:59 AM
EITS Approval	tgalluzi	06/03/2020 11:23:17 AM
Budget Analyst Approval	bwooldri	06/15/2020 08:40:56 AM
BOE Agenda Approval	bwooldri	06/15/2020 08:41:02 AM



Steve Sisolak  
Governor



Laura E. Freed  
Director  
Colleen Murphy  
Deputy Director  
David Haws  
Administrator

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*

100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Steve Fisher, Administrator, DWSS  
Bart London, Chief IT Manager, DWSS  
Christell Askew, Child Care Unit Chief, DWSS  
Brenda Berry, CFO, DWSS

**CC:** David Haws, Administrator, EITS, DOA  
David Axtell, Chief Enterprise Architect, EITS, DOA

**FROM:** Timothy Galluzi, Technology Investment Administrator, DOA, EITS

**SUBJECT:** TIN Review Completed – *DWSS - Child Support Lien Network Service* – T322847

**DATE:** June 3, 2020

We have completed the review for Division of Welfare and Supportive Services (DWSS) – *Child Support Lien Network* TIN.

The submitted TIN, for an estimated value of \$280,000, supports renewal of services already in place at the agency.

This investment allows the agency to partner with the State of Rhode Island Child Support Lien Network (CSLN), a multistate consortium of state child support agencies that provides a data matching process comparing child support debtors to insurance industry claimants. This agreement will increase child support collections by giving the Child Support Enforcement Program (CSEP) a way to identify and intercept insurance claims settlements before insurers send payments to claimants who owe past due child support.

It is expected that this solution will continue follow state security standards and policies.

If there are any significant changes to mainframe utilization, please inform EITS as soon as possible.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23241**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	Board of Regents, University of Nevada, Reno
Agency Code:	<b>409</b>	Contractor Name:	<b>Board of Regents, University of Nevada, Reno</b>
Appropriation Unit:	<b>3281-14</b>	Address:	<b>Reno School of Medicine 1664 N. Virginia St., MS 1332</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Reno, NV 89557</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Susan Poore 775-784-1223
		Vendor No.:	D35000816
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **Yes**

If "Yes", please explain

**This service was previously provided through a subgrant, and it was determined that an interlocal agreement was more appropriate. The interlocal contract required more processing time, and we are therefore respectfully requesting that the contract be retroactive effective July 1, 2020. The Division anticipates that the interlocal contract will be the correct method to execute this work and will allow sufficient processing time in the future.**

3. Termination Date: **06/30/2022**Contract term: **1 year and 364 days**4. Type of contract: **Interlocal Agreement**Contract description: **Psychiatric Fellows**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing psychiatric fellows services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$78,192.00**

Payment for services will be made at the rate of \$61.00 per hour for Fellows

Other basis for payment: \$43 per hour for Post Graduate Year 5 Fellow; FY21 - \$40,128, FY22 - \$38,064

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The University of Nevada Reno School of Medicine (UNRMED) provides essential psychiatric assessment and support services in support of psychiatric, mobile crisis, and outpatient services provided by Northern Nevada Child and Adolescent Services.

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

The division has insufficient staffing to provide the services provided by UNRMED. In addition, the services provided serve as practical learning for UNRMED fellows.

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

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

Not Applicable

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

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

NRS 277.180

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

**Yes** If "Yes", please explain

The University of Nevada Reno School of Medicine is part of the NSHE system and some of it's employees will be involved in providing services.

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

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

Yes, the vendor has been under contract with the Division. Services have been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Rhonda Lawrence , Clinical Program Manager 2 Ph: 775-688-2421

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ihyman	05/20/2020 08:15:00 AM
Division Approval	knielsen	06/03/2020 13:27:25 PM
Department Approval	mwinebar	06/04/2020 08:38:55 AM
Contract Manager Approval	sknigge	06/04/2020 15:19:51 PM
Budget Analyst Approval	laaron	06/15/2020 10:57:38 AM
BOE Agenda Approval	laaron	06/15/2020 10:57:41 AM
BOE Final Approval	Pending	

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Child and Family Services  
*Helping people. It's who we are and what we do.*



Ross Armstrong  
Administrator

## MEMORANDUM

TO: Lynnette Aaron, Executive Branch Budget Officer I  
Governor's Finance Office

THROUGH: Mark Winebarger, Administrative Services Officer IV  
Division of Child and Family Services

FROM: Katrina Nielsen, Administrative Services Officer IV  
Division of Child and Family Services

DATE: 05/26/2020

SUBJECT: Retroactive Contract Request  
Board of Regents, Nevada System of Higher Education, on behalf of the University of Nevada Reno School of Medicine (Psychiatric Fellows)

A retroactive effective date of July 1, 2020, is requested for the interlocal contract between the Division of Child and Family Services (DCFS) and Board of Regents, Nevada System of Higher Education, on behalf of the University of Nevada Reno School of Medicine, in order to provide psychiatric fellows services to the Division.

This service was previously provided through a subgrant, and it was determined that an interlocal contract was more appropriate. The interlocal contract required more processing time, and we are therefore respectfully requesting that the contract be retroactive effective July 1, 2020. The Division anticipates that the interlocal contract will be the correct method to execute this work and will allow sufficient processing time in the future.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact me at (775) 684-4414.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23237**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	University of Nevada, Reno School of Medicine Integrated Clinical
Agency Code:	<b>409</b>	Contractor Name:	<b>University of Nevada, Reno School of Medicine Integrated Clinical Services, Inc.</b>
Appropriation Unit:	<b>3281-14</b>	Address:	<b>1664 N. Virginia St., MS 1332</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Reno, NV 89557</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Susan Poore 775-784-1223
		Vendor No.:	T80991321
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **Yes**

If "Yes", please explain

**This service was previously provided through a subgrant, and it was determined that an interlocal agreement was more appropriate. The interlocal contract required more processing time, and we are therefore respectfully requesting that the contract be retroactive effective July 1, 2020. The Division anticipates that the interlocal contract will be the correct method to execute this work and will allow sufficient processing time in the future.**

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

Contract term: **1 year and 364 days**

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

Contract description: **APRN & Supervision**

5. Purpose of contract:

**This is a new interlocal agreement to provide advanced practice registered nurse and supervision of psychiatric services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$244,600.00**

Payment for services will be made at the rate of \$86.25 per hour for APRN

Other basis for payment: \$190 per hour for supervision; FY21 - \$123,440, FY22 - \$121,160

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The University of Nevada Reno School of Medicine provides essential psychiatric services and support services in support of psychiatric, mobile crisis, and outpatient services provided by Northern Nevada Child and Adolescent Services.

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

Northern Nevada Child and Adolescent Services has insufficient staffing to provide the services provided by the University of Nevada Reno School of Medicine. In addition, the services provided service as practical learning experience for University of Nevada Reno School of Medicine fellows.

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

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

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

Not Applicable

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

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

NRS 277.180

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

**Yes** If "Yes", please explain

The University of Nevada Reno School of Medicine is part of the NSHE system and some of it's employees will be involved in providing services.

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

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

Yes, the vendor has been under contract with the Division. Services have been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Rhonda Lawrence, Clinical Program Manager 2 Ph: 775-688-2421

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ihyman	05/20/2020 08:09:36 AM
Division Approval	knielsen	06/01/2020 20:27:02 PM
Department Approval	mwinebar	06/03/2020 11:30:38 AM
Contract Manager Approval	sknigge	06/03/2020 16:05:13 PM
Budget Analyst Approval	laaron	06/17/2020 16:53:10 PM
BOE Agenda Approval	laaron	06/17/2020 16:53:12 PM
BOE Final Approval	Pending	

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
Division of Child and Family Services  
*Helping people. It's who we are and what we do.*



Ross Armstrong  
Administrator

MEMORANDUM

TO: Jessica Young, Executive Branch Budget Officer I  
Governor's Finance Office

THROUGH: Mark Winebarger, Administrative Services Officer IV  
Division of Child and Family Services

FROM: Katrina Nielsen, Administrative Services Officer IV  
Division of Child and Family Services

DATE: 05/26/2020

SUBJECT: Retroactive Contract Request  
University of Nevada Reno School of Medicine Integrated Clinical Services, Inc. and the University of Nevada Reno School of Medicine Multi-Specialty Group Practice North, Inc (Advanced Practice Registered Nurse and Supervision of Psychiatric Services)

A retroactive effective date of July 1, 2020, is requested for the interlocal contract between the Division of Child and Family Services (DCFS) and University of Nevada Reno School of Medicine Integrated Clinical Services, Inc. and the University of Nevada Reno School of Medicine Multi-Specialty Group Practice North, Inc, in order to provide advanced practice registered nurse services and supervision of psychiatric services to the Division.

This service was previously provided through two subgrants, and it was determined that an interlocal contract was more appropriate. The interlocal contract required more processing time, and we are therefore respectfully requesting that the contract be retroactive effective July 1, 2020. The Division anticipates that the interlocal contract will be the correct method to execute this work and will allow sufficient processing time in the future.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact me at (775) 684-4414.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23303**

Agency Name: <b>DEPARTMENT OF AGRICULTURE</b>	Legal Entity Name: COLYAR TECHNOLOGY SOLUTIONS
Agency Code: <b>550</b>	Contractor Name: <b>COLYAR TECHNOLOGY SOLUTIONS LLC</b>
Appropriation Unit: <b>2691-26</b>	Address: <b>15333 N PIMA RD STE 370</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SCOTTSDALE, AZ 85260-2638</b>
If "No" please explain: Not Applicable	Contact/Phone: 623/209-1700
	Vendor No.: T81027345
	NV Business ID: NV20131022090
To what State Fiscal Year(s) will the contract be charged? <b>2021</b>	

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **183 days**

4. Type of contract: **Contract**

Contract description: **Software-host-maint**

5. Purpose of contract:

**This is a new contract to provide software modules, hosting and maintenance for the Child and Adult Care Food Program and Summer Food Service Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$999,413.10**

Other basis for payment: Down Payment-Upon BOE approval \$150,000/Phase I -9/15/2020; \$575,000/Phase I Go Live-9/30/2020; \$274,413=Total \$999,413

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Food Nutrition Division administers USDA federal feeding programs for a variety of populations and recipients statewide. Based on the federal requirements, NDA needs a system to process and approve applications, sites, meal reimbursement counts and claims, access federal reports, and document and complete program sponsor compliance reviews. The current system is obsolete and nonfunctioning; staff are unable to track data, create required reports and review for compliance as it is manual and paper based. Code of Federal Regulations: 7 CFR Part 225, Part 226, Part 235, Part 240, Part 250 and Part 252.

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 or time available to complete these specific software builds.

9. Were quotes or proposals solicited? **Yes**

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

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



b. Solicitation Waiver: **Not Applicable**

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

NRS 333.475 and 332.195 allows the State of Nevada to join or use contracts of local governments located within or outside the State along with the authorization of the contracting vendor.

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

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

NDA has had this vendor's software for use in our Food & Nutrition division since 2014. They have been a satisfactory vendor with excellent customer service.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bbel1	06/10/2020 16:05:44 PM
Division Approval	bbel1	06/10/2020 16:05:47 PM
Department Approval	bbel1	06/10/2020 16:05:49 PM
Contract Manager Approval	melli2	06/11/2020 07:43:07 AM
EITS Approval	tgalluzi	06/11/2020 07:44:52 AM
Budget Analyst Approval	mlynn	06/15/2020 12:12:09 PM
BOE Agenda Approval	laaron	06/22/2020 11:06:51 AM
BOE Final Approval	Pending	



**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

<i>Purchasing Use Only:</i>	
Approval #:	6200602 ©

**REQUEST TO USE ANOTHER GOVERNMENTAL SOLICITATION**

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

<b>1</b>	<b>Agency Contact Information - Note: Approval notification will be sent to only the contact(s) listed below:</b>		
	State Agency Name:	Agriculture – Food and Nutrition Division	
	Contact Name and Title	Phone Number	Email Address
	Homa Anooshehpoor, FND Administrator	775-223-2164	hanooshehpoor@agri.nv.gov

<b>2</b>	<b>Vendor Information:</b>	
	Identify Vendor:	Colyar Technology Solutions
	Contact Name:	Simi Sapir
	Complete Address:	15333 N Pima Road, Suite 370, Scottsdale, AZ 85260
	Telephone Number:	623-209-1725
	Email Address:	Simi.sapir@colyar.com

<b>3</b>	<b>State/Entity that Released the Solicitation &amp; Type of Solicitation. Must be Competitively Bid.</b>	
	Type of Solicitation:	Request for Proposal (RFP)
	Identify Original State/Entity:	Texas Department of Agriculture-Food and Nutrition Division
	Contact Name:	Angela Olige
	Telephone Number:	512-475-1028
	Email Address:	Angela.olige@TexasAgriculture.gov

<b>4</b>	<b>Contract Dates: Your Contract Term Date Cannot Exceed Term Date of Original Contract.</b>				
	Original Contract:	Start Date:	January 1, 2020	End Date:	December 31, 2020
	New Contract:	Start Date:	Upon BOE approval	End Date:	December 31, 2020

<b>5</b>	<b>Funding for this new contract:</b>	
	State Appropriated:	
	Federal Funds:	USDA State Administrative Expense funds 100%
	Grant Funds:	
	Other (Explain):	

06/09/2020 10:30 - LMVM Dennis Belkand, DAB 4 clbk

<i>Purchasing Use Only:</i>	
Approval #:	G200602@

6	Does the Scope of Work (SOW) in the original contract meet/exceed your needs?	Yes:	X	No:	
	To ensure such, requesting agency must request a copy of the State/entities Contract and SOW to be reviewed and approved by the agency's Deputy Attorney General (DAG). A copy of the Contract and written approval from the agency's DAG must be included with the request to the Purchasing Division.				
7	Did the agency receive awarded vendors permission to contract?	Yes:	X	No:	
	Written approval from the awarded vendor must accompany the agency's request/submission to the Purchasing Division.				
8	To ensure fair & reasonable pricing to the State, did the agency request a copy of the awarded vendors technical and cost proposals?	Yes:	X	No:	
	Copies of such must be included with submission to the Purchasing Division.				
9	Did the agency address any Federal Requirements associated with the contract?	Yes:	X	No:	
10	Is this vendor registered in NevadaEPro?	Yes:	X	No:	
	Per Executive Order 2019-2, prior to entering into a contract with a vendor they must be registered in NevadaEPro. VEN7966				
11	Is this vendor registered with the Nevada Secretary of State's Office?	Yes:	X	No:	
	Pursuant to NRS 76, prior to entering into a contract with a vendor they must obtain a Nevada Business License. ID: NV20131022090				
12	Is a Business Associate Addendum or other agency specific form(s) required?	Yes:		No:	X
	If so, please include copies with submission to the Purchasing Division.				

<b>Purchasing Use Only:</b>	
Approval #:	G20060200

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

Patricia Hoppe  
 Agency Representative Initiating Request 6/8/2020

Patricia Hoppe  
Patricia Hoppe  
 Print Name of Agency Representative Initiating Request Date

Andre Urruty  
 Signature of Agency Head Authorizing Request 6/8/2020

Andre Urruty  
ANDRE URRUTY  
 Print Name of Agency Head Authorizing Request Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NRS 333.475. 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 300.700(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.

Approved by:

Kevin D. Doty 6/9/2020  
 Administrator, Purchasing Division or Designee Date

Steve Sisolak  
Governor



Laura E. Freed  
Director  
Colleen Murphy  
Deputy Director  
David Haws  
Administrator

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

MEMORANDUM

**TO:** Jennifer Ott, Director, NDA  
Patricia Hoppe, Deputy Administrator, NDA  
Valerie Hoffman, IT Manager II, NDA  
Andre Urruty, Fiscal Administrator, NDA

**CC:** David Haws, Administrator, EITS, DOA  
David Axtell, Chief Enterprise Architect, EITS, DOA

**FROM:** Timothy Galluzi, Technology Investment Administrator, DOA, EITS

**SUBJECT:** TIN Review Completed – *NDA - FND CACFP/SFSP Modules* – T2691134

**DATE:** June 8, 2020

We have completed the review for Department of Agriculture's (NDA) *FND CACFP/SFSP Modules* TIN.

The submitted TIN, for an estimated value of \$1,427,826, supports the implementation of a new technology, a new automated solution, and/or new equipment not previously in use by the agency.

The agency is endeavoring to implement a Commercial off the shelf, cloud-based solution. The agency reports that the data is USDA federal nutrition program data that we collect for federal reporting. This vendor is used by 70% of governmental agencies in the US for the same feeding programs and is approved by USDA. The agency reports that the current Child Nutrition Program (CNP) system does not allow staff to track changes to meal counts submitted by sponsors or pull valuable reports. This has led to errors in federal reporting that would have large fiscal repercussions, including state payback.

The TIN states that the purchase of the 'off-the-shelf' modules to administer USDA federally funded nutrition programs will improve processing, data management, program integrity and allow the utilization of one-shot federal funds.

The submitted TIN is well supported and documented.

If there are to be any changes to enterprise services, including: network, server, telecom etc. please notify EITS as soon as possible.

The Office of Information Security (OIS) is available, at no additional charge, for a pre and post-implementation security review. In the future, OIS may deploy cloud security tools that this solution, and other state cloud solutions, may be required to integrate with.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

## Cindy L. Stoeffler

---

**From:** Dennis L. Belcourt <DBelcourt@ag.nv.gov>  
**Sent:** Tuesday, June 09, 2020 1:54 PM  
**To:** Cindy L. Stoeffler  
**Cc:** Marjorie Ellis  
**Subject:** Contract with Colyar Technology Solutions, waiver of competitive selection requirements pursuant to NRS 333.475

Cindy,

The Nevada Department of Agriculture has indicated it would like to invoke the following statute to allow it to contract with Colyar Technology Services to provide certain nutrition program services:

**NRS 333.475 Entering into contract pursuant to solicitation for bid or proposal by other governmental entities.**

1. The Administrator may enter into a contract pursuant to a solicitation for a bid or proposal by:
  - (a) A governmental entity located in this State; or
  - (b) A governmental entity located outside of this State if the entity uses an open and competitive method of awarding the contract that is substantially similar to the method prescribed by state law.
2. The provisions of subsection 1 apply regardless of whether the solicitation the Administrator seeks to join is open or completed.  
(Added to NRS by 2019, 779)

Based on information provided to me, I am informed and believe that a proposal for similar services was solicited in an open competitive manner by the state of Texas, in a manner not dissimilar to the manner that is followed under Nevada law, and that the solicitation in Texas resulted in a contract that remains in force and effect, and that the contract that the State of Nevada will enter into will be within the scope of services and duration of said contract.

Please let me know if you have any questions.

Very Truly Yours,

Dennis Belcourt  
Deputy Attorney General  
702-486-3326

### CONFIDENTIALITY NOTICE

**This message and attachments are intended only for the addressee(s) and may contain information that is privileged and confidential. If the reader of this message is not the intended recipient, I did not intend to waive and do not waive any privileges or the confidentiality of this message and attachments and you are hereby notified that any dissemination of this communication is strictly prohibited. If you receive this communication in error, please notify me immediately and destroy this document and all attachments. Thank you.**

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **23309**

Agency Name: <b>PUBLIC UTILITIES COMMISSION</b>	Legal Entity Name: <b>SOLIX, INC.</b>
Agency Code: <b>580</b>	Contractor Name: <b>SOLIX, INC.</b>
Appropriation Unit: <b>3920 - All Categories</b>	Address: <b>10 Lanidex Plaza West Suite 300</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PARSIPPANY, NJ 07054-0685</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Eric D. Seguin 973/581-7676</b>
	Vendor No.: <b>PUR0005590A</b>
	NV Business ID: <b>NV20051804228</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2021-2024</b>

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

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

Agency Reference #: **RFP # 58PUC-S1082**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**Anticipated BOE meeting date **07/2020**Retroactive? **Yes**

If "Yes", please explain

**While the solicitation was released on March 25, 2020, there have been delays in facilitating key parts of the solicitation award process due to stay-at-home orders and social distancing protocols that have affected the Commission and Division's ability to coordinate necessary meetings.**

3. Termination Date: **06/30/2024**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **NUSF Admin**

5. Purpose of contract:

**This is a new contract to provide ongoing fiscal agent services to administer the Nevada Universal Service Fund.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$314,763.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**NRS 704.040 states that an independent administrator shall administer the Nevada Universal Service Fund (NUSF).**

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

**There is not enough personnel to do the task. NRS 704.040 states that an independent administrator shall administer the Nevada Universal Service Fund (NUSF).**

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):



Quality Healthcare Asset Management  
Guidehouse, Inc.  
Solix, Inc  
APPRISE Incorporated

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 58PUC-S1082 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/25/2020 Anticipated re-bid date: 01/15/2024

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Public Utilities Commission, the services were performed satisfactorily.

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

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

Not Applicable

15. The contractor is 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:

Craig McDonnell, Manager, Policy Analysis Ph: 775-684-6149

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nshafer	06/08/2020 14:44:34 PM
Division Approval	nshafer	06/08/2020 14:44:40 PM
Department Approval	bpotte1	06/08/2020 14:45:23 PM
Contract Manager Approval	nshafer	06/08/2020 14:46:02 PM
Budget Analyst Approval	stilley	06/16/2020 16:02:00 PM
BOE Agenda Approval	hfield	06/23/2020 11:47:46 AM
BOE Final Approval	Pending	



STEVE SISOLAK  
Governor

STATE OF NEVADA  
PUBLIC UTILITIES COMMISSION

HAYLEY WILLIAMSON  
Chair

C.J. MANTHE  
Commissioner

STEPHANIE MULLEN  
Executive Director

**MEMORANDUM**

**To:** Susan Brown, Director, Governor’s Finance Office  
**From:** Breanne Potter, Commission Secretary  
**Date:** June 8, 2020  
**Subject:** Retroactive Memo – Solix, Inc.

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The Public Utilities Commission of Nevada (“Commission”), in partnership with The Purchasing Division (the “Division”), recently released a solicitation seeking a third-party Administrator for the Nevada Universal Service Fund (“NUSF”). While the solicitation was released on March 25, 2020, there have been delays in facilitating key parts of the solicitation award process due to stay-at-home orders and social distancing protocols that have affected the Commission and Division’s ability to coordinate necessary meetings.

The current contract for these services expires on June 30, 2020. The contract for the awarded vendor will need to be approved at the Board of Examiners meeting in July, currently scheduled for July 14, 2020. The services provided by the vendor are essential to Nevadans and the Commission as the contract is for an independent administrator tasked with administering the Nevada Universal Service Fund pursuant to NRS 704.040. If a gap in service is experienced, the NUSF will go without an administrator, which is especially problematic given that the administrator is responsible for collecting revenues from telecommunications service providers and depositing these revenues in the NUSF as well as disbursing funds from the NUSF to certain eligible telecommunications providers.

Accordingly, to ensure there is no gap in service that could cause a deleterious effect on the administration of the NUSF, we request that this contract be accepted with a retroactive start date **of July 1, 2020**.

Sincerely,

Breanne Potter  
Commission Secretary

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>22664</b>	Amendment Number: <b>1</b>
Agency Name: <b>DPS-EMERGENCY MANAGEMENT</b>	Legal Entity Name: <b>GRANTANALYST.COM LLC, DBA ZOOMGRANTS</b>
Agency Code: <b>654</b>	Contractor Name: <b>GRANTANALYST.COM LLC, DBA ZOOMGRANTS</b>
Appropriation Unit: <b>3673-04</b>	Address: <b>44 Cook Street, #100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>DENVER, CO 80206</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>866/323-5404</b>
	Vendor No.: <b>T29036965</b>
	NV Business ID: <b>NV20191617343</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/13/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2021**

Contract term: **2 years and 168 days**

4. Type of contract: **Contract**

Contract description: **grants management**

5. Purpose of contract:

**This is the first amendment to the original contract to provide user access to a cloud-based Grants Application and Management System. This amendment extends the expiration of the contract from December 31, 2021 to June 30, 2022 and increases the maximum amount from \$21,500 to \$56,000 due the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$21,500.00	\$21,500.00	\$21,500.00	Yes - Info
2. Amount of current amendment (#1):	\$34,500.00	\$34,500.00	\$56,000.00	Yes - Action
3. New maximum contract amount:	\$56,000.00			
and/or the termination date of the original contract has changed to:	06/30/2022			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The requested software is a system that assists staff in managing federal funding. Currently, we are using Excel to manage millions of dollars manually. Grant packages are completed using three different types of documents, which include excel, word, and PDF. A software system will allow staff to streamline the process of issuing grants and tracking expenditures. All information will be in a central location and mitigating risks such as manually changes, losing documents or losing track of a process in the many step it takes to issues grants and manages sub-grants. The processes now are administratively burdensome and are to the point that our division cannot seek new opportunities for funding because we do not have the staffing depth to manage the current grants. The software will give us up to date information in real time, and staff will be able to extract information by downloading reports and manually creating a spreadsheet.

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

Currently, state employees are completing this work manually; however we are at our capacity and can no longer manage any additional opportunities. The system will assist with alleviating some of the challenges of working in a manual system and assist with a more accurate, faster picture of the grant process.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

The chosen system was the best fit and price for DEM.

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	lgallow1	05/18/2020 14:03:49 PM
Division Approval	lgallow1	05/18/2020 14:05:18 PM
Department Approval	cboegle	05/18/2020 15:49:25 PM
Contract Manager Approval	cboegle	05/18/2020 15:49:30 PM
Budget Analyst Approval	nkephart	06/17/2020 10:33:47 AM
BOE Agenda Approval	jrodrig9	06/23/2020 16:19:13 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23238**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4605-19**

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

Legal Entity Name: **H2O Environmental, Inc.**  
Contractor Name: **H2O Environmental, Inc.**  
Address: **42 Longwater Drive**  
City/State/Zip: **Norwell, MA 02061**  
Contact/Phone: **Frank Silva 7023964148**  
Vendor No.:  
NV Business ID: **NV19961214703**

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>User Overage</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

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

Anticipated BOE meeting date: **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/10/2024**

Contract term: **4 years and 41 days**

4. Type of contract: **Contract**

Contract description: **Septic Pumping**

5. Purpose of contract:

**This is a new contract to provide oncall septic pumping services for Valley of Fire State Park.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$350,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Waste removal as necessary.**

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

**Parks Division does not have the equipment or personnel to perform this service.**

9. Were quotes or proposals solicited? **Yes**

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

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

**Las Vegas Septic Services**

b. Solicitation Waiver: **Not Applicable**

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

**This was the only qualified bidder.**

d. Last bid date: **05/01/2020** Anticipated re-bid date: **04/01/2024**

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

We have previously contracted with this vendor over the last several years with satisfactory compliance.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Craig Robinson, Park Supervisor Ph: 702-397-8928

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	05/19/2020 08:34:03 AM
Division Approval	sdecrona	05/19/2020 08:34:06 AM
Department Approval	sdecrona	05/19/2020 08:34:09 AM
Contract Manager Approval	sdecrona	05/19/2020 08:34:11 AM
Budget Analyst Approval	laaron	06/10/2020 13:24:47 PM
BOE Agenda Approval	laaron	06/10/2020 13:24:49 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: **22939**

Agency Name:	<b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name:	Walker River Paiute Tribe
Agency Code:	<b>709</b>	Contractor Name:	<b>Walker River Paiute Tribe</b>
Appropriation Unit:	<b>3187-75</b>	Address:	<b>1022 Hospital Road</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Schurz, NV 89427</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Amber Torres, Tribal Chairman 775-773-2306
		Vendor No.:	T80965797
		NV Business ID:	Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2021-2024</b>		

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Mitigation</b>

Agency Reference #: DEP20-031

2. Contract start date:

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

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/08/2024**Contract term: **3 years and 343 days**4. Type of contract: **Interlocal Agreement**Contract description: **Walker Paiute Tr.**

5. Purpose of contract:

**This is a new interlocal agreement to provide technical support and tribal monitoring services for the interpretation of reports, studies or related decisions and field activities at the Anaconda Copper Mine Site for the Walker River Paiute Tribe.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Terms of the Anaconda Copper Mine Site Interim Administrative Settlement Agreement and Order On Consent stipulate the NDEP will provide the Walker River Paiute Tribe funding for approved independent technical support and tribal monitor services at the Site.

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

NDEP staff does not have the ability to provide independent technical support and tribal monitor services to the Walker River Paiute Tribe.

9. Were quotes or proposals solicited? No

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

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



Not Applicable

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

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Jeff Collins, Bureau Chief Ph: 775-687-9381

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kbradle1	05/26/2020 09:50:32 AM
Division Approval	jcollin5	05/26/2020 14:26:20 PM
Department Approval	jcollin5	05/26/2020 14:26:34 PM
Contract Manager Approval	kvalde1	05/26/2020 14:40:03 PM
Budget Analyst Approval	laaron	06/10/2020 12:47:54 PM
BOE Agenda Approval	laaron	06/10/2020 12:47:57 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23277**

Agency Name: <b>B&amp;I - DIVISION OF MORTGAGE LENDING</b>	Legal Entity Name: <b>Eduloka Ltd, dba inLumon</b>
Agency Code: <b>756</b>	Contractor Name: <b>Eduloka Ltd, dba inLumon</b>
Appropriation Unit: <b>3910-25</b>	Address: <b>9645 Gateway Drive, Suite A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89521-2967</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Nick Aliberti 775-400-1351</b>
	Vendor No.: <b>T29034911</b>
	NV Business ID: <b>NV20101126878</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Licensing, investigation, application, examination, supervision</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **RFP #74BAI-S1042**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**  
Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **MLD Database**

5. Purpose of contract:

**This is a new contract to implement an approved technology investment to provide a mortgage lending database and includes post implementation maintenance, hosting and licensing costs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$549,326.28**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Mortgage Lending needs a database to track all information and transactions.

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

This is a specialized database that requires an outside vendor.

9. Were quotes or proposals solicited? **Yes**

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

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

Coretergrity  
C2 Group  
Tyler Technologies

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP#74BAI-S1042, 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: 02/05/2020 Anticipated re-bid date: 01/02/2024

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:

Business and Industry, 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:  
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:

Zeljana Ajdari, Deputy Commissioner Ph: 702-486-0788

Cathy Sheehy, Commissioner Ph: 702-486-0789

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	06/01/2020 14:30:26 PM
Division Approval	jhanse4	06/05/2020 15:36:37 PM
Department Approval	jhanse4	06/05/2020 15:36:40 PM
Contract Manager Approval	ghilgar	06/05/2020 15:37:57 PM
EITS Approval	tgalluzi	06/09/2020 16:48:00 PM
Budget Analyst Approval	dlenzner	06/16/2020 17:45:05 PM
BOE Agenda Approval	hfield	06/23/2020 10:32:11 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: <b>18376</b>	Amendment Number: <b>4</b>
Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>Geographic Solutions</b>
Agency Code: <b>902</b>	Contractor Name: <b>Geographic Solutions</b>
Appropriation Unit: <b>4770-11</b>	Address: <b>1001 Omaha Circle</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Palm Harbor, FL 34683-4036</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Paul Toomey 727-786-7955</b>
	Vendor No.: <b>T27039926</b>
	NV Business ID: <b>NV20161382911</b>

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	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 **07/2020**

Retroactive? **Yes**

If "Yes", please explain

**Pursuant to the Governor's declaration of emergency dated 3/12/20 and Purchasing Administrator's approval dated 3/16/20, this purchase was made to assist in work from home efforts for social distancing purposes during the Covid-19 pandemic.**

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 fourth 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 job-seeker and employer system modules for the Nevada workforce agency offices across the state. This amendment increases the maximum amount from \$3,503,264 to \$3,543,260 and adds the Help Desk Management Module to the scope of services.**

**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
c. Amendment 3:	\$29,270.00	\$29,270.00	\$29,270.00	Yes - Info
2. Amount of current amendment (#4):	\$39,996.00	\$39,996.00	\$69,266.00	Yes - Action
3. New maximum contract amount:	\$3,543,260.00			

## 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. Solicitation 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?

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 is currently under contract with DETR and service has been satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

mjohns43

04/17/2020 15:25:40 PM

Division Approval	kdesoci1	05/12/2020 16:12:47 PM
Department Approval	kdesoci1	05/12/2020 16:12:51 PM
Contract Manager Approval	bdeem	05/21/2020 11:38:39 AM
EITS Approval	tgalluzi	05/21/2020 14:44:29 PM
Budget Analyst Approval	dbaughn	06/02/2020 15:52:44 PM
BOE Agenda Approval	cbrekken	06/19/2020 10:05:43 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: <b>23107</b>	Amendment Number: <b>1</b>
Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>Alorica, Inc.</b>
Agency Code: <b>902</b>	Contractor Name: <b>Alorica, Inc.</b>
Appropriation Unit: <b>4772-04</b>	Address: <b>5161 California Ave</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Irvine, CA 92617</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Aimee Ford 813-230-7130</b>
	Vendor No.: <b>T32009781</b>
	NV Business ID: <b>NV20181329694</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3422-21-ESD**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/10/2020**  
 Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2020**  
 Contract term: **265 days**

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

5. Purpose of contract:  
**This is the first amendment to the original contract which provides a third-party call center to support the existing agency call center during COVID-19 and the new Pandemic Unemployment Assistance program. This amendment increases the maximum amount from \$5,000,000 to \$6,700,000 and adds 35 Adjudicators to the scope of services and Attachment EE - Data Share Agreement.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00	Yes - Action
2. Amount of current amendment (#1):	\$1,700,000.00	\$1,700,000.00	\$1,700,000.00	Yes - Action
3. New maximum contract amount:	\$6,700,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
Unprecedented increase in initial claim filings and a new emergency program require additional call center resources to better serve Nevadans.

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

Insufficient staff to meet demand.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Requirement for RFP waived pursuant to NAC 333.114

Vendor was chosen based on ability to meet the Departments needs, price, and an agreement to hire Nevadans first.

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	kdesoci1	05/14/2020 17:28:25 PM
Division Approval	kdesoci1	05/28/2020 13:26:20 PM
Department Approval	kdesoci1	05/28/2020 13:26:23 PM
Contract Manager Approval	bdeem	06/09/2020 15:56:25 PM
Budget Analyst Approval	dbaughn	06/09/2020 15:57:32 PM
BOE Agenda Approval	cbrekken	06/18/2020 11:42:07 AM



# WORK PLAN SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	CARAHSOFT TECHNOLOGY	GENERAL 14% OTHER: BEN SETASIDE 3% FEDERAL 83%	\$920,534	
	Contract Description:	This is a new work plan under Master Service Agreement contract #18855 which provides Cloud Services. This work plan is for electronic signature, workflow routing and remote access to forms to expedite the document processes.				
	Term of Contract:	03/30/2020 - 06/30/2021	Contract # 23046			

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23046**

Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>CARASOFT TECHNOLOGY</b>
Agency Code: <b>902</b>	Contractor Name: <b>CARASOFT TECHNOLOGY CORPORATION</b>
Appropriation Unit: <b>4770-11</b>	Address: <b>11493 SUNSET HILLS RD STE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RESTON, VA 20190-5230</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jacob Holler 703/581-6581</b>
	Vendor No.: <b>PUR0004357</b>
	NV Business ID: <b>NV20151127305</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2020-2021</b>

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

<input checked="" type="checkbox"/> General Funds	<b>14.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>83.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>3.00 % BEN Setaside</b>

Agency Reference #: 3363-24-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/30/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **Yes**

If "Yes", please explain

**Emergency purchase request pursuant to NAC 333.114 and is necessary DETR to comply with the Governor's Declaration of Emergency Dated 3/12/2020.**

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

Contract term: **1 year and 92 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **DocuSign**

5. Purpose of contract:

**This is a new work plan under Master Service Agreement contract #18855 which provides Cloud Services. This work plan is for electronic signature, workflow routing and remote access to forms to expedite the document processes.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$920,534.32**

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

Other basis for payment: Payment for licenses is due immediately, upon receipt of an invoice. Service work is due, as invoiced for services rendered.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Excessive time for document processing impacts the availability of services to all Nevadans. Reducing this time in process, reduces the burden our clients experience, especially during this extremely challenging period of time.

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

State Employees/Agencies do not have the time, skills or tools to create an electronic signature/routing system.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? 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	aallen	03/27/2020 14:33:03 PM
Division Approval	aallen	03/27/2020 14:42:57 PM
Department Approval	kdesoci1	05/11/2020 15:56:47 PM
Contract Manager Approval	aallen	05/13/2020 15:19:31 PM
EITS Approval	tgalluzi	06/02/2020 18:01:57 PM
Budget Analyst Approval	dbaughn	06/03/2020 08:53:27 AM
BOE Agenda Approval	cbrekken	06/18/2020 16:11:55 PM
BOE Final Approval	Pending	

OFFICE OF THE DIRECTOR  
Financial Management



STEVE SISOLAK  
Governor

HEATHER KORBULIC  
Director

KATHLEEN DESOCIO  
Chief Financial Officer

**MEMORANDUM**

**DATE:** May 26, 2020  
**TO:** Darlene C. Baughn, Budget Analyst IV  
Department of Administration  
**FROM:** Heather Korbolic, Director  
**SUBJECT:** RETROACTIVE MSA WORKPLAN  
Carahsoft Technology

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On behalf of the Department of Employment, Training and Rehabilitation (DETR), I respectfully request approval to execute a retroactive Master Service Agreement Workplan to provide payment for the attached technology enhancement that was purchased in order to better serve Nevadans during the Covid-19 pandemic by allowing the Department the ability to obtain signatures remotely. The emergency request was approved by Kevin Doty on March 19, 2020 and the agreement will be in effect until June 30, 2021 in order to ensure the Department can respond to the needs of Nevadans.

Thank you for your consideration of this request.

Brian Deem  
Contract Manager, DETR

**DETR, Financial Management, Approved by:**

Kitty DeSocio  
Chief Financial Officer, DETR

Date: 5-26-20

Steve Sisolak  
Governor



Laura E. Freed  
Director  
Colleen Murphy  
Deputy Director  
David Haws  
Administrator

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

MEMORANDUM

**TO:** Dr Tiffany G. Tyler-Garner, Director, DETR  
Drazen Elez, Deputy Administrator, DETR  
Laxmi Bokka, IT Manager III, DETR  
Walter Cuneo, Management Analyst II, DETR

**CC:** David Haws, Administrator, EITS, DOA  
David Axtell, Chief Enterprise Architect, EITS, DOA

**FROM:** Timothy Galluzi, Technology Investment Administrator, DOA, EITS

**SUBJECT:** TIN Review Completed – *Rehabilitation Division - DocuSign Licensing*–  
T901191122104401

**DATE:** March 24, 2020

We have completed the review for Department of Employment, Training and Rehabilitation's (DETR) – *DocuSign Licensing* TIN.

The submitted TIN, for an estimated value of \$854,958, supports the implementation of a new technology, a new automated solution, and/or new equipment not previously in use by the agency.

The agency's existing paper processes are a burden to clients through excessive timeframes for the providing of services. Rehabilitation is seeking to digitally transform key forms and processes to provide electronic signature, workflow routing, and electronic storage, which will directly impact Rehabilitation's clients. The DocuSign solution conforms with ADA requirements. In addition, it will mitigate legal risks that can leave the State open to the ever-increasing lawsuits around continuous improvement in increasing accessibility to programs and services. In addition, the transformation to electronic signature, remote access to forms, and document routing will expedite the Contract and Purchasing process to significantly reduce time in process, which indirectly impacts these same clients.

EITS will welcome the opportunity to discuss this solution further with the agency. With the proliferation of electronic document processing, workflows and signatures, there is opportunity to engage in discussions around a state-wide, enterprise level solution.

Due to COVID-19 Emergency Measures, this procurement has been expedited.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	COLORADO CENTER FOR THE BLIND	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is the first amendment to the original contract which provides job development services. This amendment increases the maximum amount from \$150,000 to \$450,000 due to an increased need for these services.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20705		
2.		VARIOUS STATE AGENCIES	FREEDOM HOME, LLC	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing community-based living arrangements.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 23151		
3.		VARIOUS STATE AGENCIES	MUSIC 4 LIFE, INC.	OTHER: VARIOUS AGENCIES	\$250,000	
	Contract Description:	This is a new contract to provide ongoing behavioral and music therapy services.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 23191		
4.		VARIOUS STATE AGENCIES	NEVADA BROADCASTERS ASSOCIATION	OTHER: VARIOUS AGENCIES	\$4,000,000	Sole Source
	Contract Description:	This is a new contract to provide ongoing bilingual non-commercial sustaining announcements (formerly known as public service announcements) on both radio and television.				
		Term of Contract:	07/14/2020 - 06/30/2024	Contract # 23253		
5.		VARIOUS STATE AGENCIES	PACIFIC BEHAVIORAL HEALTH	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing trauma and behavioral treatment services.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 23275		
6.		VARIOUS STATE AGENCIES	RELIABLE HEALTH CARE SERVICES OF SO. NEVADA, INC.	OTHER: VARIOUS AGENCIES	\$80,000,000	
	Contract Description:	This is a new contract to provide ongoing temporary medical-related staffing.				
		Term of Contract:	07/14/2020 - 07/09/2024	Contract # 23211		

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>20705</b>	Amendment Number: <b>1</b>
Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Colorado Center for the Blind</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Colorado Center for the Blind</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>2233 W. Shepperd Ave.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Littleton, CO 80120</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Julie Deden 303-778-1130</b>
	Vendor No.: <b>T32006166</b>
	NV Business ID: <b>NV20181548282</b>

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 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **99SWC-S165 tb**

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 **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

4. Type of contract: **MSA**  
 Contract description: **Job Development**

5. Purpose of contract:

**This is the first amendment to the original contract which provides job development services. This amendment increases the maximum amount from \$150,000 to \$450,000 due to an increased need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$150,000.00	\$150,000.00	\$150,000.00	Yes - Action
2. Amount of current amendment (#1):	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
3. New maximum contract amount:	\$450,000.00			

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

Other

**Non-profit 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	jthom17	06/05/2020 16:22:31 PM
Division Approval	jthom17	06/05/2020 16:22:35 PM
Department Approval	ldeloach	06/08/2020 16:41:25 PM
Contract Manager Approval	rvradenb	06/17/2020 10:58:39 AM
Budget Analyst Approval	stilley	06/17/2020 14:01:46 PM
BOE Agenda Approval	hfield	06/19/2020 12:39:08 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: **23151**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Freedom Home, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Freedom Home, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>6829 ELM CREEK DR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89108</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ryan Frechette 978-815-0553</b>
	Vendor No.: <b>T29042992</b>
	NV Business ID: <b>NV20181713468</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **RV-S167**

2. Contract start date:

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

Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 364 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

**This is a new contract to provide ongoing community-based living arrangements.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00**

#### 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. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S167 for behavioral and community based related services.

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	05/11/2020 15:25:53 PM
Division Approval	jthom17	05/11/2020 15:25:56 PM
Department Approval	ldeloach	06/03/2020 12:21:33 PM
Contract Manager Approval	rvradenb	06/16/2020 16:03:17 PM
Budget Analyst Approval	stilley	06/16/2020 16:16:49 PM
BOE Agenda Approval	hfield	06/23/2020 11:41:31 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23191**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>MUSIC 4 LIFE, INC.</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>MUSIC 4 LIFE, INC.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>8465 W. Sahara Ave #111-244</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas , NV 89117</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Judith Pinkerton 702-889-2881</b>
	Vendor No.: <b>T29043145A</b>
	NV Business ID: <b>NV20111131817</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **RV-S167**

2. Contract start date:

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

Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 364 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

**This is a new contract to provide ongoing behavioral and music therapy services.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**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. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S167 for behavioral and community based related services.

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	jthom17	05/19/2020 15:36:34 PM
Division Approval	jthom17	05/19/2020 15:36:38 PM
Department Approval	ldeloach	05/20/2020 10:26:17 AM
Contract Manager Approval	rvradenb	05/20/2020 11:10:16 AM
Budget Analyst Approval	stilley	06/16/2020 13:15:37 PM
BOE Agenda Approval	hfield	06/23/2020 12:23:24 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: **23253**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Nevada Broadcasters Association
Agency Code: <b>MSA</b>	Contractor Name: <b>Nevada Broadcasters Association</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>8985 S. Eastern Ave., Ste 205</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89123</b>
If "No" please explain: Not Applicable	Contact/Phone: Eric Bonnici 702-794-4994
	Vendor No.: T80990324A
	NV Business ID: NV19941133658

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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 %	<b>X Other funding</b>	<b>100.00 % Various Agencies</b>

Agency Reference #: 200504-CP

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/14/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **3 years and 352 days**

4. Type of contract: **MSA**

Contract description: **Public Announcement**

5. Purpose of contract:

**This is a new contract to provide ongoing bilingual non-commercial sustaining announcements (formerly known as public service announcements) on both radio and television.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies must be able to promulgate public service information throughout the state in a timely and expeditious manner.

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

There is no ability within state service to perform this function.

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

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

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

**Not Applicable**

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

**Approval #: 200504**

**Approval Date: 05/12/2020**

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

This vendor is mandated by the Federal Communications Commission to provide these services, in conjunction with state-wide radio and television stations.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

This vendor has been under continuous agreement with the state supporting various agencies with consistently 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:

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	jthom17	05/29/2020 10:51:10 AM
Division Approval	jthom17	05/29/2020 10:51:14 AM
Department Approval	ldeloach	05/29/2020 14:03:18 PM
Contract Manager Approval	chipp1	05/29/2020 15:34:16 PM
Budget Analyst Approval	stilley	06/16/2020 14:39:27 PM
BOE Agenda Approval	hfield	06/23/2020 11:54:29 AM
BOE Final Approval	Pending	



**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

<b>Purchasing Use Only:</b>	
Approval#:	200504 @

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency Name:	<i>Purchasing Division</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Amy Scaffidi</i>	<i>(775) 684-0199</i>	<i>a.scaffidi@admin.nv.gov</i>

<b>1b</b>	<b>Vendor Information:</b>	
	Identify Vendor:	<i>Nevada Broadcasters Association</i>
	Contact Name:	<i>Eric Bonnici</i>
	Complete Address:	<i>8985 S. Eastern Ave. Suite 205 Las Vegas, NV 89123</i>
	Telephone Number:	<i>(702) 794-4994</i>
Email Address:	<i>eric@nevadabroadcasters.org</i>	

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	<i>Sole</i>
	Professional Service Exemption:	

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

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>07/01/2020</i>	End Date:

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	<i>Various Agencies</i>



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

NCSA programs have been in existence since 1962, and are endorsed by numerous governors, state agencies and the federal government. Over 40 state broadcasters associations are running NCSA programs. In virtually every state, broadcasters donate unsold airtime to their state broadcasters' associations, which in turn make that airtime available to nonprofits and government agencies-which would never be commercial advertisers-so that they can conduct more effective outreach than by conventional Public Service Announcements (PSA). An NCSA is a hybrid between a public service announcement and a regular commercial advertisement designed to assist states and non-profits with broad based public awareness campaigns. NCSAs are handled like commercial messages in that the sponsor receives affidavits indicating when the messages ran and the value of the airtime. NCSAs are broadcast between 6am and midnight, unlike PSAs, which often air when audiences are smaller and are usually unavailable during the peak retail periods before Memorial Day and Christmas. The FCC and the IRS have afforded the NCSA program "special status" to promote their use by government agencies and non-profit organizations because they are so valuable in promoting public awareness. If this sounds too good to be true, there's a catch: the availability of NCSA inventory is very limited. Broadcasters donate unsold airtime, and the broadcasters' association cannot compete with our member stations for paid advertising dollars. Instead, we encourage the state and non-profits to buy paid, targeted advertising whenever appropriate - as in the case of anti-smoking messages, which are most effectively run during the TV shows that teenagers watch (that kind of targeted media must be purchased). The NCSA program is restricted to non-commercial messages. NCSAs are most appropriate for public awareness of issues that cut across all demographics, where there is insufficient budget to cover the state or region adequately with paid advertising. Under the right circumstances, an NCSA campaign administered by the Nevada Broadcasters Association can deliver the "biggest bang for the buck" for a state government agency or non-profit's investment.

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

NBA provides Non-Commercial Sustaining Announcements (NCSAs) pursuant to rules and regulations promulgated by the Federal Communications Commission (FCC) which allow them to provide a 3-1 return on investment to the agency. Other entities do not have the ability to provide NCSAs.

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

Radio and/or television public service advertisements to promote services and supports to and for people in the community.

1g Total Estimated Value of this Service Contract, Amendment or Purchase: \$4,000,000.00

Purchasing Use Only: Approval #: 200504 @

A state or federal government agency or a non-profit organization gives the broadcasters' association a grant to promote a specified program that can be targeted statewide or regionally. In return, that agency is guaranteed airtime worth 4-5 times the value of their investment.

5	<b>Were alternative services or commodities evaluated? Check One.</b>		Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>					
	b. <i>If not, why were alternatives not evaluated?</i>					
<i>Purchasing believes it to be in both the State's best interest and that of the public to utilize this vendor due to the confirmed reduction in rates for public radio airtime. The State would lose a prime and proven method to reach the public. The use of this vendor would afford the using agency a 3-1 return on investment.</i>						

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

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>	
	<i>The State would lose a prime and proven method to reach the public. Alternately, the State would pay 4x as much or receive 1/4 of the airtime if required to use another vendor.</i>	

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>	
	<i>The Division believes it to be in both the State's best interest and that of the public to utilize this vendor due to the confirmed reduction in rates for public radio airtime.</i>	

#200504C

	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>	Yes:	x	No:	
9	a. <i>If yes, please provide details regarding future obligations or needs.</i> <i>The Division believes it to be in both the State's best interest and that of the public to use these services with this vendor, provided continuation of this reduced airtime rate.</i>				

Purchasing Use Only:

Approval #:

205040

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

Melissa A. Starr  
Print Name of Agency Representative Initiating Request

5/7/2020  
Date

Signature of Agency Head Authorizing Request

Print Name of Agency Head Authorizing Request

Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

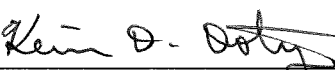
Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or 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 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.

Approved by:

  
Administrator, Purchasing Division or Designee

5/12/2020  
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: **23275**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>PACIFIC BEHAVIORAL HEALTH</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>PACIFIC BEHAVIORAL HEALTH</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>601 W MOANA LN STE 9</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89509</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>MALA WHEATLEY 775-287-8270</b>
	Vendor No.: <b>T27041606</b>
	NV Business ID: <b>NV20151522557</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % VARIOUS AGENCIES</b>

Agency Reference #: **S167-RV**

2. Contract start date:

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

Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 364 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

**This is a new contract to provide ongoing trauma and behavioral treatment services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00**

#### 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. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S167 for behavioral and community based related services.

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	jthom17	06/05/2020 16:27:32 PM
Division Approval	jthom17	06/05/2020 16:27:35 PM
Department Approval	ldeloch	06/08/2020 16:45:52 PM
Contract Manager Approval	rvradenb	06/16/2020 13:00:37 PM
Budget Analyst Approval	stilley	06/16/2020 13:47:29 PM
BOE Agenda Approval	hfield	06/23/2020 12:20:29 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: **23211**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Reliable Health Care Services of So. Nevada, Inc.</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Reliable Health Care Services of So. Nevada, Inc.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>8871 W. Flamingo Rd., Ste 104</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89147</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>William A. Benbassat 702-251-0111</b>
	Vendor No.: <b>T27043572</b>
	NV Business ID: <b>NV19911012625</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **S947-CP**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/14/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/09/2024**

Contract term: **3 years and 361 days**

4. Type of contract: **MSA**

Contract description: **Temporary Medical**

5. Purpose of contract:

**This is a new contract to provide ongoing temporary medical-related staffing.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$80,000,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies have the need for individuals with medical related expertise on a temporary basis. The State is contracting with a temporary employment provider so the State is not in a position of being held to be the employer.

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

The State does not provide temporary employee 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):

InGenesis Inc  
MHM Solutions Inc  
Public Consulting Group Inc

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 99SWC-S947, 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: 12/12/2019 Anticipated re-bid date: 12/12/2023

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	05/07/2020 14:04:09 PM
Division Approval	jthom17	05/07/2020 14:04:12 PM
Department Approval	ldeloach	05/07/2020 15:29:41 PM
Contract Manager Approval	cphipp1	05/20/2020 11:51:42 AM
Budget Analyst Approval	stilly	06/16/2020 14:06:37 PM
BOE Agenda Approval	hfield	06/23/2020 12:19:48 PM
BOE Final Approval	Pending	



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	010	ATHLETIC COMMISSION	CHARVEZ L. FOGER	FEE: ATHLETIC COMMISSION GATE FEES 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$20,000	CURRENT EMPLOYEE, FORMER EMPLOYEE
	Contract Description:	This is a new contract to provide ongoing unarmed combat weigh-ins, events and exhibitions.				
		Term of Contract:	06/09/2020 - 06/30/2024	Contract # 22911		
2.	015	GOVERNOR'S OFFICE - GOVERNOR'S OFFICE OF FINANCE - SPECIAL APPROPRIATIONS	RS CONSULTING SERVICES, LLC	GENERAL	\$13,000	
	Contract Description:	This is a new contract to provide ongoing support and maintenance for the Nevada Census website.				
		Term of Contract:	07/01/2020 - 10/31/2020	Contract # 23300		
3.	018	GOVERNOR'S OFFICE - OFFICE OF WORKFORCE INNOVATION	JUICEBOX INTERACTIVE	FEDERAL	\$48,000	
	Contract Description:	This is a new contract to provide an update to the design and structure of the Lifeworks website to improve the organization and presentation of the content for visitors so they may quickly navigate to desired pages and eliminate any confusion, including content for workforce development and resource information.				
		Term of Contract:	06/05/2020 - 06/30/2020	Contract # 23264		
4.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	LITTLER MENDELSON, P.C.	GENERAL	\$30,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing services for outside counsel to represent the State of Nevada in case number 2020-002.				
		Term of Contract:	02/21/2020 - 12/31/2020	Contract # 23084		
5.	040	SECRETARY OF STATE'S OFFICE	ROGUE WAVE SOFTWARE, INC.	GENERAL	\$10,000	
	Contract Description:	This is a new contract to provide remote implementation and training of the Tomcat software/server.				
		Term of Contract:	06/08/2020 - 06/30/2020	Contract # 23304		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	053	TREASURER'S OFFICE - MILLENNIUM SCHOLARSHIP ADMINISTRATION	GILLESPIE OFFICE FURNITURE & SYS DBA A & B PRINTING & MAILING	OTHER: TRANSFER FROM ENDOWMENT ACCOUNT	\$12,696	
	Contract Description:	This is a new contract to provide ongoing printing and mailing services to Nevada high school students eligible for the Governor Guinn Millennium Scholarship. Each eligible student receives a Millennium Scholarship packet that includes a letter from the State Treasurer to the student with their millennium scholarship identification number and other pertinent information, a certificate informing the student that they have been awarded the scholarship, and a millennium scholarship fact sheet.				
	Term of Contract:	06/19/2020 - 09/30/2020	Contract # 23301			
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS	JET PLUMBING - HEATING & DRAIN SERVICES	OTHER: BUILDING RENT INCOME REVENUE	\$43,548	
	Contract Description:	This is a new contract to provide ongoing plumbing services to include pumping, drain cleaning, wet-well pumping, backflow testing, grease trap pumping, hydro-vac services. TV camera work, and pipe inspections for all state-owned buildings.				
	Term of Contract:	09/01/2019 - 08/31/2023	Contract # 22185			
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	HERSHENOW & KLIPPENSTEIN ARCHITECT	OTHER: AGENCY FUNDED CIP	\$36,200	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Field Maintenance Shop 2 Tool Room Addition project, to include design and construction documents of 700 sf of additional space for tool storage, project to include shelves and cabinets: CIP Project No. 20-A020; SPWD Contract No. 113471.				
	Term of Contract:	06/05/2020 - 06/30/2024	Contract # 23144			
9.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - COMPUTER FACILITY	AM SMITH ELECTRIC, INCORPORATED	FEE: USER	\$38,000	
	Contract Description:	This is a new contract to provide ongoing electrical installation, repair and maintenance at the Carson City Facility.				
	Term of Contract:	07/01/2020 - 06/30/2024	Contract # 23209			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	GARRATT CALLAHAN, CO.	OTHER: PRIVATE PAY & COUNTY REIMBURSEMENTS 35% FEDERAL 65%	\$47,520	Sole Source
	Contract Description:	This is a new contract to install water treatment system upgrades along with ongoing monthly service of the water treatment system at the Southern Nevada State Veterans Home.				
		Term of Contract:	07/01/2020 - 06/30/2021	Contract # 23298		
11.	300	DEPARTMENT OF EDUCATION - OFFICE OF THE SUPERINTENDENT	COMPUTER PROJECTION SYSTEMS, LLC	GENERAL	\$15,515	
	Contract Description:	This is a new contract to provide the installation of new displays, cameras, monitors and audio equipment at the department's Carson City and Las Vegas offices.				
		Term of Contract:	06/05/2020 - 06/30/2020	Contract # 23293		
12.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	SHOUTPOINT, INC.	FEE: SPONSORSHIP	\$32,775	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides an interconnected Voice over Internet Protocol (VoIP) solution for emergency notification. Interconnected VoIP lines can be used for any and all educational purposes that call for dial tone services, including emergency messaging, attendance, weather announcements and broadcast messaging. This amendment increases the maximum amount from \$146,970 to \$179,745 due to an increased number of VoIP lines required.				
		Term of Contract:	07/01/2017 - 06/30/2021	Contract # 18568		
13.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - FEDERAL PROGRAMS AND ADMINISTRATION	SHI INTERNATIONAL, CORPORATION	GENERAL 20% OTHER: COST ALLOCATION 80%	\$46,183	
	Contract Description:	This is a new contract to provide risk mitigation and security-as-a-service to secure assets in response to the agencies workforce telecommuting and working from home.				
		Term of Contract:	06/23/2020 - 06/30/2021	Contract # 23233		
14.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - HOME AND COMMUNITY-BASED SERVICES	ACE WORLDWIDE MOVING & STORAGE	GENERAL	\$23,508	
	Contract Description:	This is a new contract to provide moving services.				
		Term of Contract:	05/20/2020 - 06/01/2020	Contract # 23221		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	EC CONSTRUCTION, LLC	GENERAL	\$17,437	
	Contract Description:	This is a new contract to provide remodeling of counter tops, cabinets and kitchen island in building 8A on the Reno campus.				
		Term of Contract:	06/16/2020 - 06/30/2020	Contract # 23155		
16.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH ADMINISTRATION	NETSMART TECHNOLOGIES, INC.	GENERAL	\$17,800	Sole Source
	Contract Description:	This is a new contract to provide data extraction services of provider-specific data from the Netsmart Hosted myAvatar database to allow providers to download their data to their own system.				
		Term of Contract:	05/27/2020 - 06/30/2020	Contract # 22924		
17.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ADMINISTRATION	COMPUTER PROJECTION SYSTEMS	GENERAL 30% FEDERAL 70%	\$20,222	
	Contract Description:	This is a new contract to provide installation and integration of audiovisual equipment in conference rooms located in Department of Welfare and Supportive Services Central Office and the Southern Professional Development Center.				
		Term of Contract:	06/12/2020 - 06/30/2020	Contract # 23130		
18.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ADMINISTRATION	DATA BUILDERS, INC.	GENERAL 30% FEDERAL 70%	\$42,315	
	Contract Description:	This is the first amendment to the original contract which provides ongoing support, licensing, maintenance and modifications for the Program Review and Evaluation's Q5i hearings database. This amendment extends the termination date from June 30, 2020 to June 30, 2022 increases the maximum amount from \$52,370.00 to \$94,685.20 and revises Attachment B - Statement of Work due to the continued need for these services.				
		Term of Contract:	08/14/2018 - 06/30/2020	Contract # 19838		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ADMINISTRATION	WESTERN MICHIGAN UNIVERSITY	FEDERAL	\$49,800	
	Contract Description:	This is a new contract to provide the continuation and maintenance for the Nevada SNAP-Ed web platform and online nutrition training modules to educate target populations regarding the benefits of using both Supplemental Nutrition Assistance Program (SNAP) and Women, Infant and Children (WIC) food benefits to purchase healthy, nutritious foods.				
		Term of Contract:	03/01/2020 - 09/30/2020	Contract # 22799		
20.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - WELFARE FIELD SERVICES	RICHARD L. NEPPER	GENERAL 30% FEDERAL 70%	\$14,400	
	Contract Description:	This is a new contract to provide ongoing janitorial services for the division's office in Hawthorne.				
		Term of Contract:	07/01/2020 - 06/30/2022	Contract # 23244		
21.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - INFORMATION SERVICES	PUBLIC CONSULTING GROUP, INC.	GENERAL 59% FEDERAL 41%	\$28,000	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides ongoing AlloCAP and cost allocation related to Child Welfare and Children's Mental Health Programs. This amendment extends the termination date from June 30, 2020 to June 30, 2021 and increases the maximum amount from \$117,733 to \$145,733 due to the continued need for these services.				
		Term of Contract:	01/01/2019 - 06/30/2021	Contract # 21201		
22.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	CHILD FAMILY MENTAL HEALTH, LLC	GENERAL 25% FEDERAL 75%	\$20,800	
	Contract Description:	This is a new contract to provide evidence-based and strongly supported trainings to therapists in rural Nevada to improve outcomes for children and families in crisis. Trainings will be provided in Carson City, Elko, Fallon and Pahrump.				
		Term of Contract:	06/05/2020 - 06/30/2021	Contract # 23210		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	UNIVERSITY OF MARYLAND	GENERAL 25% FEDERAL 75%	\$40,400	EXEMPT
	Contract Description:	This is the first amendment to the original interlocal agreement which provides professional technical assistance to the state in the planning and implementation of the Family First Prevention Services Act. This amendment extends the termination date from June 30, 2020 to August 31, 2020 and increases the maximum amount from \$157,000 to \$197,400 to continue Family First implementation integrated with the System of Care.				
		Term of Contract:	06/13/2019 - 08/31/2020	Contract # 21746		
24.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NEVADA YOUTH TRAINING CENTER	I & E ELECTRIC, INC.	GENERAL	\$34,569	
	Contract Description:	This is a new contract to remove and replace the failed well telemetry system.				
		Term of Contract:	06/16/2020 - 06/30/2021	Contract # 23243		
25.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	MICHAEL BRUCE BRYANT DBA BRYANT'S ELECTRONIC SERVICING & TESTING	GENERAL	\$11,722	
	Contract Description:	This is the first amendment to the original contract which provides ongoing on-site semi-annual inspections, calibration, routine preventative maintenance service on medical equipment and in-service training to facility staff as necessary at the following correctional facilities: Ely State Prison, Jean Conservation Camp, Florence McClure Women's Correctional Center, High Desert State Prison, Lovelock Correctional Center, Warm Springs Correctional Center, Southern Desert Correctional Center and Northern Nevada Correctional Center. This amendment extends the termination date from June 30, 2020 to December 31, 2020 and increases the maximum amount from \$93,780.00 to \$105,502.50 to allow for an RFP to be performed by State Purchasing.				
		Term of Contract:	07/01/2016 - 12/31/2020	Contract # 17647		
26.	440	DEPARTMENT OF CORRECTIONS - PIOCHE CONSERVATION CAMP	THE KAIGAN CORPORATION	GENERAL	\$13,975	
	Contract Description:	This is the first amendment to the original contract which provides ongoing pest control services for the Department's rural facilities. This amendment extends the termination date from 06/30/2020 to 12/31/2020 and increases the maximum amount from \$96,992 to \$110,967 due to the continued for these services and allow time to perform a proper solicitation.				
		Term of Contract:	07/01/2016 - 12/31/2020	Contract # 17626		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
27.	550	DEPARTMENT OF AGRICULTURE - CONSUMER EQUITABILITY	METTLER-TOLEDO, LLC	FEE: VARIOUS	\$11,728	
	Contract Description:	This is a new contract to provide preventative maintenance and certification for laboratory scales and mass comparators.				
		Term of Contract:	06/02/2020 - 06/30/2023	Contract # 23216		
28.	611	GAMING CONTROL BOARD - FEDERAL FORFEITURE TREASURY-NON-EXEC	MOTOROLA SOLUTIONS, INC.	FEDERAL	(\$27,603)	
	Contract Description:	This is the first amendment to the original contract which provides a software system to manage information for the Enforcement Division's law enforcement functions. This amendment decreases the maximum amount from \$764,995 to \$737,392 and adds Attachment EE - Addendum A which removes the licenses for the Livescan Interface and the Justware Interface and replaces them with Command Central Analytics Plus.				
		Term of Contract:	11/12/2019 - 11/11/2024	Contract # 22035		
29.	654	DEPARTMENT OF PUBLIC SAFETY – DEPARTMENT OF EMERGENCY MANAGEMENT DISASTER RESPONSE AND RECOVERY ACCT-NON-EXEC	OFFICE OF THE MILITARY	GENERAL 25% FEDERAL 75%	\$10,000	EXEMPT
	Contract Description:	This is a new interlocal agreement to cover the cost of installation and set-up of the Bartelle Decontamination System at the Henderson Armory.				
		Term of Contract:	05/01/2020 - 06/30/2020	Contract # 23235		
30.	656	DEPARTMENT OF PUBLIC SAFETY – FIRE MARSHAL	GL SUITE, INC.	GENERAL 11% FEE: LICENSING, CERTIFICATES AND PLAN REVIEW FEES 69% OTHER: TRANSFER FROM STATE EMERGENCY RESPONSE COMMITTEE AND NEVADA DEPARTMENT OF ENVIRONMENTAL PROTECTION 20%	\$43,694	
	Contract Description:	This is a new contract to provide software maintenance services and licensing for the web-hosted database for the division's licensing and certification program.				
		Term of Contract:	06/18/2020 - 05/31/2022	Contract # 23302		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
31.	700	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – BONDS-NON-EXEC	DYER ENGINEERING CONSULTANTS	BONDS	\$49,400	
	Contract Description:	This is a new contract to provide professional engineering design and permitting to replace the leach field that is in the process of failing at Lahontan State Recreation Area.				
		Term of Contract:	06/03/2020 - 12/31/2020	Contract # 23252		
32.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS - FEDERAL PROGRAMS-NON-EXEC	BENEFICIAL DESIGNS, INC.	OTHER: FEDERAL TRAILS PROGRAM 26% FEDERAL 74%	\$31,489	
	Contract Description:	This is the third amendment to the original contract which provides assessments and maps to create accurate signage for five State Parks. This amendment increases the maximum amount from \$88,002 to \$119,491 due to an increase in hours needed to complete the scope of work.				
		Term of Contract:	09/12/2017 - 06/30/2021	Contract # 19055		
33.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	5 STAR GRAND CANYON HELICOPTER TOURS, LLC	OTHER: REVENUE	\$45,000	
	Contract Description:	This is a new revenue contract to provide ongoing helicopter wedding ceremonies and events at the Valley of Fire State Park.				
		Term of Contract:	06/02/2020 - 06/15/2022	Contract # 23256		
34.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	MAVERICK HELICOPTERS, INC.	OTHER: REVENUE	\$14,200	
	Contract Description:	This is a new revenue contract to provide wedding ceremonies and group events.				
		Term of Contract:	06/11/2020 - 06/15/2022	Contract # 23282		
35.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS	TAHOE BOAT RENTALS, LLC	OTHER: REVENUE	\$10,000	
	Contract Description:	This is a new revenue contract to provide ongoing powerboat rentals to visitors at Lake Tahoe Nevada State Park.				
		Term of Contract:	05/28/2020 - 10/01/2020	Contract # 23227		



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
36.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	TAHOE MULTISPORT, LLC	OTHER: REVENUE	\$10,000	
	Contract Description:	This is a new revenue contract to provide kayak, standup paddleboard, snowshoe, hiking and mountain bike tours at Sand Harbor and Spooner Lake.				
		Term of Contract:	05/28/2020 - 04/30/2021	Contract # 23248		
37.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	WALKER MARINE, INC.	OTHER: REVENUE	\$10,000	
	Contract Description:	This is a new revenue contract to provide boat launching services at Lake Tahoe Nevada State Park - Cave Rock.				
		Term of Contract:	06/02/2020 - 12/31/2020	Contract # 23257		
38.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - PARKS GIFT AND GRANTS ACCOUNT - NON-EXEC	NORTH WIND RESOURCE CONSULTING, LLC	OTHER: GIFTS AND GRANTS	\$10,083	
	Contract Description:	This is a new contract to provide background research, a physical survey and a final report that will assist in determining management options for the Lake Tahoe Nevada Incline Flume Trail.				
		Term of Contract:	06/03/2020 - 12/31/2020	Contract # 23261		
39.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS- NON-EXEC	KENNETH L. MORGAN DBA GREAT BASIN CONTROL SYSTEMS	FEE: UTILITY SURCHARGE	\$30,000	
	Contract Description:	This is a new contract to provide on call services for water system control failures or installation at the Western regional parks.				
		Term of Contract:	05/22/2020 - 04/15/2022	Contract # 23126		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
40.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – WATER RESOURCES	GANNETT FLEMING, INC.	GENERAL	\$25,000	
	Contract Description:	This is the first amendment to the original contract which provides engineering services for the safe management of the South Fork Dam. This amendment increases the maximum amount from \$90,000 to \$115,000 due to additional technical analysis and engineering support for the dam.				
	Term of Contract:	07/09/2019 - 07/01/2023	Contract # 22013			
41.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – WATER RESOURCES	HDR ENGINEERING, INC.	GENERAL	(\$12,365)	
	Contract Description:	This is the first amendment to the original contact which provides engineering services to update the Inundation Map for South Fork Dam to extend the limits past Carlin. This amendment extends the termination date from June 30, 2021 to May 24, 2021 and decreases the maximum amount from \$54,442.07 to \$42,076.77 due to the completion of the project.				
	Term of Contract:	08/09/2019 - 05/24/2021	Contract # 22172			
42.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - BASIN ACCOUNT REGION 1 - NON-EXEC	OLSSON, INC.	OTHER: HUMBOLDT BASIN ASSESSMENTS	\$15,000	
	Contract Description:	This is a new contract to provide professional services in the form of a cloud-based groundwater modeling evaluation tool, including maintenance and support for the models and system.				
	Term of Contract:	05/28/2020 - 06/30/2021	Contract # 23240			
43.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WATER QUALITY PLANNING	RAYMOND B. GRABER, II DDS. LTD.	FEDERAL	\$33,000	
	Contract Description:	This is a new contract to provide ongoing storage space for water quality sampling equipment, boats, vehicles and other items owned by the agency.				
	Term of Contract:	05/22/2020 - 06/30/2024	Contract # 23101			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	ACE WORLDWIDE MOVING & STORAGE	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$30,000	
	Contract Description:	This is a new contract to provide moving services program for moving heavy equipment and supplies between the various program sites and storage.				
		Term of Contract:	07/01/2020 - 06/30/2022	Contract # 23026		
45.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	ADVANCED PRO REMEDIATION, LLC	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$10,000	
	Contract Description:	This is the first amendment to the original contract which provides on-going handyman services to locations in southern Nevada. This amendment extends the termination date from June 30, 2020 to June 30, 2022, increases the maximum amount from \$24,500 to \$34,500 due to the continued need for these services, and adds an attachment for provisions for contracts under federal award.				
		Term of Contract:	05/07/2018 - 06/30/2022	Contract # 19930		
46.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	CROWN FABRICATORS, LLC	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$15,000	
	Contract Description:	This is a new contract to provide metal fabrication services statewide.				
		Term of Contract:	07/01/2020 - 06/30/2022	Contract # 23018		
47.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	ODYSSEY CHARTER SCHOOL OF NEVADA	GENERAL 21.3% FEDERAL 78.7%	\$42,000	EXEMPT
	Contract Description:	This is a new interlocal agreement to provide ongoing Pre-Employment Transition Services to disabled youth ages 16-21.				
		Term of Contract:	01/01/2021 - 12/31/2021	Contract # 22804		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
48.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	WESTERN NEVADA COLLEGE	GENERAL 21.3% FEDERAL 78.7%	\$47,396	
	Contract Description:	This is a new interlocal agreement to provide ongoing Pre-Employment Transition Services in the form of a camp setting, with a follow up support program during the school year, for disabled youth ages 16-21.				
		Term of Contract:	07/01/2020 - 10/01/2021	Contract # 23200		
49.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY	OTIS ELEVATOR COMPANY	OTHER: COST ALLOCATED	\$13,576	
	Contract Description:	This is a new contract to provide ongoing maintenance, monitoring and repair service for the elevator located at the St. Louis building in Las Vegas.				
		Term of Contract:	06/17/2020 - 05/31/2022	Contract # 23199		
50.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY	WW WILLIAMS COMPANY, LLC	OTHER: COST ALLOCATED	\$13,470	
	Contract Description:	This is the first amendment to the original contract which provides ongoing scheduled maintenance for the generator located at 2800 E. St. Louis Ave, Las Vegas NV. This amendment extends the termination date from August 31, 2020 to August 31, 2022, increases the maximum amount from \$9,530 to \$23,000 due to continue need to the continued need for these services, and adds the attachment "Contract Provisions for Non-Federal Entity Contracts Under Federal Awards" into Incorporated Documents due to new federal requirements.				
		Term of Contract:	09/11/2018 - 08/31/2022	Contract # 20990		
51.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES	SOLUTIONS, II INC.	OTHER: COST ALLOCATION	\$22,500	Exempt
	Contract Description:	This is a new contract to provide network quality of service configuration, connection troubleshooting and network assessment to implement a modern cloud-based phone system.				
		Term of Contract:	05/26/2020 - 12/31/2020	Contract # 23222		
52.	B001	LICENSING BOARDS AND COMMISSIONS - ACCOUNTANCY	HOULDSWORTH RUSSO AND CO., PC	FEE: LICENSING & APPLICATION	\$45,000	
	Contract Description:	This is a new contract to provide audit services as required by NRS 218G.400.				
		Term of Contract:	06/12/2020 - 12/31/2022	Contract # 23262		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
53.	B005	LICENSING BOARDS AND COMMISSIONS - CHIROPRACTIC PHYSICIANS	GL SUITE, LLC	FEE: LICENSING	\$28,586	
	Contract Description:	This is a new contract to provide ongoing licensing software. Term of Contract: 06/05/2020 - 06/30/2022 Contract # 23226				
54.	B008	LICENSING BOARDS AND COMMISSIONS - PROFESSIONAL ENGINEERS AND LAND SURVEYORS	CASEY NEILON, INC.	FEE: LICENSING & APPLICATION	\$41,500	
	Contract Description:	This is a new contract to provide an audit as required by NRS 218G.400. Term of Contract: 06/02/2020 - 11/30/2022 Contract # 23250				
55.	B008	LICENSING BOARDS AND COMMISSIONS - PROFESSIONAL ENGINEERS AND LAND SURVEYORS	MCDONALD CARANO, LLP	FEE: LICENSING & APPLICATION	\$46,800	
	Contract Description:	This is a new contract to provide assistance with preparing, planning and responding to legislative issues concerning the Board, the licensees and Nevada citizens. Additionally, the contractor will provide professional assistance in responding to statute changes, regulation changes and public protection issues. Term of Contract: 06/02/2020 - 06/30/2022 Contract # 23251				
56.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	PETERBILT TRUCK PARTS & EQUIPMENT IT DEPARTMENT	FEE: LICENSING	\$13,248	
	Contract Description:	This is a new contract to provide server and workstation information technology maintenance. Term of Contract: 06/09/2020 - 12/31/2020 Contract # 23249				
57.	B022	LICENSING BOARDS AND COMMISSIONS - PHARMACY	EIDE BAILLY, LLP	FEE: LICENSING	\$47,000	
	Contract Description:	This is a new contract to provide annual audit services. Term of Contract: 07/01/2020 - 06/30/2024 Contract # 23184				
58.	B028	LICENSING BOARDS AND COMMISSIONS - VETERINARY MEDICAL EXAMINERS	THENTIA GLOBAL SYSTEMS USA, INC.	FEE: LICENSING	\$45,000	
	Contract Description:	This is a new contract to provide licensing software. Term of Contract: 06/12/2020 - 12/31/2022 Contract # 23305				

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22911**

Agency Name: **GOVERNOR'S OFFICE**  
Agency Code: **010**  
Appropriation Unit: **3952-04**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **FOGER, CHARVEZ L**  
Contractor Name: **FOGER, CHARVEZ L**  
Address: **128 JUNCTION PEAK AVE**  
City/State/Zip: **NORTH LAS VEGAS, NV 89031-6845**  
Contact/Phone: **702/682-0187**  
Vendor No.: **T81091552**  
NV Business ID: **NV20121005645**  
To what State Fiscal Year(s) will the contract be charged? **2020-2024**

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 %	<b>X</b>	Fees	<b>90.00 % Athletic Commission Gate Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b>	Other funding	<b>10.00 % Ticket Surcharge (Amateur Program)</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/09/2020**

Anticipated BOE meeting date **04/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **4 years and 22 days**

4. Type of contract: **Contract**

Contract description: **Inspector Services**

5. Purpose of contract:

**This is a new contract to provide ongoing unarmed combat Inspector Services for Unarmed Combat weigh-ins, events and exhibitions.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$50 per weigh-in, \$50 per amateur gym inspection and \$150 per event/exhibition. Up to \$1,000 yearly for trave (not to exceed GSA daily rates), not to exceed \$20,000 over contract term.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.**

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

**The number of Inspectors required for an event exceed the total number of agency event staff. The agency staff who work events have different duties than the Inspectors. In addition, events are held on evenings, weekends and holidays. With the Commission's limited staff, the agency would incur excessive overtime in trying to fulfill these obligations. Finally, much of the Inspector Services are done in male locker rooms which would exclude 70% of our staff.**

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

The vendor has extensive knowledge of the rules and regulations of unarmed combat and has previously contracted as an Inspector for the Nevada Athletic Commission. Performance is satisfactory.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**Yes**

See the attached Authorization to Contract form for details.

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

**Yes**

See the attached Authorization to Contract form for details.

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Athletic Commission - previously contracted as an Inspector. This is a contract renewal, current contract expires 6/30/2020. Service provided is satisfactory.

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

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

Not Applicable

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

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

**Yes**

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

**Yes**

18. Not Applicable

19. Agency Field Contract Monitor:

Alejandro Ybarra, Chief Inspector Ph: 702-931-1991

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	03/11/2020 14:50:52 PM
Division Approval	ssands	03/11/2020 14:50:54 PM
Department Approval	ssands	03/11/2020 14:50:57 PM
Contract Manager Approval	ssands	03/11/2020 14:51:00 PM
Budget Analyst Approval	mranki1	06/09/2020 14:55:50 PM



**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 Current Employee**

<b>Employee Information</b>				
<b>Employee Name:</b>	Charvez Foger			
<b>Employee ID Number:</b>	61964			
<b>Job Title:</b>	Ombudsman			
<b>Current Employee Agency:</b>	Department of Business and Industry Real Estate Division			
<b>Current Class and Grade:</b>	<b>Class:</b>	99	<b>Grade:</b>	Fe
<b>Employment Dates:</b>	<b>From:</b>	February 13, 2017	<b>To:</b>	Present
<b>Requesting Agency:</b>	Athletic Commission			
<b>Vendor:</b>	N/A Employee to work as Independent Contractor			

**Please mark which of the following applies and complete Sections 'A' through 'M' below:**

<b>X</b>	Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services.
<b>A</b>	<b>Summarize scope of contract work.</b> Provide unarmed combat inspector services during weigh-ins and events. Most of the contracted work is done after normal business hours and on weekends.
<b>B</b>	<b>Document the employee's current job description.</b> The Ombudsman provides a neutral and fair venue to assist homeowners in handling matters that may arise while living in an HOA.
<b>C</b>	<b>Explain how this differs from current State duties.</b> Inspectors assist the Athletic Commission staff (and assist in monitoring Drug Testing procedures), during events and weigh-ins to ensure that all rules and regulations pertaining to unarmed combat are adhered to. Inspectors DO NOT take any actions against licensees who are in violation of the regulations. Incidents are reported to the Executive Director and/or Chief Assistant and the Commission handles any disciplinary actions through hearings. The Inspectors will assist in restraining, combatants, managers/seconds or attendees of the event if some type of melee ensues.

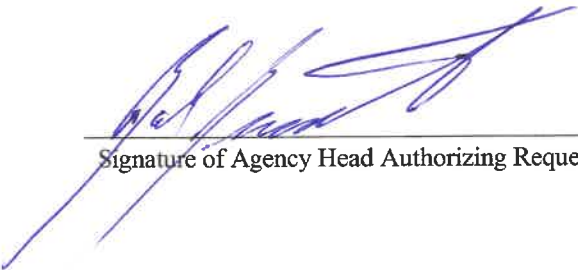


<b>D</b>	<p><b>Explain why existing State employees within your agency cannot perform these duties.</b></p> <p>Weigh-ins and events primarily occur outside the scope of agency hours, which would incur overtime in the effort to fulfill these obligations. The Commission has a very small staff, and even with 50% of the staff in attendance, they have defined duties at the ring. Larger venues and events could require up to 12 Inspectors + per event. Furthermore, the sport is primarily male dominated, which excludes 70% of our staff from working locker rooms. Therefore, we contract female inspectors for female fighters.</p>
<b>E</b>	<p><b>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.</b></p> <p>There is no relationship between any member of the Nevada Athletic Commission and the contractor.</p>
<b>F</b>	<p><b>List contractors' hourly rate.</b></p> <p>The fee for Nevada Athletic Commission Inspector Services is not contracted at an hourly rate but per event. Inspectors are paid a flat rate of \$50 per weigh-in and \$150 per event, plus mileage if they are asked to drive outside of their normal city limits. I.E. events in Mesquite or Fallon for Southern Nevada, and Tahoe/Stateline for Inspectors in Reno area.</p>
<b>G</b>	<p><b>List the range of comparable State employee rates.</b></p> <p>Not Applicable.</p>
<b>H</b>	<p><b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%).</b></p> <p>Not Applicable – does not exceed the maximum employee/employer rate and no comparable State positions.</p>
<b>I</b>	<p><b>Document justification for hiring contractor.</b></p> <p>NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors. This contractor is knowledgeable of the rules and regulations of unarmed combat sports.</p>
<b>J</b>	<p><b>Will the employee be collecting PERS at any time during the contract?</b></p> <p>NO</p>
<b>K</b>	<p><b>What is the duration of the contract with the current employee? (Include start and end date)</b></p> <p>NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors. This contractor is knowledgeable of the rules and regulations of unarmed combat sports.</p>
<b>L</b>	<p><b>Will the current employee be working full time or part time? If part time, how many hours?</b></p> <p>The current employee will accept assignments at his own discretion for those weigh-ins and/or events that are outside the hours of his State position.</p>
<b>M</b>	<p><b>Is the employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b></p> <p>No</p>

**Comments – Provide any additional comments:**

Individuals who are interested in becoming Inspectors “Shadow” the process for a long time. It is an investment of time and energy for our Chief Inspector. There must be a level of trust as these Inspectors have access to sensitive drug testing areas and locker rooms. They must demonstrate a high-level of professionalism and can be calm under pressure in large arenas. Therefore, it is imperative we have a group of well trained and seasoned Inspectors available for events. Mr. Charvez fits these requirements.

**Approval for Authorization to Contract with a Current Employee:**



Signature of Agency Head Authorizing Request

2/3/2020

Date

Purchasing Administrator Signature (if a Statewide Contract)

Date

Budget Analyst Signature

Date

Clerk of the Board of Examiners Signature

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: **23300**

Agency Name: <b>GOVERNOR'S FINANCE OFFICE</b>	Legal Entity Name: <b>RS CONSULTING SERVICES LLC</b>
Agency Code: <b>015</b>	Contractor Name: <b>RS CONSULTING SERVICES LLC</b>
Appropriation Unit: <b>1301-37</b>	Address: <b>2318 COPPER SPRINGS DRIVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89521-4234</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>RAMESH SEGU 775-230-9871</b>
	Vendor No.: <b>T29042266</b>
	NV Business ID: <b>NV20191633522</b>

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date 06/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2020**

Contract term: **122 days**

4. Type of contract: **Contract**

Contract description: **Census**

5. Purpose of contract:

**This is a new contract to provide ongoing support and maintenance for the Nevada Census website.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,000.00**

Payment for services will be made at the rate of \$130.00 per Hour

Other basis for payment: Not to exceed 100 hours.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The 2020 Census. This website is specific to Nevada to disburse information and provide a place to ask questions about the Census to improve the rate of responses within the state.

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

Staff does not have the expertise to write code to maintain and change the website.

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):

Multidots Inc.  
RS Consulting Services  
Link Technologies

b. Solicitation Waiver: **Not Applicable**

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

Due to their previous experience with census websites and because they have been performing these services for taxation since July 2019.

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:

Taxation since July 2019 and 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:  
Catherine Bartlett, EBO II Ph: 775-684-0239

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	06/05/2020 12:45:18 PM
Division Approval	ddav12	06/05/2020 12:45:21 PM
Department Approval	ddav12	06/05/2020 12:45:24 PM
Contract Manager Approval	ddav12	06/05/2020 12:45:28 PM
Budget Analyst Approval	mranki1	06/05/2020 16:21:31 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: **23264**

Agency Name: <b>OFFICE OF WORKFORCE INNOVATION</b>	Legal Entity Name: <b>LARGEFOOT LLC dba</b>
Agency Code: <b>018</b>	Contractor Name: <b>JUICEBOX INTERACTIVE</b>
Appropriation Unit: <b>1004-11</b>	Address: <b>516 3rd Street, Ste 202</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Des Moines, IA 50309-1771</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Dale Bentlage 515.246.3030</b>
	Vendor No.: <b>T29043164</b>
	NV Business ID: <b>NV20201787531</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2020</b>
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
<b>X</b> Federal Funds <b>100.00 %</b>	Bonds 0.00 %
Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: <b>RFP 1006</b>	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/05/2020**  
 Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2020**

Contract term: **25 days**

4. Type of contract: **Contract**

Contract description: **Website design**

5. Purpose of contract:

**This is a new contract to provide services to update the design and structure of the Lifeworks website to improve the organization and presentation of the content to visitors so that they may quickly navigate to desired pages and eliminate any confusion, including content for workforce development and resource informations.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The activities in OWINN's subgrant award for the Nevada Department of Education's Lifeworks Grant require the development and redesign of the Lifeworks website and its content. The lifeworks website has multiple audiences, including students and young adults, educators, businesses, and employers. The website serves as a hub for information around work-based learning opportunities so the Nevadans may develop employability skills in support of their future careers. The vision of the website is to connect youth, educators, and employers to information, resources, and tolls to help site users participate in work-based learning activities.

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

EITS does not provide support for the web platform and services this website provides. OWINN staff member does not have the technical skills 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):

Abbi Agency  
Urbandale  
WebDesigner23  
Juice Box  
Estipona

b. Solicitation Waiver: **Not Applicable**

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

Lowest cost vendor to conform to our time limitation.

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

Other

**A Non-Title7 (NT7) business is a sole proprietorship or general partnership doing business in Nevada that is not required to file its organizational documents with the Office of the Secretary of State. NT7 businesses doing business in the state of Nevada are required to maintain a State Business License unless specifically exempt.**

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

**No** b. If "No", please explain:

**this is a dba**

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Mayita Sanchez, Grants & Policy Analyst Ph: 702-486-8080

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	05/28/2020 13:33:55 PM
Division Approval	ssands	05/28/2020 13:33:58 PM
Department Approval	ssands	05/28/2020 13:34:01 PM

Contract Manager Approval

ssands

05/28/2020 13:34:05 PM

EITS Approval

tgalluzi

06/01/2020 08:34:49 AM

Budget Analyst Approval

dbaughn

06/05/2020 09:32:24 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: **23084**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>Little Mendelson, P.C.</b>
Agency Code: <b>030</b>	Contractor Name: <b>Little Mendelson, P.C.</b>
Appropriation Unit: <b>1030-04</b>	Address: <b>3960 Howard Hughes Pkwy Ste 30</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89169-5937</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-862-8800</b>
	Vendor No.: <b>Pending</b>
	NV Business ID: <b>NV20031371619</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2020-2021</b>

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

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/21/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **Yes**

If "Yes", please explain

**The Office of the Attorney General is requesting a retroactive approval from February 21, 2020. Due to the deadline to file the agencies answers to the complaints was February 3, 2020 (20 days after service) and the short timeframe, it was necessary for outside counsel to begin work immediately to gather all of the relevant information, meet with officials from the two agencies, and begin preparation of the agencies answers and motions to dismiss.**

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

Contract term: **314 days**

4. Type of contract: **Contract**

Contract description: **Outside Counsel**

5. Purpose of contract:

**This is a new contract to provide ongoing services for outside counsel to represent the State of Nevada in case number 2020-002.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada is involved in ongoing litigation that requires the service of outside counsel.

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 needed for this type of litigation.

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

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

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

Not Applicable

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

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



[Empty box]

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Rachel Anderson, General Counsel Ph: 702-486-3192

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	05/20/2020 12:36:23 PM
Division Approval	jhoba2	05/20/2020 12:36:29 PM
Department Approval	jhoba2	05/20/2020 12:36:33 PM
Contract Manager Approval	Iramire7	05/20/2020 12:52:29 PM
Budget Analyst Approval	hfield	06/02/2020 17:41:24 PM

AARON D. FORD  
*Attorney General*

CAROLINE BATEMAN  
*First Assistant Attorney General*

CHRISTINE JONES BRADY  
*Second Assistant Attorney General*



JESSICA L. ADAIR  
*Chief of Staff*

RACHEL J. ANDERSON  
*General Counsel*

HEIDI PARRY STERN  
*Solicitor General*

STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street  
Carson City, Nevada 89701

## MEMORANDUM

**Date:** April 7, 2020

**To:** Jessica Young, Executive Branch Budget Officer  
Governor's Finance Office

**From:** Lesley Volkov, Management Analyst II

**Subject:** Retroactive Approval for contract #23084 Littler Mendelson

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The Office of the Attorney General is requesting a retroactive approval from February 21, 2020. Prior to the 80th legislative session, state employees did not have the benefit of collective bargaining. Thus, there has never been a need for labor attorneys to assist state agencies. The Personnel Division was formed to handle *employment* matters for state agencies. Labor law and employment law are distinct areas of practice, and none of the deputies in the Personnel Division, or in the Office of the Attorney General, have sufficient labor law experience to defend state agencies before the Government Employee-Management Relations Board ("EMRB"). Therefore, when complaints were filed with the EMRB against the Department of Health and Human Services and the Department of Corrections, it was determined that outside counsel with labor experience would be necessary.

The two EMRB complaints were filed on January 10, 2020 and served on or about January 13, 2020. The deadline to file the agencies' answers to the complaints was February 3, 2020 (20 days after service). Due to the short timeframe, it was necessary for outside counsel to begin work immediately to gather all of the relevant information, meet with officials from the two agencies, and begin preparation of the agencies' answers and motions to dismiss.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23304**

Agency Name: <b>SECRETARY OF STATE'S OFFICE</b>	Legal Entity Name: <b>Rogue Wave Software, Inc</b>
Agency Code: <b>040</b>	Contractor Name: <b>Rogue Wave Software, Inc</b>
Appropriation Unit: <b>1050-23</b>	Address: <b>1315 West Century Drive</b>
Is budget authority available?: <b>Yes</b>	<b>Suite 150</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>Louisville, CO 80027</b>
	Contact/Phone: <b>BROOKE ANDERSON 313-545-3238</b>
	Vendor No.: <b>T27043581</b>
	NV Business ID: <b>NV20161443306</b>
To what State Fiscal Year(s) will the contract be charged? <b>2020</b>	

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

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 040

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/08/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2020**

Contract term: **22 days**

4. Type of contract: **Contract**

Contract description: **Remote Training**

5. Purpose of contract:

**This is a new contract to provide remote implementation and training of the Tomcat software/server.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

SilverFlume is a system that requires 24x7 availability as it is our online business license registration portal. This is a critical system that generates an average of \$150 million annually. Replacing Oracle Weblogic with the open source Tomcat software is a complex process and requires experts with knowledge, and experience with the product. The Portal team has no experience with Tomcat and as such we need both the implementation, and training in order to maintain in the future.

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

There are no technicians that have experience with this open source product in the Agency. This is a complex implementation and requires experts, and the Agency Developers require the training in order to maintain the product in the future.

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):

Rogue Wave  
Managecat  
Tomitribe

b. Solicitation Waiver: **Not Applicable**

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

This vendor was chosen over the other two because this vendor not only provides support for Tomcat, but for 5 other open source software products that are used by the NV SOS Portal team. Those additional products are: Spring, Hibernate, OpenJDK, Git, and Jenkins.

d. Last bid date: 06/02/2020 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	shudder	06/05/2020 15:10:13 PM
Division Approval	shudder	06/05/2020 15:10:16 PM
Department Approval	shudder	06/05/2020 15:10:37 PM
Contract Manager Approval	adale	06/05/2020 15:13:22 PM
EITS Approval	tgalluzi	06/08/2020 08:45:31 AM
Budget Analyst Approval	hfield	06/08/2020 15:47:53 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23301**

Agency Name: <b>TREASURER - MILLENNIUM SCHOLARSHIP</b>	Legal Entity Name: <b>GILLESPIE OFFICE FURNITURE &amp; SYS</b>
Agency Code: <b>053</b>	Contractor Name: <b>GILLESPIE OFFICE FURNITURE &amp; SYS</b>
Appropriation Unit: <b>1088-04</b>	Address: <b>DBA A&amp;B PRINTING &amp; MAILING 2908 S HIGHLAND DR STE B</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89109</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>Kathy Gillespie 702-731-5888</b>
	Vendor No.: <b>PUR0006593</b>
	NV Business ID: <b>NV20001093224</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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 %	<b>X</b> Other funding	<b>100.00 % Transfer from Endowment Account</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/19/2020**  
Anticipated BOE meeting date **06/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **103 days**

4. Type of contract: **Contract**

Contract description: **GGMS mailing**

5. Purpose of contract:

**This is a new contract to provide ongoing printing and mailing services to Nevada high school students eligible for the Governor Guinn Millennium Scholarship. Each eligible student receives a Millennium Scholarship packet that includes a letter from the State Treasurer to the student with their millennium scholarship identification number and other pertinent information, a certificate informing the student that they have been awarded the scholarship, and a millennium scholarship fact sheet.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,696.00**

Payment for services will be made at the rate of \$793.50 per 1000 mailings

Other basis for payment: NTE 16,000 mailings

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Millennium Scholarship Division is responsible to provide award packets to all potential eligible scholars of the Governor Guinn Millennium Scholarship.

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

The Treasurer's Office does not have the staff resources or expertise to create and execute the activities involved with this project.

9. Were quotes or proposals solicited? **Yes**

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

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

DigiPrint  
Royal Printing  
Sunrise Printing  
Panda Printing & Mailing

b. Solicitation Waiver: **Not Applicable**

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

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

d. Last bid date: 05/15/2020 Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

Since 04/2014 the vendor has provided services for the following agencies: 051, 331, 651, 740, 901 and 908 - 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	thagan	06/11/2020 13:05:33 PM
Division Approval	thagan	06/11/2020 13:05:36 PM
Department Approval	thagan	06/11/2020 13:05:40 PM
Contract Manager Approval	thagan	06/11/2020 13:05:44 PM
Budget Analyst Approval	cbrekken	06/19/2020 10:29:59 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22185**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: Jet Services, Inc.
Agency Code: <b>082</b>	Contractor Name: <b>Jet Plumbing~Heating &amp; Drain Services</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>1553 HYMER AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431</b>
If "No" please explain: Not Applicable	Contact/Phone: 775-882-3900
	Vendor No.: T81040001
	NV Business ID: NV19841017115

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

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 %	<b>X</b> Other funding	<b>100.00 % Building Rent Income Revenue</b>

Agency Reference #: ASD 2832578

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2019**

Anticipated BOE meeting date 09/2019

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2023**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Plumbing Services**

5. Purpose of contract:

**This is a new contract to provide ongoing plumbing services to include pumping, drain cleaning, wet-well pumping, backflow testing, grease trap pumping, hydro-vac services. t.v. camera work, and pipe inspections for all state-owned buildings.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$43,548.22**

Other basis for payment: All services will be billed in 1/2 hour increments after the first hour. Please see attachment CC for a complete list of services and rates.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Buildings and Grounds Section is concerned with the safety, health and working conditions of all State employees. It's maintenance duties include carpentry, plumbing, electrical work, heating, ventilating and air conditioning.

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

Lack of equipment for commercial grade issues.

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):

Jet Plumbing  
Brunos Plumbing  
Summit Plumbing

b. Solicitation Waiver: **Not Applicable**

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

This is one of several vendors of the same type of service, per SAM0338.0 each contractor will be contacted to submit bids on projects

d. Last bid date: 06/01/2019 Anticipated re-bid date: 06/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

**No** b. If "No", please explain:

**doing business as**

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Donnie Milner, Facility Supervisor Ph: 775-684-1200

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	08/08/2019 08:36:21 AM
Division Approval	ssands	08/08/2019 08:36:25 AM
Department Approval	ssands	08/08/2019 08:36:30 AM
Contract Manager Approval	ssands	08/08/2019 08:36:35 AM
Budget Analyst Approval	bmacke1	06/08/2020 14:36:48 PM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23144**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>DBA H&amp;K ARCHITECTS</b>
Agency Code: <b>082</b>	Contractor Name: <b>HERSHENOW &amp; KLIPPENSTEIN ARCHITECT</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>dba H&amp;K ARCHITECTS 5485 RENO CORPORATE DR STE 100</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>RENO, NV 89511-2262</b>
If "No" please explain: This is an agency funded CIP where the project 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: <b>775-870-4882</b>
	Vendor No.: <b>T80984709</b>
	NV Business ID: <b>NV19941047730</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

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 %	<b>X</b> Other funding	<b>100.00 % Agency Funded CIP</b>

Agency Reference #: 113471

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/05/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **4 years and 26 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Field Maintenance Shop 2 Tool Room Addition project, to include design and construction documents of 700 sf of additional space for tool storage, project to include shelves and cabinets: CIP Project No. 20-A020; SPWD Contract No. 113471**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,200.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2020 Leg. Approved CIP's

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

No b. If "No", please explain:

**Doing Business As**

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Benjamin, Adrianna, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	04/22/2020 09:26:13 AM
Division Approval	lwildes	04/22/2020 09:26:16 AM
Department Approval	lwildes	04/22/2020 09:26:19 AM
Contract Manager Approval	lwildes	04/22/2020 09:26:22 AM
Budget Analyst Approval	nkephart	06/05/2020 10:17:06 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23209**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>AM SMITH ELECTRIC INCORPORATED</b>
Agency Code: <b>180</b>	Contractor Name: <b>AM SMITH ELECTRIC INCORPORATED</b>
Appropriation Unit: <b>1385-07</b>	Address: <b>3370 EXECUTIVE POINTE WAY SUITE 43</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89706</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>MELISSA CARON 775-691-8775</b>
	Vendor No.: <b>PUR0002678A</b>
	NV Business ID: <b>NV19801010061</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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 %	<b>X</b>	Fees	<b>100.00 % USER</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **Yes**

If "Yes", please explain

3. Termination Date: **06/30/2024**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Electrical Services**

5. Purpose of contract:

**This is a new contract to provide ongoing electrical installation, repair and maintenance at the Carson City Facility.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical installation, repairs and maintenance services are periodically required.

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

State employees are not certified or experienced in performing 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):

Briggs Electric  
AM Smith Electric  
Intermountain

b. Solicitation Waiver: **Not Applicable**

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

No one else 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?

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 EITS since 2016 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:

John Hannah, Facility Manager III Ph: 775-684-4343

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	05/14/2020 14:43:13 PM
Division Approval	ddav12	05/14/2020 14:43:16 PM
Department Approval	ddav12	05/14/2020 14:43:19 PM
Contract Manager Approval	ddav12	05/14/2020 14:43:24 PM
Budget Analyst Approval	dlenzner	06/11/2020 14:10:42 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: **23298**

Agency Name: <b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name: <b>GARRATT CALLAHAN CO</b>
Agency Code: <b>240</b>	Contractor Name: <b>GARRATT CALLAHAN CO</b>
Appropriation Unit: <b>2561-07</b>	Address: <b>50 INGOLD RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>BURLINGAME, CA 94010-2206</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>650/697-5811</b>
	Vendor No.: <b>T81091351</b>
	NV Business ID: <b>NV20121688270</b>

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

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>65.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.00 % Private pay &amp; county reimbursements</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Water System Maint.**

5. Purpose of contract:

**This is a new contract to install water treatment system upgrades along with ongoing monthly service of the water treatment system at the Southern Nevada State Veterans Home.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,520.00**

Payment for services will be made at the rate of \$3,300.00 per Month

Other basis for payment: \$7,920 will be paid after equipment installation, separately from the aforementioned \$3,300 per month.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Legionella bacterium has been identified in the Las Vegas valley and institutional knowledge of mitigation and eradication is limited. Residents of the Southern Nevada State Veterans home are generally immunocompromised and more susceptible to diseases caused by this bacterium.

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

Nevada Department of Veterans Services employs no staff capable of maintaining this system; SPWD is currently building a knowledge base to better understand the Legionella bacterium and how to minimize its effects on potable water systems.

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

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

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

Not Applicable

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

**Approval #: 200601**

**Approval Date: 06/03/2020**

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

Garratt-Callahan was the only contractor with the knowledge of the bacterium and water treatment system; the only other bidder identified Garratt-Callahan as the subcontractor to perform work in contract.

d. Last bid date: 05/28/2020 Anticipated re-bid date: 07/01/2020

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 maintained specialized water system and ice machine at SNSVH and previously performed same services under SPWD. All work performed as been satisfactory.

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

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

Not Applicable

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

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	06/03/2020 15:27:11 PM
Division Approval	agarland	06/03/2020 15:27:16 PM
Department Approval	agarland	06/03/2020 15:27:19 PM
Contract Manager Approval	agarland	06/03/2020 15:27:23 PM
Budget Analyst Approval	afrantz	06/18/2020 13:55:58 PM



**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

<b>Purchasing Use Only:</b>	
Approval#:	2006010

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>			
	State Agency Name:	Nevada Department of Veterans Services		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Shayne Powell, Grants and Contracts Manager	775-825-9763	powells@veterans.nv.gov
		Joseph Theile, Deputy CFO	775-825-9752	theilej@veterans.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	Identify Vendor:	Garratt Callahan
	Contact Name:	Jay Nordling, District Manager
	Complete Address:	50 Ingold Road, Burlingame, CA 94010
	Telephone Number:	702-759-3240
	Email Address:	Jnordling@g-c.com

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	
	Professional Service Exemption:	XXX

<b>1d</b>	<b>Contract Information:</b>			
	Is this a new Contract?	Yes	X	No
	Amendment:	#Public Works had contractor install under 17-M03 CIP		
	CETS:	#		

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase:	Yes, the contract includes a one (1) time purchase		
	Contract:	Start Date:	July 1, 2020	End Date: June 30, 2021

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	65%
	Other (Explain):	35% Private/County

Purchasing Use Only:

Approval #:

200601 @

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$47,520.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Operation of a Legionella secondary water treatment for the domestic water system serving the building. This is a three-injection pump system that mixes the chemicals on site and maintains the system with a computer notifications system. Monthly inspections, weekly calibration, chemical maintenance. This system is being expanded to include the HVAC water treatment.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>Legionella testing and treatment is a new issue in the Las Vegas valley and the knowledge base is currently limited. The Contractor was selected by SPWD in an open bid selection. The Contractor has knowledge and constructed the specific onsite treatment system.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>Currently the system is operating under NDEP Permit Number NV0000699. SPWD and NDVS are still in the process of modifying this permit with NDEP for long term operations which will require modifications to the system that will take specific knowledge of the system installation.</i>

Were alternative services or commodities evaluated? Check One.		Yes:	X	No:	
5	a. <i>If yes</i> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.				
	<i>Contractors were evaluated during open bidding for SPWD CIP project. Only two contractors bid the project; however, Garratt Callahan was the subcontractor for both prime contractors that submitted a bid. This supports the limited legionella knowledge of contractors currently in the Las Vegas Valley.</i>				
	b. <i>If not</i> , why were alternatives not evaluated?				



Purchasing Use Only:

Approval #:

#200601 (C)

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</b>			Yes:		No:	X
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:						
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)		
			\$				
			\$				
			\$				

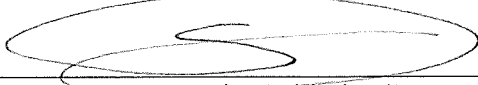
7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b> <i>This system provides all potable water to the Veterans Home (kitchen, showers, drinking, etc.). Water is very regulated and a major concern when a new treatment system is brought on line. If we exceed current standards the Vets Home will be cited, fined and required public notifications.</i>
---	--

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b> <i>The initial system and operator were evaluated by Farr West Engineering and both Farr West Engineering and SPWD reviewed the proposal for pricing. We concur that the pricing matches the request for services.</i>
---	--

9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>			Yes:		No:	X
	a. If yes, please provide details regarding future obligations or needs. <i>NDVS intends to go out to bid (formal RFP) on this contract. However, since this new Chlorine Dioxide System was installed by Garratt Callahan and there appears to be a limited number of companies in the Las Vegas Valley with the testing expertise needed it is possible they could be selected as the vendor of choice by a selection committee.</i>						

<i>Purchasing Use Only:</i>	
Approval #:	120001 (C)

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.



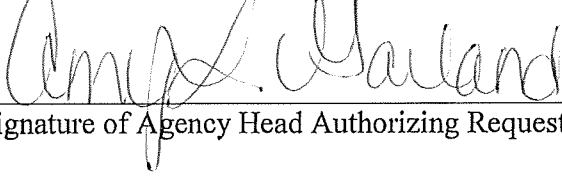
Agency Representative Initiating Request

Shayne Powell, Grants and Contracts Manager

05-28-2020

Print Name of Agency Representative Initiating Request

Date



Signature of Agency Head Authorizing Request

5/28/2020

Amy Garland, Deputy Director Support

05-28-2020

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

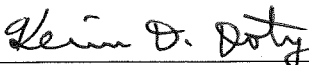
Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or 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 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.

Approved by:



Administrator, Purchasing Division or Designee

6/3/2020

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: **23293**

Agency Name:	<b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name:	COMPUTER PROJECTION SYSTEMS, LLC
Agency Code:	<b>300</b>	Contractor Name:	<b>COMPUTER PROJECTION SYSTEMS, LLC</b>
Appropriation Unit:	<b>2673-26</b>	Address:	<b>DBA CCS PRESENTATION SYSTEMS 2870 S JONES BLVD., STE 3</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89146</b>
If "No" please explain:	Not Applicable	Contact/Phone:	DAVID PETERSON 702-869-0020
		Vendor No.:	PUR0004170
		NV Business ID:	NV19991030769

To what State Fiscal Year(s) will the contract be charged? **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.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/05/2020**

Anticipated BOE meeting date 06/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2020**

Contract term: **25 days**

4. Type of contract: **Contract**

Contract description: **Installation**

5. Purpose of contract:

**This is a new contract to provide the installation of new displays, cameras, monitors and audio equipment at the department's Carson City and Las Vegas offices.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,515.00**

Other basis for payment: Per office location with installation complete

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The department has ordered new equipment that needs to be installed at the Departments Carson City and Las Vegas office.

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 skills to install the equipment in the conference rooms.

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):

TECHNICOM SERVICES INC  
CCS PRESENTATION SYSTEMS  
MAC ELECTRIC, LLC

b. Solicitation Waiver: **Not Applicable**

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

The State Purchasing Division selected the vendor to purchase the equipment for Education and Education got 3 bids for the installation. CCS Presentation systems had the lowest bid.

d. Last bid date: 05/21/2020 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:

2017 Education-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	bfarra2	06/05/2020 11:07:44 AM
Division Approval	bfarra2	06/05/2020 11:07:47 AM
Department Approval	bfarra2	06/05/2020 11:07:50 AM
Contract Manager Approval	bfarra2	06/05/2020 11:07:58 AM
Budget Analyst Approval	mranki1	06/05/2020 15:45:07 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>18568</b>	Amendment Number: <b>1</b>
Agency Name: <b>STATE PUBLIC CHARTER SCHOOL AUTHORITY</b>	Legal Entity Name: <b>SHOUTPOINT INC</b>
Agency Code: <b>315</b>	Contractor Name: <b>SHOUTPOINT INC</b>
Appropriation Unit: <b>2711-26</b>	Address: <b>895 Dove St., Suite 300</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NEWPORT BEACH, CA 92660-2996</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jaime Christiano 877-746-8878</b>
	Vendor No.: <b>T27036162</b>
	NV Business ID: <b>NV20151197683</b>

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

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

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Sponsorship Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2021**

Termination Date:

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Shoutpoint**

5. Purpose of contract:

**This is the first amendment to the original contract to provide an interconnected Voice over Internet Protocol (VoIP) solution for emergency notification. Interconnected VoIP lines can be used for any and all educational purposes that call for dial tone services, including emergency messaging, attendance, weather announcements and broadcast messaging. This amendment increases the maximum amount from \$146,970.00 to \$179,745.00 due to an increased number of VoIP lines required.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$146,970.00	\$146,970.00	\$146,970.00	Yes - Action
2. Amount of current amendment (#1):	\$32,775.00	\$32,775.00	\$32,775.00	Yes - Info
3. New maximum contract amount:	\$179,745.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This product is an add-on service provided by Shoutpoint to Infinite Campus, which is the student information system required to be used by districts and charter schools per NRS 385A.810. This add-on product will allow the state-sponsored charter schools to use the personal data stored within Infinite Campus to auto-dial parents in case of emergency, snow delay, crisis response matter, etc.

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

The State Superintendent of Public Instruction has deemed Infinite Campus the student information system for state public schools. This product is the only one authorized to work within the student information system, Infinite Campus; which is required to be used by districts and charter schools per NRS 385A.810.

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**  
**Approval #: 200602**  
**Approval Date: 06/09/2020**

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:  
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	ablackwe	06/09/2020 14:27:21 PM
Division Approval	ablackwe	06/09/2020 14:27:25 PM
Department Approval	dbowma1	06/09/2020 15:13:35 PM
Contract Manager Approval	ablackwe	06/12/2020 09:55:28 AM

EITS Approval  
Budget Analyst Approval

tgalluzi  
dbaughn

06/12/2020 10:08:54 AM  
06/12/2020 10:10:55 AM

\* Revised 06/09/2020 (1)



STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
Purchasing Division

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

Purchasing Use Only:	
Approval#:	200607 (1)

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 Name:	State Public Charter School Authority		
		Contact Name and Title	Phone Number	Email Address
		Audra Blackwell	775-687-9165	audrab@spsca.nv.gov

1b	Vendor Information:	
	Identify Vendor:	Shoutpoint, Inc.
	Contact Name:	Jaime Christiano
	Complete Address:	4695 MacArthur Ct., Ste. 930, Long Beach, CA 92660
	Telephone Number:	877-746-8878
	Email Address:	Schools@shoutpoint.com

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

1d	Contract Information:			
	Is this a new Contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/>
	Amendment:	#1		
	CETS:	#18568		

1e	Term:				
	One (1) Time Purchase:	<input type="checkbox"/>			
	Contract:	Start Date:	July 1, 2017	End Date:	June 30, 2021

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	Sponsorship Fees



\* Revised 06/09/2020 @

DB 6/8/2020  
 \$ 179,745.00 Kdd 6/9/20

Purchasing Use Only:	
Approval #:	200602C

1g Total Estimated Value of this Service Contract, Amendment or Purchase:  
~~\$179,400.00 total for 4-year term - this amendment request adds \$32,430.00 to the existing contract of \$146,970.00 and this is the only change of this amendment request.~~ 32,775.00 DB 6/8/2020 Kdd 6/9/20

2 Provide a description of work/services to be performed or commodity/good to be purchased:  
 This product is an add-on service provided by Shoutpoint to Infinite Campus, which is the student information system required to be used by districts and charter schools per NRS 386.650. This add-on product will allow the state-sponsored charter schools to use the personal data stored within Infinite Campus to auto-dial parents in case of emergency, snow delay, crisis response matter, etc.

3 What are the unique features/qualifications required for this service or good that are not available from any other vendor:  
 The State Superintendent of Public Instruction has deemed Infinite Campus the student information system for state public schools. This product is the only one authorized to work within the student information system, Infinite Campus; which is required to be used by districts and charter schools per NRS 386.650.

4 Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:  
 The State Superintendent of Public Instruction has deemed Infinite Campus the student information system for state public schools. This product is the only one authorized to work within the student information system, Infinite Campus; which is required to be used by districts and charter schools per NRS 386.650.

5	Were alternative services or commodities evaluated? Check One.	Yes:	No:	X
	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.			
	b. <u>If not</u> , why were alternatives not evaluated? This product is the only one authorized to work within the student information system, Infinite Campus; which is required to be used by districts and charter schools per NRS 386.650.			

\*Revised 01/29/2020 @

Purchasing Use Only:	
Approval #:	20160202

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 #)		
	7/1/17	6/30/21	\$265,305	VoIP emergency notification	Waiver #170401		
	7/1/16	6/30/17	\$34,155	VoIP emergency notification	Waiver #150501A		
	7/1/15	6/30/16	\$33,600	VoIP emergency notification	Waiver #150501		
		\$					
		\$					

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	The State Public Charter School Authority sponsored charter schools will not have an auto-dialer system that utilizes the up-to-date information within the student information system Infinite Campus. The sponsored schools will not be able to auto-dial parents in case of emergency, snow delay, crisis response matter, etc.

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?
	This product is the only one authorized to work within the student information system, Infinite Campus; which is required to be used by districts and charter schools per NRS 386.650.

9	Will this purchase obligate the State to this vendor for future purchases? Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.	Yes:	X	No:	
	a. If yes, please provide details regarding future obligations or needs.				
	The State Superintendent of Public Instruction has deemed Infinite Campus the student information system for state public schools. This product enhances IC's ability to serve students and families in case of emergency.				

\* Revised 06/09/2020 @

Purchasing Use Only:	
Approval #:	200602 @

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.

Audra Blackwell  
Agency Representative Initiating Request

Audra Blackwell 5/28/2020  
Print Name of Agency Representative Initiating Request Date

Debbie Bowman for Rebecca Seiden  
Signature of Agency Head Authorizing Request

Debbie Bowman 5/29/2020  
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 or 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 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.

Approved by:

Kevin D. Doty  
Administrator, Purchasing Division or Designee

6/3/2020  
Date  
KDD  
6/9/20  
Page 4

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23233**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	SHI INTERNATIONAL CORP
Agency Code:	<b>402</b>	Contractor Name:	<b>SHI INTERNATIONAL CORP</b>
Appropriation Unit:	<b>3151-04</b>	Address:	<b>1125 17TH ST STE 730</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>DENVER, CO 80202-2050</b>
If "No" please explain:	Not Applicable	Contact/Phone:	303/723-5256
		Vendor No.:	PUR0001595C
		NV Business ID:	NV20131129294

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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

<input checked="" type="checkbox"/>	General Funds	<b>20.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>80.00 % Cost Allocation</b>

Agency Reference #: 402

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/23/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 7 days**

4. Type of contract: **Other (include description): Cloud Services Contract**

Contract description: **IT Risk Mitigation**

5. Purpose of contract:

**This is a new contract to provide risk mitigation and security-as-a-service to secure assets in response to the agencies workforce telecommuting and working from home.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$46,182.73**

Other basis for payment: As Invoiced per Contract

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The investment purpose and urgency to complete this planned project became a priority literally overnight, as the State of Nevada workforce was transferred in its entirety from centralized office duty stations to telecommuting from home by order of the Governor in response to the COVID19 crisis.

As the workforce has become entirely mobile and connected to the State's intranet by VPN, the endpoints of the State network have become less protected and more vulnerable to malicious activity.

Additionally, there is no utility in place which can detect a past incident or an active threat on mobile devices and then sever the connection or investigate the occurrence. The Information Security Officer ITP III position at ADSD IT is currently vacant, and has proven to be very difficult to fill. At this juncture, there is a hiring freeze due to the COVID 19 situation and will likely remain vacant indefinitely.

This solution will allow centralized IT (EITS or ADSD) to enable centralized shut down / blockage of services to intelligence for users and endpoints, cloud, applications, records events and incidents, logs, alerts, analysis and respond to attacks during and after occurrence, perform hunting with real time correlation.

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

The skills necessary to create an internal solution are outside the core competencies of State IT 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. Solicitation Waiver: **Not Applicable**

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

Vendor located among qualified fulfillment partners through our NASPO Cloud Services Contract.

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

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

SHI has other Cloud Service Contracts with the State.

14. Is the contractor currently involved in litigation with the State 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	amanocha	05/18/2020 14:50:41 PM
Division Approval	rhage1	05/18/2020 14:53:31 PM
Department Approval	mwinebar	05/28/2020 13:44:09 PM
Contract Manager Approval	maceved1	05/28/2020 16:27:56 PM
EITS Approval	tgalluzi	06/01/2020 08:35:28 AM
Budget Analyst Approval	bwooldri	06/23/2020 09:10:43 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: **23221**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	<b>ACE WORLD WIDE MOVING&amp;STORAGE</b>
Agency Code:	<b>402</b>	Contractor Name:	<b>ACE WORLD WIDE MOVING&amp;STORAGE</b>
Appropriation Unit:	<b>3266-04</b>	Address:	<b>1841 E CRAIG RD</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>NORTH LAS VEGAS, NV 89030-3392</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>NICK PIZZARIELLO 702-415-8289</b>
		Vendor No.:	<b>T29027950A</b>
		NV Business ID:	<b>NV20001477028</b>

To what State Fiscal Year(s) will the contract be charged? **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.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 402

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/20/2020**

Anticipated BOE meeting date 06/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/01/2020**

Contract term: **12 days**

4. Type of contract: **Contract**

Contract description: **Moving Services**

5. Purpose of contract:

**This is a new contract to provide moving services from our expiring leased facilities at 1820 & 1860 E. Sahara Ave. to our new facilities at 3320 W. Sahara Ave.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,508.00**

Other basis for payment: As Invoiced per Attachment AA

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Our current lease will expire on May 30, 2020 and we need to remove all of our furniture/belongings before this date to our new leased facilities.

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

State employees do not provide this service.

9. Were quotes or proposals solicited? Yes

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

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

Move 4 Less  
Berger Allied  
Ace World Wide Moving & Storage

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected due to better pricing and better services.

d. Last bid date: 05/08/2020 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:

DCFS has a contract with the vendor with an effective date of May 13, 2020. Too early to determine if 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:  
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	amanocha	05/12/2020 11:39:41 AM
Division Approval	rhage1	05/12/2020 12:41:46 PM
Department Approval	mwinebar	05/13/2020 15:00:50 PM
Contract Manager Approval	macedved1	05/14/2020 16:06:52 PM
Budget Analyst Approval	jyou23	05/19/2020 17:55:41 PM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23155**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>EC Construction LLC</b>
Agency Code: <b>406</b>	Contractor Name: <b>EC Construction LLC</b>
Appropriation Unit: <b>3162-95</b>	Address: <b>105 E PARR BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89512-4266</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Bryan Johnson 775-345-5822</b>
	Vendor No.: <b>T29014945</b>
	NV Business ID: <b>NV19981014680</b>
To what State Fiscal Year(s) will the contract be charged? <b>2020</b>	
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
<input checked="" type="checkbox"/> General Funds <b>100.00 %</b>	Fees <b>0.00 %</b>
<input type="checkbox"/> Federal Funds <b>0.00 %</b>	Bonds <b>0.00 %</b>
<input type="checkbox"/> Highway Funds <b>0.00 %</b>	Other funding <b>0.00 %</b>
Agency Reference #: <b>C 17632</b>	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/16/2020**  
 Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2020**

Contract term: **14 days**

4. Type of contract: **Contract**

Contract description: **Kitchen remodel**

5. Purpose of contract:

**This is a new contract to provide remodeling of counter tops, cabinets, and kitchen island in building 8A on the Reno campus.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,436.54**

Payment for services will be made at the rate of \$17,436.54 per Attachment A

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The kitchen remodel is needed to meet CARF accreditation and HCQC licensing requirements. The services provided must be in coordination of asbestos abatement. The kitchen for Building 8A is in support of a psychiatric residential treatment center.

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

Current staff do not have the specialized equipment, tools and expertise to perform this renovation.

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 G Construction, Inc.  
EC Construction, LLC  
Avilla Construction

b. Solicitation Waiver: **Not Applicable**

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

Vendor scored highest from the evaluation committee.

d. Last bid date: 04/09/2020 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

State Administration, satisfactory, December 2018

14. Is the contractor currently involved in litigation with the State 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:

Andy Chao, null Ph: null

Imran Hyman, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	chadwic1	06/09/2020 13:12:59 PM
Division Approval	chadwic1	06/09/2020 13:13:01 PM
Department Approval	mwinebar	06/10/2020 13:43:04 PM
Contract Manager Approval	tgrundy	06/10/2020 16:11:18 PM
Budget Analyst Approval	afrantz	06/16/2020 07:58:36 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: **22924**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>Netsmart Technologies, Inc.</b>
Agency Code: <b>406</b>	Contractor Name: <b>Netsmart Technologies, Inc.</b>
Appropriation Unit: <b>3168-26</b>	Address: <b>4950 College Boulevard</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Overland Park, KS 66211</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Blake Robinson 913-202-1660</b>
	Vendor No.: <b>PUR0003686A</b>
	NV Business ID: <b>NV20101021052</b>

To what State Fiscal Year(s) will the contract be charged? **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.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C17610**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/27/2020**

Anticipated BOE meeting date **06/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2020**

Contract term: **34 days**

4. Type of contract: **Contract**

Contract description: **Data Extraction**

5. Purpose of contract:

**This is a new contract to provide data extraction services of provider-specific data from the Netsmart Hosted myAvatar database to allow providers to download their data to their own system.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,800.00**

Payment for services will be made at the rate of \$17,800.00 per Completion and Acceptance

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Public and Behavioral Health (DPBH) currently provides access to and use of the Netsmart myAvatar Electronic Health Record (EHR) for various community providers. The DPBH Substance Abuse, Prevention and Treatment Agency (SAPTA) also provides access to and use of this EHR functionality for several of its community substance abuse treatment providers (each provider does this through the monetary maintenance of their own Root System Code). Recently, the Nevada DPBH SAPTA Program has made the decision to no longer provide for the access and use of the myAvatar Electronic Health Record (EHR) for community substance abuse treatment providers. As a result, all SAPTA providers currently using myAvatar have been notified that their SAPTA Root System Code will be removed from the Netsmart myAvatar solution no later than June 30, 2020, and that they will need to choose another vendor to host their EHR. Accordingly, Nevada will need to provide the data currently housed in each myAvatar Root System Code to each individual community substance abuse treatment provider. The purpose of this project is to enter into a contract with Netsmart to extract the data from each Root System Code and provide SFTP access to each community provider to download their data to their own system.

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 expertise or have rights to the proprietary software.

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):

N/A

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

**Approval #: 200302**

**Approval Date: 03/06/2020**

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

myAvatar is proprietary Netsmart software. Other vendors do not have access to the Netsmart Plexus cloud including the software application, interfaces and 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?

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

Vendor has provided services for DPBH since 7/04 - 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	ttilto1	04/14/2020 16:18:19 PM
Division Approval	chadwic1	05/12/2020 17:22:14 PM
Department Approval	mwinebar	05/12/2020 17:22:47 PM
Contract Manager Approval	tgrundy	05/13/2020 08:42:03 AM
EITS Approval	tgalluzi	05/13/2020 09:33:14 AM





**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
Purchasing Division**

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

<b>Purchasing Use Only:</b>	
Approval#:	200302

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>			
	State Agency Name:	Division of Public and Behavioral Health		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		DPBH Contract Unit	(775) 684-5915	contractunit@health.nv.gov
		Jeff Rahme, IT Professional 4	(775) 684-5988	jrahme@health.nv.gov
	Erin Williams, IT Manager 3	(775) 684-4213	williams@health.nv.gov	

1b	<b>Vendor Information:</b>	
	Identify Vendor:	Netsmart Technologies
	Contact Name:	Cheryl Riddle
	Complete Address:	4950 College Boulevard Overland Park, KS 66211
	Telephone Number:	(913) 242-6290
	Email Address:	contracts@ntst.com

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

1d	<b>Contract Information:</b>			
	Is this a new Contract?	Yes	X	No
	Amendment:	#		
	CETS:	#		

1e	<b>Term:</b>			
	One (1) Time Purchase:			
	Contract: X	Start Date:	Upon Approval	End Date: 6/30/2020

1f	<b>Funding:</b>	
	State Appropriated:	X
	Federal Funds:	
	Grant Funds:	

Rec'd 03/02/2020@

Other (Explain):	
------------------	--

<i>Purchasing Use Only:</i>	
Approval #:	200302

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$17,800

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<p>The Nevada Division of Public and Behavioral Health (DPBH) currently provides access to and use of the Netsmart myAvatar Electronic Health Record (EHR) for various community providers. The DPBH Substance Abuse, Prevention and Treatment Agency (SAPTA) also provides access to and use of this EHR functionality for several of its community substance abuse treatment providers (each provider does this through the monetary maintenance of their own "Root System Code"). Recently, the Nevada DPBH SAPTA Program has made the decision to no longer provide for the access and use of the myAvatar Electronic Health Record (EHR) for community substance abuse treatment providers. As a result, all SAPTA providers currently using myAvatar have been notified that their SAPTA Root System Code will be removed from the Netsmart myAvatar solution no later than June 30, 2020, and that they will need to choose another vendor to host their EHR. Accordingly, Nevada will need to provide the data currently housed in each myAvatar Root System Code to each individual community substance abuse treatment provider. The purpose of this project is to enter into a contract with Netsmart to extract the data from each Root System Code and provide SFTP access to each community provider to download their data to their own system.</p>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<p>The DPBH SAPTA providers have exclusively used the Netsmart myAvatar Electronic Health Record (EHR) to record patient personal and clinical information. myAvatar and the backend database are proprietary software solutions developed and hosted by Netsmart. The data to be extracted for the SAPTA providers securely resides in the Netsmart Plexus cloud database and is not accessible to other vendors. Each Root System Code dataset will be converted from the Cache database into an individual provider SQL dataset which will then be loaded into the appropriate Netsmart SFTP provider folder. Each specific provider will only have permission to access to their own SFTP folder.</p>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<p>myAvatar is proprietary Netsmart software. Other vendors do not have access to the Netsmart Plexus cloud including the software application, interfaces and database. If another vendor were chosen to provide the extraction services, they would be required to obtain permission from Netsmart and would be charged for a connection to the Netsmart Plexus Cloud where the myAvatar software and database are hosted, or the State would be charged to have Netsmart create a copy of the data and provide it to the State. Historically, Netsmart has charged large fees for professional services and rights to connect to their Plexus Cloud. The other vendor would then have to learn the structure of the Cache database and data and learn how to create the extract to SQL. The data would have to be ported from the Plexus</p>

#200302

Cloud to another SFTP site which inherently assumes a higher risk of data breach both in the transit and storage of the data. Project risk and hourly costs would be greatly minimized if Netsmart were to perform the extraction and data posting services because they will have staff experts performing the database analysis, creating the data interface form, performing the extractions and posting to their internal SFTP site. Netsmart would then also create the folder permissions in their SFTP site which would ensure that only the proper staff from each provider has access to only their data.

Were alternative services or commodities evaluated? Check One.		Yes:	No:	X
a. <u><i>If yes</i></u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.				
b. <u><i>If not</i></u> , why were alternatives not evaluated?				
5	Netsmart myAvatar is a proprietary product developed exclusively by Netsmart Technologies. Netsmart's intimate knowledge of the software and database will result in significant savings to the State regarding this project's investments relating to budget, analysis, configuration and extraction. Having Netsmart perform these services in their own proprietary software and cloud will result in a considerable reduction to data integrity issues and risks. Even if another vendor were considered for these services, it is unlikely that Netsmart would allow third-party to access their environment. If, however, Netsmart did allow access or agreed to provide a copy of the data, the high fees that Netsmart would charge could prevent the execution of this contract.			



Purchasing Use Only:

Approval #:

200302

<p><b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</b></p>					Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
<p>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:</p>								
6	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)			
	Approval	6/30/2023	\$100,699.00	Scriptlink-MyAvatar	Waiver#200109			
	8/14/18	8/13/2022	\$545,328.10	Lab Info Services-MyAvatar	Waiver#180203			
	4/10/18	6/30/2022	\$2,400,000.00	Medication MGMT Sys.-MyAvatar	Waiver#170703			
	12/20/16	12/12/2021	\$2,753,513.34	Leased Pharmaceutical Equip.	RFP#3249			
			\$					

<p><b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b></p>	
7	<p>If this waiver is denied, it is highly unlikely that the data extraction would be possible at a reasonable cost and risk level. Netsmart would charge the State for a copy of the data and, if we requested it in a format other than Cache, they would charge us to convert it as well. The State would then need to enter into a contract with another vendor which would need to analyze the data and structure, develop a plan for extraction, perform the extraction and then post it on a secure site. If the vendor was not able to successfully perform the data extraction and Nevada and the SAPTA providers were no longer able to access the data in the Netsmart Plexus cloud, the SAPTA providers would be out of Federal compliance since providers must be able to access and download their data for historical purposes and must comply with State and Federal Record Retention policies.</p>

<p><b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b></p>	
8	<p>Since Netsmart myAvatar is a proprietary product developed exclusively by Netsmart Technologies, logically their team would be the best choice to perform the extraction. Costs for Netsmart's professional services are comparable to the State of Nevada's MSA contractor negotiated rates.</p>

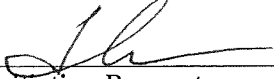
<p><b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b></p>					Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
9	<p>a. If yes, please provide details regarding future obligations or needs.</p>							

Purchasing Use Only:

Approval #:

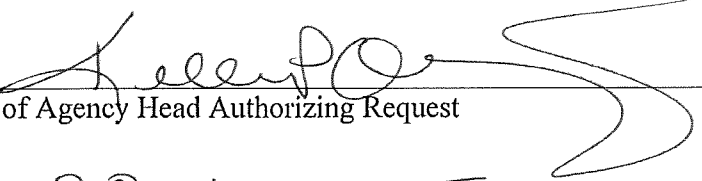
200302

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

THOMAS TILTON, DPBH CONTRACT MGR  
Print Name of Agency Representative Initiating Request

2/20/2020  
Date

  
Signature of Agency Head Authorizing Request

Kelli P. Quintero - ASO III  
Print Name of Agency Head Authorizing Request

02/28/2020  
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 or 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 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.

Approved by:

  
Administrator, Purchasing Division or Designee

3/6/2020  
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: **23130**

Agency Name: <b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name: <b>COMPUTER PROJECTION SYSTEMS</b>
Agency Code: <b>407</b>	Contractor Name: <b>COMPUTER PROJECTION SYSTEMS</b>
Appropriation Unit: <b>3228-26</b>	Address: <b>DBA CCS PRESENTATION SYSTEMS 2870 S JONES BLVD STE 3</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89146</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702/869-0020</b>
	Vendor No.: <b>T29006110</b>
	NV Business ID: <b>NV19991030769</b>

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

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

<input checked="" type="checkbox"/> General Funds	<b>30.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>70.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/12/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2020**

Contract term: **18 days**

4. Type of contract: **Contract**

Contract description: **AV Equipment Install**

5. Purpose of contract:

**This is a new contract to provide installation and integration of audiovisual equipment in conference rooms located in DWSS Central Office and the Southern Professional Development Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,222.00**

Other basis for payment: Actual per invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Previously purchased audiovisual equipment needs to be installed and integrated for use with DWSS's telephone, video conferencing, WebEx, PC, and presentation capabilities.

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 install and integrate the audiovisual equipment.

9. Were quotes or proposals solicited? **Yes**

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

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

Vision Control Associates of NV, Inc  
CCS Presentation Systems  
Sound Planning Distributors Inc.

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected through solicitation number 40DHHS-S432.

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

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

Previously under contract with DWSS and provided 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:

Rick Nguyen, ITP 3 Ph: 775-684-0600

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	05/26/2020 09:53:59 AM
Division Approval	bberry	05/26/2020 10:28:02 AM
Department Approval	mwinebar	05/26/2020 11:03:36 AM
Contract Manager Approval	sjon23	05/26/2020 11:08:47 AM
EITS Approval	tgalluzi	05/27/2020 14:30:37 PM
Budget Analyst Approval	bwooldri	06/12/2020 16:39:00 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>19838</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name: <b>DATA BUILDERS, INC.</b>
Agency Code: <b>407</b>	Contractor Name: <b>DATA BUILDERS, INC.</b>
Appropriation Unit: <b>3228-26</b>	Address: <b>43180 BUSINESS PARK DRIVE SUITE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>TEMECULA, CA 92590</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>951/699-0777</b>
	Vendor No.: <b>PUR0004208A</b>
	NV Business ID: <b>NV20131523313</b>

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.

<input checked="" type="checkbox"/> General Funds	<b>30.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>70.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/14/2018**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **1 year and 321 days**

4. Type of contract: **Contract**

Contract description: **Q5i Hearings Databas**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing support, licensing, maintenance and modifications for the Program Review and Evaluation's Q5i hearings database. This amendment extends the termination date from June 30, 2020 to June 30, 2022 increases the maximum amount from \$52,370 to \$94,685.20 and revises Attachment B - Statement of Work 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:	\$52,370.00	\$52,370.00	\$52,370.00	Yes - Action
2. Amount of current amendment (#1):	\$42,315.20	\$42,315.20	\$42,315.20	Yes - Info
3. New maximum contract amount:	\$94,685.20			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Q5i hearings system must be maintained to continue to meet the needs of the program and State/Federal guidelines.

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

State employees do not have the resources or expertise to provide this service.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

This system was previously purchased/installed and in use by the State.

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

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

Currently under contract with DWSS 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:  
 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	dsorensen	05/28/2020 09:38:39 AM
Division Approval	bberry	06/08/2020 17:23:36 PM
Department Approval	mwinebar	06/10/2020 17:57:34 PM
Contract Manager Approval	mpomerle	06/12/2020 10:23:54 AM
EITS Approval	tgalluzi	06/16/2020 08:10:43 AM
Budget Analyst Approval	bwooldri	06/16/2020 09:04:53 AM

Steve Sisolak  
Governor



Laura E. Freed  
Director  
Colleen Murphy  
Deputy Director  
David Haws  
Administrator

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Steve Fisher, Administrator, DWSS  
Bart London, Chief IT Manager, DWSS  
John Taft, ITM III, DWSS  
Dara Ludi, ASO III, DWSS

**CC:** David Haws, Administrator, EITS, DOA  
David Axtell, Chief Enterprise Architect, EITS, DOA

**FROM:** Timothy Galluzi, Technology Investment Administrator, DOA, EITS

**SUBJECT:** TIN Review Completed – *DWSS - Data Builders Contract (Q5i)*– T322876

**DATE:** June 08, 2020

We have completed the review for Division of Welfare and Supportive Services (DWSS) – *Data Builders Contract (Q5i)* TIN.

The submitted TIN, for an estimated value of \$52,370, supports the budgeted maintenance, licensing or consulting agreement already in use by the agency.

Q5i is a federally approved quality assurance (QA) system used by DWSS QC for over 15 years. This system is used for case load error reporting to the federal government. The system is also used to track hearing information. DWSS is required to use a QA system for reporting.

If there are to be any changes to enterprise services, please notify EITS as soon as possible.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22799**

Agency Name: <b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name: <b>WESTERN MICHIGAN UNIVERSITY</b>
Agency Code: <b>407</b>	Contractor Name: <b>WESTERN MICHIGAN UNIVERSITY</b>
Appropriation Unit: <b>3228-42</b>	Address: <b>1903 W MICHIGAN AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>KALAMAZOO, MI 49008-5200</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>269/387-4255</b>
	Vendor No.: <b>T27023477</b>
	NV Business ID: <b>Gov't Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **Yes**

If "Yes", please explain

**Per federal guidance for SNAP-Ed, States are mandated to coordinate with federal nutrition programs to further the reach and impact of SNAP-Ed activities. In SFY 2019 the Nevada Division of Public and Behavioral Health, Women, Infants, and Children's unit implemented a contract with Western Michigan University to create the nutrition education website with the expectation that DWSS would assume the contract for the website maintenance. Due to staffing vacancies this was delayed.**

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

Contract term: **212 days**

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

Contract description: **SNAP-Ed Web Platform**

5. Purpose of contract:

**This is a new contract to provide the continuation and maintenance for the Nevada SNAP-Ed web platform (myHealthySNAP.org) and online nutrition training modules to educate target populations regarding the benefits of using both SNAP and WIC food benefits to purchase healthy, nutritious foods.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,800.00**

Other basis for payment: **Actual per invoice**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Per federal guidance for SNAP-Ed, DWSS is mandated to coordinate with federal nutrition programs to further the reach and impact of SNAP-Ed activities.**

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

**Staff do not have the expertise to provide these services.**

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

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



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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

This is a public entity.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

Previously under contract with DPBH and provided 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 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:

Tonya Wolf, Nutrition Specialist Ph: 775-684-2451

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	01/16/2020 14:20:39 PM
Division Approval	bberry	05/26/2020 13:51:05 PM
Department Approval	mwinebar	06/03/2020 10:32:54 AM
Contract Manager Approval	sjon23	06/09/2020 09:29:39 AM
Budget Analyst Approval	bwooldri	06/22/2020 09:49:19 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: **23244**

Agency Name: <b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name: <b>NEPPER, RICHARD L</b>
Agency Code: <b>407</b>	Contractor Name: <b>NEPPER, RICHARD L</b>
Appropriation Unit: <b>3233-07</b>	Address: <b>PO BOX 62</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HAWTHORNE, NV 89415-0062</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/945-2440</b>
	Vendor No.: <b>T32005089</b>
	NV Business ID: <b>NV20171370894</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

<b>X</b> General Funds	<b>30.00 %</b>	Fees	0.00 %
<b>X</b> Federal Funds	<b>70.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

**This is a new contract to provide ongoing janitorial services for the division's office in Hawthorne.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,400.00**

Payment for services will be made at the rate of \$600.00 per Month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial services are required for a clean and sanitary environment for DWSS staff and clients.

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

State Buildings and Grounds does not provide this service to rural areas.

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):

Opportunity Village ARC  
McNeil's Cleaning Services  
Nepper, Richard

b. Solicitation Waiver: **Not Applicable**

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

Selected vendor was the sole bidder.

d. Last bid date: 02/27/2020 Anticipated re-bid date: 11/15/2021

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:

Currently under contract with the Division of Welfare and Supportive services and providing satisfactory janitorial services. Currently under contract with the Division of Public and Behavioral Health services and providing satisfactory janitorial services. Contracted with Department of Motor Vehicles and provided satisfactory janitorial 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: 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:

Patrick Smorra, Management Analyst Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorensen	05/26/2020 15:54:52 PM
Division Approval	bberry	06/08/2020 17:20:26 PM
Department Approval	mwinebar	06/10/2020 14:45:55 PM
Contract Manager Approval	mpomerle	06/12/2020 10:17:46 AM
Budget Analyst Approval	bwooldri	06/17/2020 18:41:25 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **21201** Amendment Number: **2**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **PUBLIC CONSULTING GROUP, INC.**

Agency Code: **409** Contractor Name: **PUBLIC CONSULTING GROUP, INC.**

Appropriation Unit: **3143-26** Address: **148 State Street, 10th Floor**

Is budget authority available?: **Yes** City/State/Zip: **Boston, MA 02109-2510**

If "No" please explain: **Not Applicable** Contact/Phone: **Justine O'Connor-Petts 919-576-2264**

Vendor No.: **T32000898**

NV Business ID: **NV20021466314**

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.

<input checked="" type="checkbox"/> General Funds	<b>59.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>41.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 06/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **2 years and 180 days**

4. Type of contract: **Contract**

Contract description: **AlloCAP/CAP Services**

5. Purpose of contract:

**This is the second amendment to the original contract which provides ongoing AlloCAP and cost allocation related to Child Welfare and Children's Mental Health Programs. This amendment extends the termination date from June 30, 2020 to June 30, 2021 and increases the maximum amount from \$117,733 to \$145,733, with a 1-year option to renew, 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:	\$103,442.00	\$103,442.00	\$103,442.00	Yes - Action
a. Amendment 1:	\$14,291.00	\$14,291.00	\$14,291.00	Yes - Info
2. Amount of current amendment (#2):	\$28,000.00	\$28,000.00	\$42,291.00	Yes - Info
3. New maximum contract amount:	\$145,733.00			
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?

DCFS requires a cost allocation system to perform cost allocation activities in compliance with federal regulations to equitably assess costs across multiple funding sources.

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

The State does not have a cost allocation system, thus a vendor is necessary to provide the cost allocation software and support.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

**Approval #: 180303**

**Approval Date: 03/15/2018**

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

Solicitation Waiver 180303 approved by Purchasing Division Administrator on 03/15/18.

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

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

DCFS FY14 and FY19-FY20 (under licensing agreement from FY15-FY18) - Services were satisfactory. In addition to DCFS, this system is also utilized by the Department of Education and other Divisions within the Department of Health and Human Services.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	04/24/2020 16:34:06 PM
Division Approval	knielsen	05/15/2020 12:23:36 PM

Department Approval	mwinebar	06/03/2020 12:54:55 PM
Contract Manager Approval	sknigge	06/03/2020 15:20:40 PM
EITS Approval	tgalluzi	06/09/2020 16:51:24 PM
Budget Analyst Approval	laaron	06/17/2020 17:43:26 PM

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



Brian Sandoval  
 Governor  
 Patrick Cates  
 Director  
 Jeffrey Haag  
 Administrator

<b>Purchasing Use Only:</b>	
Approval#:	180303

### SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>			
	State Agency:	Department of Health and Human Services All Divisions		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Rick Morse, DPBH Contract Manager	775-684-5932	rmorse@health.nv.gov

<b>Vendor Information:</b>	
Identify Vendor:	Public Consulting Group, Inc. (PCG)
Contact Name:	Kara Hammer
Address:	148 State Street, 10 <sup>th</sup> Floor, Boston, MA 02109
Telephone Number:	617-426-2026 ext. 1386
Email Address:	khammer@pcgus.com

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

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

1e	<b>Term:</b>			
	One (1) Time Purchase:	<input type="checkbox"/>		
	Contract:	Start Date:	11/1/2018	End Date:

1f	<b>Funding:</b>	
	State Appropriated:	50%
	Federal Funds:	50%
	Grant Funds:	
	Other (Explain):	

1g	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>	
	\$3,000,000.00	

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>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.</i>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<i>PCG developed and owns proprietary rights to the AlloCAP software used by every DHHS division for Medicare/Medicaid billing and other cost allocation activities.</i>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>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.</i>
	<i>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.</i>
	<i>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).</i>

5	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				
	<i>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.</i>				



6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers <u>MUST</u> accompany this request.</b>			Yes:	X	No:	
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFO#, Waiver #)</i>		
	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	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<i>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.</i>

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>The services of PCG were previously solicited through a Solicitation Waiver #140807.</i>  <b>Recommend the following language:</b> <i>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.</i>

9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>			Yes:	X	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i> <i>The current web-based system requires annual maintenance and hosting fees.</i>						

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

Richard Morse  
Agency Representative Initiating Request

Rick Morse, Division Contract Manager (DPBH)  
Print Name of Agency Representative Initiating Request

2/6/18  
Date

[Signature]  
Signature of Agency Head Authorizing Request

Mark Winebarger, ASO IV  
Print Name of Agency Head Authorizing Request

2-6-18  
Date

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

\_\_\_\_\_  
Name of agency or entity who provided information or review:

\_\_\_\_\_  
Representative Providing Review

\_\_\_\_\_  
Print Name of Representative Providing Review

\_\_\_\_\_  
Date

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

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

Signed: [Signature]  
Administrator, Purchasing Division or Designee

3-15-2018  
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: **23210**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>CHILD FAMILY MENTAL HEALTH LLC</b>
Agency Code: <b>409</b>	Contractor Name: <b>CHILD FAMILY MENTAL HEALTH LLC</b>
Appropriation Unit: <b>3229-44</b>	Address: <b>2884 SAN JUAN CIR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>MINDEN, NV 89423-7849</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Janet Cahill 609/923-1592</b>
	Vendor No.: <b>T27034526</b>
	NV Business ID: <b>NV20141186714</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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

<input checked="" type="checkbox"/> General Funds	<b>25.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>75.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/05/2020**  
Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**  
Contract term: **1 year and 25 days**

4. Type of contract: **Contract**  
Contract description: **Training Services**

5. Purpose of contract:

**This is a new contract to provide evidence-based and strongly supported trainings to therapists in rural Nevada to improve outcomes for children and families in crisis. Trainings will be provided in Carson City, Elko, Fallon and Pahrump.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,800.00**  
Payment for services will be made at the rate of \$800.00 per day  
Other basis for payment: \$800 per day; 13 2-day trainings = 26 training days @ \$800/day = \$20,800

#### II. JUSTIFICATION

7. What conditions require that this work be done?

A contract is needed to provide training to therapists that have proven successful to outcomes for children and families in rural Nevada and; to provide advanced training to therapists that have completed the initial training to advance their skills. Rural Nevada experiences regular turn-over of the private therapists, agency mental health professionals and child welfare staff, so the ability to provide continued training is essential to the success, safety and well-being of the families we serve.

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 required to provide training in evidence-based treatment modalities.

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

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

Dr. Valerie Gaus  
Dr. Janet Cahill  
Beck Cognitive Behavior

b. Solicitation Waiver: **Not Applicable**

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

The selected vendor was the lowest responsible vendor to agree to provide the services.

d. Last bid date: 03/12/2020 Anticipated re-bid date: 03/01/2021

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

The vendor has been under contract through Provider Agreements with the Division. Services have been satisfactory.

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

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

Not Applicable

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

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:

Maria Hickey, Social Services Program Specialist 3 Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	05/28/2020 10:53:30 AM
Division Approval	knielsen	06/01/2020 21:13:12 PM
Department Approval	mwinebar	06/03/2020 11:21:40 AM
Contract Manager Approval	sknigge	06/03/2020 16:22:24 PM
Budget Analyst Approval	jyou23	06/05/2020 13:24:24 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: <b>21746</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>University of Maryland</b>
Agency Code: <b>409</b>	Contractor Name: <b>University of Maryland</b>
Appropriation Unit: <b>3229-44</b>	Address: <b>U of Maryland Baltimore Campus 620 West Lexington St, 4th Flr Baltimore, MD 21201-1501</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Baltimore, MD 21201-1501</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Denise Sulzbach 410-706-6723</b>
	Vendor No.: <b>T80997434</b>
	NV Business ID: <b>Governmental Entity</b>

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.

<input checked="" type="checkbox"/> General Funds	<b>25.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>75.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/13/2019**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **1 year and 80 days**

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

Contract description: **FFPSA Assistance**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides professional technical assistance to the state in the planning and implementation of the Family First Prevention Services Act. This amendment extends the termination date from June 30, 2020 to August 31, 2020 and increases the maximum amount from \$157,000 to \$197,400 to continue Family First implementation integrated with the System of Care.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$157,000.00	\$157,000.00	\$157,000.00	Yes - Action
2. Amount of current amendment (#1):	\$40,400.00	\$40,400.00	\$40,400.00	Yes - Info
3. New maximum contract amount:	\$197,400.00			
and/or the termination date of the original contract has changed to:	08/31/2020			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The provisions of the Family First Prevention Services Act (FFPSA) are significant changes to the current status of the Nevada child welfare system. Even with county participation, the teams brought together to plan for implementation have faced significant barriers to progress including lack of training/ability to be successful. The use of professional contractors for the implementation of FFPSA is common practice nationwide, and the proposed contractors work closely with the federal government and multiple other states on the particular initiative, and are therefore well equipped to assist Nevada.

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 knowledge base and experience in this type of large scale implementation.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

NRS 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?

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

Not Applicable

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

**No**

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

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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 under contract providing technical assistance. Services have been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	04/24/2020 07:32:47 AM
Division Approval	knielsen	04/24/2020 15:15:44 PM
Department Approval	mwinebar	06/12/2020 16:26:18 PM
Contract Manager Approval	sknigge	06/15/2020 09:55:48 AM
Budget Analyst Approval	jyou23	06/19/2020 10:15:02 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23243**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>I &amp; E Electric, Inc.</b>
Agency Code: <b>409</b>	Contractor Name: <b>I &amp; E Electric, Inc.</b>
Appropriation Unit: <b>3259-95</b>	Address: <b>1425 Doerr Dr.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Elko, NV 89801</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kevin Doerr 775/738-3058</b>
	Vendor No.: <b>T27015600</b>
	NV Business ID: <b>NV19911046250</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/16/2020**  
Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**  
Contract term: **1 year and 14 days**

4. Type of contract: **Contract**  
Contract description: **Well Telemetry**

5. Purpose of contract:  
**This is a new contract to remove and replace the failed well telemetry system.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,569.00**  
Payment for services will be made at the rate of \$34,569.00 per Project completion and acceptance  
Other basis for payment: Upon receipt and approval of invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The telemetry system at the water well has failed and must be replaced to ensure the water needs of the facility are met. This is a deferred maintenance project.

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

This project requires knowledge and training that facility maintenance staff do not possess.

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

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

Quantum Electric  
IE Electric  
Sierra Controls

b. Solicitation Waiver: **Not Applicable**

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

IE Electric had the lowest bid and is locally owned and operated with knowledge of the project needs.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

The vendor has provided services since 2007. Within Fiscal Years 2018, 2019 and 2020 to date, Division of State Parks, Division of Water Resources, and Agriculture have received satisfactory services.

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

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

Not Applicable

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

Nevada Corporation

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	05/26/2020 10:42:07 AM
Division Approval	knielsen	06/01/2020 20:00:21 PM
Department Approval	mwinebar	06/03/2020 13:01:58 PM
Contract Manager Approval	sknigge	06/03/2020 16:15:15 PM
Budget Analyst Approval	laaron	06/16/2020 09:06:04 AM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>17647</b>	Amendment Number: <b>1</b>
Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: <b>Michael Bruce Bryant DBA Bryant's Electronic Servicing &amp; Testing</b>
Agency Code: <b>440</b>	Contractor Name: <b>Michael Bruce Bryant DBA Bryant's Electronic Servicing &amp; Testing</b>
Appropriation Unit: <b>3706-04</b>	Address: <b>1520 Saguro Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Ridgecrest, CA 93555-8533</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Michael Bryant 760-937-0966</b>
	Vendor No.: <b>T27003508</b>
	NV Business ID: <b>NV20101558074</b>

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

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

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**

Anticipated BOE meeting date 06/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2020**

Termination Date:  
Contract term: **4 years and 184 days**

4. Type of contract: **Contract**

Contract description: **Equipment Testing**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing on-site semi-annual inspections, calibration, routine preventative maintenance service on medical equipment and in-service training to facility staff as necessary at the following correctional facilities: Ely State Prison, Jean Conservation Camp, Florence McClure Women's Correctional Center, High Desert State Prison, Lovelock Correctional Center, Warm Springs Correctional Center, Southern Desert Correctional Center and Northern Nevada Correctional Center. This amendment extends the termination date from June 30, 2020 to December 31, 2020 and increases the maximum amount from \$93,780.00 to \$105,502.50 to allow for an RFP to be performed by State Purchasing.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$93,780.00	\$93,780.00	\$93,780.00	Yes - Action
2. Amount of current amendment (#1):	\$11,722.50	\$11,722.50	\$11,722.50	Yes - Info
3. New maximum contract amount:	\$105,502.50			
and/or the termination date of the original contract has changed to:	12/31/2020			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To preserve State property and for the health and safeth of staff and offenders.

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

Department employees do not have the expertise and/or the equipment necessary to perform this service. No other State agency provides this service.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Bryant's Electronic Servicing & Testing was the only bidder.

d. Last bid date: 02/23/2016 Anticipated re-bid date: 02/21/2020

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:

FY09 to current with Nevada Department of Corrections. Services has been verified as satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ralfano	05/19/2020 13:57:09 PM
Division Approval	jbauer	05/26/2020 15:08:33 PM
Department Approval	sewart	05/27/2020 15:43:34 PM
Contract Manager Approval	aroma2	06/17/2020 15:08:51 PM
Budget Analyst Approval	bmacke1	06/18/2020 10:14:59 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>17626</b>	Amendment Number: <b>1</b>
Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: <b>The Kaigan Corporation</b>
Agency Code: <b>440</b>	Contractor Name: <b>The Kaigan Corporation</b>
Appropriation Unit: <b>3723-09</b>	Address: <b>DBA Pestmaster Services</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89511</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jason Virden 775/858-7378</b>
	Vendor No.: <b>T27029998</b>
	NV Business ID: <b>NV20101892240</b>

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**  
Anticipated BOE meeting date **05/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **4 years and 184 days**

4. Type of contract: **Contract**

Contract description: **Pest Control Service**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing pest control services for the department's rural facilities. This amendment extends the terminations date from 06/30/2020 to 12/31/2020 and increases the maximum amount from \$96,992.00 to \$110,967.00 due to continue critical services and allow time to perform a proper solicitation, given that our rural NDOC facilities have not been open for site visit access due to COVID 19 precautionary closures.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$96,992.00	\$96,992.00	\$96,992.00	Yes - Action
2. Amount of current amendment (#1):	\$13,975.00	\$13,975.00	\$13,975.00	Yes - Info
3. New maximum contract amount:	\$110,967.00			
and/or the termination date of the original contract has changed to:	12/31/2020			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

For the health and safety of staff and offenders in compliance with NRS 209.131, NRS 209.381 and NDOC Administrative Regulation 483.

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

The department does not have the required equipment and/or licensing as required by NRS 555.280. No other State agency provides 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. Solicitation Waiver: **Not Applicable**

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

The Kaigan Corporation DBA Pestmaster Services was the only vendor to respond to Request for Proposal #201603.

d. Last bid date: 01/20/2016 Anticipated re-bid date: 01/20/2020

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

FY13 to present with Nevada Department of Corrections. Services have been verified as satisfactory.

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

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

Not Applicable

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

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	gbarsegi	05/18/2020 11:44:38 AM
Division Approval	sewart	05/20/2020 10:37:12 AM
Department Approval	sewart	05/20/2020 10:37:15 AM
Contract Manager Approval	aroma2	05/27/2020 15:00:45 PM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23216**

Agency Name: <b>DEPARTMENT OF AGRICULTURE</b>	Legal Entity Name: <b>METTLER-TOLEDO, LLC</b>
Agency Code: <b>550</b>	Contractor Name: <b>METTLER-TOLEDO, LLC</b>
Appropriation Unit: <b>4551-04</b>	Address: <b>1900 POLARIS PKWY.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>COLUMBUS, OH 43240-4035</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Matthew Bendick 614-438-4701</b>
	Vendor No.: <b>T27042028C</b>
	NV Business ID: <b>NV19871020754</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2020-2023</b>

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

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Various</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/02/2020**

Anticipated BOE meeting date 06/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 28 days**

4. Type of contract: **Contract**

Contract description: **PM Scales**

5. Purpose of contract:

**This is a new contract to provide preventative maintenance and certification for laboratory scales and mass comparators.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,727.60**

Other basis for payment: Preventative Maintenance is required every other year. 2020: \$5,002.46; 2022: \$6,725.14

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Laboratory standard requirements include regular maintenance on equipment (scales/mass comparators). In addition, laboratories are required to document the maintenance plans and services as provided.

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

The Nevada Department of Agriculture does not have employees with the qualifications to complete these maintenance tests.

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 Fork Lift  
Sierra Skales Nevada  
Mettler-Toledo, LLC

b. Solicitation Waiver: **Not Applicable**

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

This was the only vendor who provided a proposal. This vendor is highly qualified.

d. Last bid date: 02/05/2020 Anticipated re-bid date: 01/01/2024

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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	bbel1	05/29/2020 15:10:32 PM
Division Approval	bbel1	05/29/2020 15:10:34 PM
Department Approval	bbel1	05/29/2020 15:10:38 PM
Contract Manager Approval	melli2	05/29/2020 15:19:03 PM
Budget Analyst Approval	laaron	06/02/2020 14:13:04 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>22035</b>	Amendment Number: <b>1</b>
Agency Name: <b>GCB - GAMING CONTROL BOARD</b>	Legal Entity Name: <b>MOTOROLA SOLUTIONS, INC.</b>
Agency Code: <b>611</b>	Contractor Name: <b>MOTOROLA SOLUTIONS, INC.</b>
Appropriation Unit: <b>4066-14</b>	Address: <b>4625 LAKE PARK BLVD.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SALT LAKE CITY, UT 84120</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>DAVE ANDERSON 435-757-9494</b>
	Vendor No.: <b>PUR0000209C</b>
	NV Business ID: <b>NV19731001987</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2025**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/12/2019**

Anticipated BOE meeting date 06/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **11/11/2024**

Contract term: **5 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Law Enf IT System**

5. Purpose of contract:

**This is the first amendment to the original contract which provides a software system to manage information for the Enforcement Division's law enforcement functions. This amendment decreases the maximum amount from \$764,995 to \$737,392 and adds Attachment EE - Addendum A which removes the licenses for the Livescan Interface and the Justware Interface and replaces them with Command Central Analytics Plus.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$764,995.00	\$764,995.00	\$764,995.00	Yes - Action
2. Amount of current amendment (#1):	-\$27,603.00	-\$27,603.00	-\$27,603.00	Yes - Info
3. New maximum contract amount:	\$737,392.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Enforcement Division of the Nevada Gaming Control Board requires a new software system to manage information.

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

Our current employees do not possess the expertise needed to fulfill this project.

9. Were quotes or proposals solicited? **Yes**



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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

This vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 04/10/2019 Anticipated re-bid date: 04/10/2023

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	klay0	06/04/2020 14:03:38 PM
Division Approval	klay0	06/04/2020 14:03:43 PM
Department Approval	klay0	06/04/2020 14:03:46 PM
Contract Manager Approval	klay0	06/04/2020 14:03:50 PM
EITS Approval	tgalluzi	06/09/2020 16:50:09 PM
Budget Analyst Approval	laaron	06/11/2020 12:31:28 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: **23235**

Agency Name: <b>DPS-EMERGENCY MANAGEMENT</b>	Legal Entity Name: Office of the Military
Agency Code: <b>654</b>	Contractor Name: <b>Office of the Military</b>
Appropriation Unit: <b>3602 - All Categories</b>	Address: <b>2460 Fairview Drive</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89701</b>
If "No" please explain: Not Applicable	Contact/Phone: Cheryl Tyler 775-884-8458
	Vendor No.:
	NV Business ID: n/a
To what State Fiscal Year(s) will the contract be charged? <b>2020</b>	

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

<input checked="" type="checkbox"/> General Funds	<b>25.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>75.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **Yes**

If "Yes", please explain

**The Department of Public Safety, Division of Emergency (DEM) is requesting retro-active approval of the interlocal agreement with the Office of the Military for the costs associated with installation of the Bartelle Decontamination System. Unfortunately, due to the timing of delivery and operation of the system, the agreement for the necessary building and electrical adjustments at the Henderson Armory was not completed prior to the work being done.**

3. Termination Date: **06/30/2020**

Contract term: **60 days**

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

Contract description: **Bartelle Installatio**

5. Purpose of contract:

**This is a new interlocal agreement with the Office of the Military to cover the cost of installation and set-up of the Bartelle Decontamination System at the Henderson Armory.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Other basis for payment: per the consideration section of the agreement

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Federal Emergency Management Agency (FEMA) approved Nevada to be one of the 60 locations to receive a Bartelle Decontamination System unit which can sterilize N95 masks up to 20 times. FEMA has provided the system to Nevada at no cost for up to 6 months. The Henderson Armory in Henderson Nevada was selected as the location for the system to be installed.

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

The Henderson Armory in Henderson Nevada was selected as the location for the system with the Division of Emergency Management agreeing to cover the costs associated with adjustments to the building needed to house and operate the system.

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

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

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

Not Applicable

b. Solicitation Waiver: **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:

Lyman, Judith , MA Ph: 775-687-0324

Bakkedahl, Jon, EMPM Ph: 775-687-0305

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Igallow1	05/18/2020 16:01:50 PM
Division Approval	Igallow1	05/18/2020 16:01:52 PM
Department Approval	cboegle	05/27/2020 15:19:31 PM
Contract Manager Approval	cboegle	05/27/2020 15:19:33 PM
Budget Analyst Approval	jrodrig9	06/04/2020 10:09:14 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23302**

Agency Name: **DPS-FIRE MARSHAL**  
 Agency Code: **656**  
 Appropriation Unit: **3816-26**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **GL SUITE, INC.**  
 Contractor Name: **GL SUITE, INC.**  
 Address: **dba GL SOLUTIONS**  
**856 NW Bond Street, Ste. 200**  
 City/State/Zip: **BEND, OR 97703**  
 Contact/Phone: 541-312-3662  
 Vendor No.: PUR0002472A  
 NV Business ID: NV20161477454

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

<input checked="" type="checkbox"/> General Funds	<b>11.00 %</b>	<input checked="" type="checkbox"/> Fees	<b>69.00 % Licensing, Certificates and Plan review fees.</b>
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>20.00 % Transfer from SERC and NDEP.</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/18/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/31/2022**

Contract term: **1 year and 347 days**

4. Type of contract: **Contract**

Contract description: **Licensing Database**

5. Purpose of contract:

**This is a new contract to provide software maintenance services and licensing for the web-hosted database for the division's licensing and certification program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$43,694.32**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 477, the State Fire Marshal Division is responsible for licensing companies and individuals who sell, install, inspect and maintain fire protection systems and equipment, as well as others who perform commercial firework displays, interior design and certify fire safe cigarettes.

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

The software application package provided by GL Suites requires the software to be hosted by GL Suites on their server located in Bend, Oregon.

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):

Slolum  
Smart.gov  
GL Solutions

b. Solicitation Waiver: **Not Applicable**

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

This vendor had the lowest price and offered the most applicable software application services to fit the division's needs.

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

10. Does the contract contain any IT components? Yes

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

The vendor has been under contract and provided satisfactory service with various State Agencies such as Department of Agriculture, Attorney General and Department of Public Safety since 2003.

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

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

Not Applicable

15. The contractor is 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:  
Vera Boyack, Acct. Asst. 3 Ph: 775-684-7508

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	twollan1	06/05/2020 10:48:22 AM
Division Approval	cboegle	06/09/2020 16:06:34 PM
Department Approval	cboegle	06/09/2020 16:06:38 PM
Contract Manager Approval	cboegle	06/09/2020 16:06:41 PM
EITS Approval	tgalluzi	06/09/2020 16:27:35 PM
Budget Analyst Approval	jrodrig9	06/18/2020 20:37:07 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23252**

Agency Name: <b>DCNR - CONSERVATION &amp; NATURAL RESOURCES</b>	Legal Entity Name: <b>Dyer Engineering Consultants</b>
Agency Code: <b>700</b>	Contractor Name: <b>Dyer Engineering Consultants</b>
Appropriation Unit: <b>4144-50</b>	Address: <b>9160 Double Diamond Parkway Suite A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89521</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-852-1440</b>
	Vendor No.: <b>T29030589</b>
	NV Business ID: <b>NV19981192874</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/03/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **211 days**

4. Type of contract: **Contract**

Contract description: **Engineering Design**

5. Purpose of contract:

**This is a new contract to provide professional engineering design and permitting to replace the leach field that is in the process of failing at Lahontan State Recreation Area.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,400.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The leach field is in the process of failing.**

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

**We don't have sufficient staff or expertise.**

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

**This is a professional service and doesn't require bid.**

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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 2012-2017 and NDSP 2017-2020 with satisfactory compliance.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Tim Hunt, Chief of Planning and Development Ph: 775-684-2772

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	05/26/2020 08:45:18 AM
Division Approval	sdecrona	05/26/2020 08:45:20 AM
Department Approval	sdecrona	05/26/2020 08:45:22 AM
Contract Manager Approval	sdecrona	05/26/2020 08:46:23 AM
Budget Analyst Approval	rjacob3	06/03/2020 10:56:41 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>19055</b>	Amendment Number: <b>3</b>
Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: <b>BENEFICIAL DESIGNS, INC.</b>
Agency Code: <b>704</b>	Contractor Name: <b>BENEFICIAL DESIGNS, INC.</b>
Appropriation Unit: <b>4103-77</b>	Address: <b>PO BOX 69</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>MINDEN, NV 89423-0069</b>
If "No" please explain: Not Applicable	Contact/Phone: Peter Axelson 775/783-8822
	Vendor No.: T81100322A
	NV Business ID: NV20001468715

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

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>74.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>26.00 % Federal Trails program</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/12/2017**  
Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **03/01/2020**

Contract term: **3 years and 292 days**

4. Type of contract: **Contract**

Contract description: **Trail Assessment**

5. Purpose of contract:

**This is the third amendment to the original contract which provides assessments and maps to create accurate signage for five State Parks. This amendment increases the maximum amount from \$88,002 to \$119,491 due to an increase in hours needed to complete the scope of work.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$88,002.00	\$88,002.00	\$88,002.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$31,489.00	\$31,489.00	\$31,489.00	Yes - Info
3. New maximum contract amount:	\$119,491.00			
and/or the termination date of the original contract has changed to:	06/30/2021			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The lack of trail map information at five state parks.



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

Parks staff do not have the equipment or expertise to assess and map the trails.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

They were the only qualified bidder.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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	sdecrona	05/28/2020 11:49:22 AM
Division Approval	sdecrona	05/28/2020 11:49:26 AM
Department Approval	sdecrona	05/28/2020 11:49:29 AM
Contract Manager Approval	sdecrona	06/02/2020 07:59:34 AM
Budget Analyst Approval	rjacob3	06/11/2020 08:15:09 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: **23256**

Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: <b>5 Star Grand Canyon Helicopter Tours LLC</b>
Agency Code: <b>704</b>	Contractor Name: <b>5 Star Grand Canyon Helicopter Tours LLC</b>
Appropriation Unit: <b>4162-00</b>	Address: <b>1421 Airport Road, #110</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Boulder City , NV 89005</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>John Power 702-885-7827</b>
	Vendor No.:
	NV Business ID: <b>NV20111739544</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/02/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/15/2022**

Contract term: **2 years and 13 days**

4. Type of contract: **Revenue Contract**

Contract description: **Helicopter Weddings**

5. Purpose of contract:

**This is a new revenue contract to provide ongoing helicopter wedding ceremonies and events at the Valley of Fire State Park.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The vendor would like to continue to provide helicopter services.

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

NA

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Non competitive

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

**No** If "Yes", please explain

Not Applicable

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

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

Currently under contract with Nevada State Parks with satisfactory compliance.

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

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

Not Applicable

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

LLC

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

Craig Robinson, Park Supervisor Ph: 702-397-2088

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	05/27/2020 07:07:26 AM
Division Approval	sdecrona	05/27/2020 07:07:29 AM
Department Approval	sdecrona	05/27/2020 07:07:31 AM
Contract Manager Approval	sdecrona	05/27/2020 07:17:55 AM
Budget Analyst Approval	rjacob3	06/02/2020 10:38:40 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23282**

Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: <b>Maverick Helicopters, Inc</b>
Agency Code: <b>704</b>	Contractor Name: <b>Maverick Helicopters, Inc</b>
Appropriation Unit: <b>4162-00</b>	Address: <b>6075 Las Vegas Boulevard South</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89119</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>John Buch 702-261-0007</b>
	Vendor No.:
	NV Business ID: <b>NV19951067637</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 %</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/11/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/15/2022**

Contract term: **2 years and 4 days**

4. Type of contract: **Revenue Contract**

Contract description: **Helicopter wedding**

5. Purpose of contract:

**This is a new revenue contract to provide wedding ceremonies and group events.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,200.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The vendor will be conducting wedding ceremonies and group events at authorized landing sites within Valley of Fire State Park.

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

Employees not authorized or qualified for 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. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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:

Craig Robinson, Park Supervisor Ph: 702-397-2088

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jidema	06/01/2020 13:17:16 PM
Division Approval	jidema	06/01/2020 13:17:18 PM
Department Approval	sdecrona	06/03/2020 09:00:55 AM
Contract Manager Approval	sdecrona	06/03/2020 09:00:57 AM
Budget Analyst Approval	rjacob3	06/11/2020 13:54:21 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23227**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4162-00**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: Tahoe Boat Rentals LLC  
Contractor Name: **Tahoe Boat Rentals LLC**  
Address: **774 Mays 10-685**  
City/State/Zip: **Incline Village, NV 89451**  
Contact/Phone: Scott Fontecchio 775-230-1116  
Vendor No.:  
NV Business ID: NV20121375750

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/28/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/01/2020**

Contract term: **126 days**

4. Type of contract: **Revenue Contract**

Contract description: **Powerboat rentals**

5. Purpose of contract:

**This is a new revenue contract for ongoing revenue to provide powerboat rentals to visitors at Lake Tahoe Nevada State Park.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Vendor would like to rent four powerboats at LTNSP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NA

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Non-competative.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor was contracted with LTNSP last season with satisfactory compliance.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Kevin Fromherz, Park Ranger III Ph: 775-831-0494 ext 222

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	05/15/2020 08:23:35 AM
Division Approval	sdecrona	05/15/2020 08:23:37 AM
Department Approval	sdecrona	05/15/2020 08:23:39 AM
Contract Manager Approval	sdecrona	05/15/2020 08:25:17 AM
Budget Analyst Approval	rjacob3	05/28/2020 08:49:29 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23248**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4162-00**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **Tahoe Multisport LLC**  
Contractor Name: **Tahoe Multisport LLC**  
Address: **774 Mays Blvd**  
City/State/Zip: **Incline Village, NV 89451**  
Contact/Phone: **John Patrick Donovan 775-750-7386**  
Vendor No.:  
NV Business ID: **NV20141334057**

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/28/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2021**

Contract term: **337 days**

4. Type of contract: **Revenue Contract**

Contract description: **Non-motorized Tours**

5. Purpose of contract:

**This is a new revenue contract to provide kayak, standup paddleboard, snowshoe, hiking and mountain bike tours at Sand Harbor and Spooner Lake State Parks.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Vendor would like to operate tours at the park.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NA

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Non-competitive.

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)?

**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:

Kevin Fromherz, Park Ranger III Ph: 775-831-0494 ext 222

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	05/21/2020 13:56:40 PM
Division Approval	sdecrona	05/21/2020 13:56:42 PM
Department Approval	sdecrona	05/21/2020 13:56:45 PM
Contract Manager Approval	sdecrona	05/21/2020 13:58:42 PM
Budget Analyst Approval	rjacob3	05/28/2020 08:15:24 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: **23257**

Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: Walker Marine Inc.
Agency Code: <b>704</b>	Contractor Name: <b>Walker Marine Inc.</b>
Appropriation Unit: <b>4162-00</b>	Address: <b>PO Box 10499</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>So. Lake Tahoe, CA 96158</b>
If "No" please explain: Not Applicable	Contact/Phone: Clay Walker 530-541-8514
	Vendor No.:
	NV Business ID: NV20061021670
To what State Fiscal Year(s) will the contract be charged?	<b>2020-2021</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/02/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2020**

Contract term: **212 days**

4. Type of contract: **Revenue Contract**

Contract description: **Boat Launching**

5. Purpose of contract:

**This is a new revenue contract to provide boat launching services at Lake Tahoe Nevada State Park - Cave Rock only.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Vendor will launch & take out boats from the Cave Rock location.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NA

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Non competative.

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 with NSP last year with satisfactory compliance.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

Brett Hartley, Park Ranger III Ph: 775-901-6684

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	05/27/2020 06:52:33 AM
Division Approval	sdecrona	05/27/2020 06:52:35 AM
Department Approval	sdecrona	05/27/2020 06:52:37 AM
Contract Manager Approval	sdecrona	05/27/2020 06:52:39 AM
Budget Analyst Approval	rjacob3	06/02/2020 09:51:32 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: **23261**

Agency Name: **DCNR - PARKS DIVISION**  
 Agency Code: **704**  
 Appropriation Unit: **4170-10**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: North Wind Resource Consulting LLC  
 Contractor Name: **North Wind Resource Consulting LLC**  
 Address: **2025 N. 3rd Street Suite B260**  
 City/State/Zip: **Phoenix, AZ 85004**  
 Contact/Phone: Greta Rayle 602-362-8050  
 Vendor No.:  
 NV Business ID: NV20161054087

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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 %	<b>X</b> Other funding	<b>100.00 % Gifts and Grants</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/03/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2020**

Contract term: **211 days**

4. Type of contract: **Contract**

Contract description: **Trail Survey**

5. Purpose of contract:

**This is a new contract to provide for background research, a physical survey, and final report that will assist in determining management options for the Lake Tahoe Nevada Incline Flume Trail.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,083.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

In the summer of 2019, an unauthorized extension to the Incline Flume Trail was identified. Investigation revealed that the trail follows the alignments of both the North Flume and Marlette/Tunnel Creek Box Flume, each being elements of the historic Marlette Lake Water System. A significant density of artifacts and features are present along the length of the trail, consisting almost entirely of flume components.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We don't have the qualified staff with this expertise.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Far Western Research Group  
 Statistical Research  
 Broadbent & Associates Inc

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the lowest acceptable/qualified bid.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Art Krupicz, Grants and Project Analyst Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	05/27/2020 09:06:27 AM
Division Approval	sdecrona	05/27/2020 09:06:31 AM
Department Approval	sdecrona	05/27/2020 09:06:33 AM
Contract Manager Approval	sdecrona	05/28/2020 08:40:33 AM
Budget Analyst Approval	rjacob3	06/03/2020 15:08:57 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23126**

Agency Name: **DCNR - PARKS DIVISION**  
 Agency Code: **704**  
 Appropriation Unit: **4605-06**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **MORGAN, KENNETH L DBA**  
 Contractor Name: **MORGAN, KENNETH L DBA**  
 Address: **GREAT BASIN CONTROL SYSTEMS  
 325 NEILSON RD  
 RENO, NV 89521-7839**  
 City/State/Zip: **RENO, NV 89521-7839**  
 Contact/Phone: **Ken Morgan 775/741-1408**  
 Vendor No.: **T32006048**  
 NV Business ID: **NV20171212869**

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Utility surcharge</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/22/2020**

Anticipated BOE meeting date 06/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/15/2022**

Contract term: **1 year and 328 days**

4. Type of contract: **Contract**

Contract description: **Water Sys Controls**

5. Purpose of contract:

**This is a new contract to provide on call services for water systems control failure or installation for the Western Region Parks.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Water systems occasionally fail or need replacement.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**We lack the training and equipment to work on or replace these systems.**

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):

**George Hall  
 Great Basin Controls  
 Sierra Controls**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

**This is the only vendor to work on PWS2028 water control system.**

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

State Parks worked with this vendor in 2019 with satisfactory compliance.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Scott Payne, Facility Supervisor Ph: 775-867-4429

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	04/17/2020 07:49:41 AM
Division Approval	sdecrona	04/17/2020 07:49:44 AM
Department Approval	sdecrona	04/17/2020 07:49:47 AM
Contract Manager Approval	sdecrona	05/08/2020 09:57:59 AM
Budget Analyst Approval	rjacob3	05/22/2020 15:33:14 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22013** Amendment Number: **1**

Agency Name: **DCNR - DIVISION OF WATER RESOURCES** Legal Entity Name: **Gannett Fleming, Inc.**

Agency Code: **705** Contractor Name: **Gannett Fleming, Inc.**

Appropriation Unit: **4171-15** Address: **585 W. 500 S., Suite 250**

Is budget authority available?: **Yes** City/State/Zip: **Bountiful, UT 84010**

If "No" please explain: **Not Applicable** Contact/Phone: **Gregory Richards 717 827-7207**

Vendor No.:

NV Business ID: **NV19931034047**

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

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.

<b>X</b>	General Funds	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/09/2019**

Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **07/01/2023**

Contract term: **3 years and 358 days**

4. Type of contract: **Contract**

Contract description: **South Fork Eng Svcs**

5. Purpose of contract:

**This is the first amendment to the original contract which will provide an increase to the total contract value from \$90,000.00 to \$115,000.00, to perform additional technical analysis and engineering support for South Fork Dam.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$90,000.00	\$90,000.00	\$90,000.00	Yes - Action
2. Amount of current amendment (#1):	\$25,000.00	\$25,000.00	\$25,000.00	Yes - Info
3. New maximum contract amount:	\$115,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

All dams are inspected by a third party engineer to ensure the safety of the structure, but the South Fork Dam has never been inspected by a third party / outside entity.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada Division of Water Resources (NDWR) has been conducting inspections over the last 30 years; however, it is standard practice to have an outside entity perform a visual inspection and conduct a comprehensive review every 5 years. NDWR does not have adequate time, staff ability, or expertise necessary to conduct this comprehensive review.



9. Were quotes or proposals solicited? Yes  
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor was chosen based on committee proposal review using pre-determined evaluation criteria. This vendor received the highest average score from the review committee.

d. Last bid date: 03/07/2019 Anticipated re-bid date: 03/07/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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	bre00	05/19/2020 11:31:42 AM
Division Approval	bre00	05/19/2020 11:31:46 AM
Department Approval	kwilliam	05/21/2020 16:35:10 PM
Contract Manager Approval	bre00	05/21/2020 16:38:56 PM
Budget Analyst Approval	rjacob3	06/02/2020 11:54:18 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>22172</b>	Amendment Number: <b>1</b>
Agency Name: <b>DCNR - DIVISION OF WATER RESOURCES</b>	Legal Entity Name: <b>HDR ENGINEERING, INC.</b>
Agency Code: <b>705</b>	Contractor Name: <b>HDR ENGINEERING, INC.</b>
Appropriation Unit: <b>4171-15</b>	Address: <b>PO BOX 74008202</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CHICAGO, IL 60674-8202</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>NOEL LAUGHLIN 775-337-4735</b>
	Vendor No.: <b>T80971730A</b>
	NV Business ID: <b>NV19851010291</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/09/2019**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2021**

Termination Date:  
Contract term: **1 year and 289 days**

4. Type of contract: **Contract**

Contract description: **South Fork Dam Map**

5. Purpose of contract:

**This is the first amendment to the original contract between HDR Engineering, Inc. for professional engineering services. This contract is being amended to close out the contract between HDR Engineering, Inc. and the State of Nevada. The effective end date will be modified from 6/30/2021 to Upon BOE Approval. Additionally, the contract total will be amended from \$54,442.07 to \$42,076.77, as all tasks under the contract have been completed and the final invoice paid in full.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$54,442.07	\$54,442.07	\$54,442.07	Yes - Action
2. Amount of current amendment (#1):	-\$12,365.30	-\$12,365.30	-\$12,365.30	Yes - Info
3. New maximum contract amount:	\$42,076.77			
and/or the termination date of the original contract has changed to:	05/24/2021			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The inundation map needs to be updated due to the downstream conditions changing.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the expertise to model this inundation map.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Ranked list per RFP.

d. Last bid date: 04/15/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Department of Transportation - work was completed to satisfactory standards.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	bre00	05/19/2020 10:42:13 AM
Division Approval	bre00	05/19/2020 10:42:17 AM
Department Approval	kwilliam	05/20/2020 10:17:07 AM
Contract Manager Approval	bre00	05/21/2020 16:29:00 PM
Budget Analyst Approval	rjacob3	05/28/2020 08:26:51 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23240**

Agency Name: <b>DCNR - DIVISION OF WATER RESOURCES</b>	Legal Entity Name: <b>OLSSON, INC.</b>
Agency Code: <b>705</b>	Contractor Name: <b>OLSSON, INC.</b>
Appropriation Unit: <b>4503 - All Categories</b>	Address: <b>601 P ST., STE 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LINCOLN, NE 68508-2304</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JIM SCHNEIDER 402-458-5993</b>
	Vendor No.: <b>T29043026</b>
	NV Business ID: <b>NV20014350791</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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 %	<b>X Other funding</b>	<b>100.00 % HUMBOLDT BASIN ASSESSMENTS</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/28/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2021**

Contract term: **1 year and 33 days**

4. Type of contract: **Contract**

Contract description: **Cloud-base GW Model**

5. Purpose of contract:

**This is a new contract to provide professional services in the form of a cloud-based groundwater modeling evaluation tool, including maintenance and support for the models and system. Specifically, Olsson will provide staff with access to their Groundwater Evaluation Toolbox (GET), subject to the Terms and Conditions of use, which will: 1. Host existing MODFLOW groundwater models; 2. Allow users to vary model parameters and initiate unlimited model simulations remotely; 3. View results in real-time from remote locations.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Payment for services will be made at the rate of \$15,000.00 per null

Other basis for payment: Due within 30 days from receipt of invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Water Resources must evaluate groundwater models for certain water rights applications and is working with other agencies to develop groundwater models to assist the conjunctive management of the Humboldt River. The services supplied by Olsson leverage cloud computing to allow model analysis to be initiated by any user from any computer, which is advantageous because a dedicated modeling computer and staff are not required.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the equipment, software, or expertise to host and maintain groundwater models in the cloud.

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):

Itasca Denver, Inc.  
Olsson, Inc.  
SRK, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only responsive vendor with the capability and willingness to provide the service required.

d. Last bid date: 03/10/2020 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:

Levi Kryder, Chief, Hydrology Section Ph: 775-684-2866

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bre00	05/19/2020 15:20:07 PM
Division Approval	bre00	05/19/2020 15:20:10 PM
Department Approval	kwilliam	05/20/2020 10:19:33 AM
Contract Manager Approval	bre00	05/21/2020 16:27:32 PM
Budget Analyst Approval	rjacob3	05/28/2020 08:42:45 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: **23101**

Agency Name: <b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: <b>RAYMOND B GRABER II DDS LTD</b>
Agency Code: <b>709</b>	Contractor Name: <b>RAYMOND B GRABER II DDS LTD</b>
Appropriation Unit: <b>3193-06</b>	Address: <b>2600 COLLEGE PKWY HNGR H23</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89706-0758</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775/882-3444</b>
	Vendor No.: <b>T27003917</b>
	NV Business ID: <b>NV19861010294</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **DEP 21-003**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/22/2020**

Anticipated BOE meeting date **06/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **4 years and 40 days**

4. Type of contract: **Contract**

Contract description: **Storage Space**

5. Purpose of contract:

**This is a new contract to provide ongoing storage space for water quality sampling equipment, boats, vehicles and other items owned by the agency.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,000.00**

Other basis for payment: Yearly SFY 21 & 22, \$675/month, \$8,100/year - \$16,200. SFY 23 & 24 \$700/month, \$8,400/year = \$16,800.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Bureau of Water Quality Planning owns two boats and ATV's which are used for field work. Those items and others that do not fit in cubicles will be stored in the storage unit.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The building occupied by the Bureaus of Water Quality Planning and Corrective Actions does not have sufficient storage space to accommodate 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):

IStorage Carson City NV  
Carson Highlands Storage Carson City NV  
50 East RV & Self Storage Carson City NV  
Carson City Storage Carson City NV

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This unit has been used by the bureaus previously. It would not be cost effective to relocate all items currently stored in the unit to another location. Cost of relocation plus storage fees would exceed current rate being paid.

d. Last bid date: 04/01/2020 Anticipated re-bid date: 04/01/2024

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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	ahanso1	04/09/2020 09:41:26 AM
Division Approval	pcomba	04/28/2020 13:10:31 PM
Department Approval	pcomba	04/28/2020 13:10:37 PM
Contract Manager Approval	mhillk1	04/30/2020 07:32:41 AM
Budget Analyst Approval	rjacob3	05/22/2020 09:13:51 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23026**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>ACE WORLD WIDE MOVING&amp;STORAGE</b>
Agency Code: <b>901</b>	Contractor Name: <b>ACE WORLD WIDE MOVING&amp;STORAGE</b>
Appropriation Unit: <b>3253-10</b>	Address: <b>ACE WORLD WIDE OF NEVADA 3010 E. Alexander Rd #1004</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>N. Las Vegas, NV 89030</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>NICK PIZZARIELLO 702/415-8289</b>
	Vendor No.: <b>T29027950B</b>
	NV Business ID: <b>NV20001477028</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Business Enterprise Set-Aside</b>

Agency Reference #: **3391-22-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Ace World Wide**

5. Purpose of contract:

**This is a new contract to provide moving services to the Business Enterprise of Nevada program for moving heavy equipment and supplies between the various program sites and storage.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: Standard Time: \$36.00/hour each(driver/assistant), 8:00am-5:00pm M-F; Overtime: \$54.00/hour each (driver/assistant); Truck Rate: \$31/hour; No trip charge. Invoices payable only upon approval by authorized BEN personnel. Total contract not to exceed: \$30,000.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**BEN maintains and stores equipment used at its S. Nevada locations. BEN needs to move this equipment around between locations and storage units in order to support its blind or visually impaired operators.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees are not certified or licenses to transport 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):



Skyline Moving Service  
Ace World Wide  
Two Men and a Truck  
Student Moving of Las Vegas

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest Cost Vendor

d. Last bid date: 02/10/2020 Anticipated re-bid date: 02/01/2022

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:

This vendor was under a Purchasing MSA until 12/2019 and provided satisfactory service to various 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 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	03/31/2020 10:36:55 AM
Division Approval	kdesoci1	05/04/2020 13:35:46 PM
Department Approval	kdesoci1	05/04/2020 13:35:52 PM
Contract Manager Approval	bdeem	05/19/2020 13:40:19 PM
Budget Analyst Approval	dbaughn	05/26/2020 15:48:56 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19930** Amendment Number: **1**

Agency Name: **DETR - REHABILITATION DIVISION** Legal Entity Name: **ADVANCED PRO REMEDIATION LLC**

Agency Code: **901** Contractor Name: **ADVANCED PRO REMEDIATION LLC**

Appropriation Unit: **3253-10** Address: **DBA ADVANCED PRO RESTORATION**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89120-3404**

If "No" please explain: **Not Applicable** Contact/Phone: **Dayna Fualaau 702/252-0880**

Vendor No.: **T27038055**

NV Business ID: **NV20031177584**

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Business Enterprise Set-Aside</b>

Agency Reference #: **3222-20-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/07/2018**

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **4 years and 55 days**

4. Type of contract: **Contract**

Contract description: **Adv. Pro Handyma**

5. Purpose of contract:

**This is the first amendment to the original contract which provides on-going handyman services to the Business Enterprise of Nevada locations in southern Nevada. This amendment extends the termination date from June 30, 2020 to June 30, 2022, inserts an attachment for provisions for contracts under federal award and increases the maximum amount from \$24,500.00 to \$34,500.00 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$24,500.00	\$24,500.00	\$24,500.00	Yes - Info
2. Amount of current amendment (#1):	\$10,000.00	\$10,000.00	\$34,500.00	Yes - Info
3. New maximum contract amount:	\$34,500.00			
and/or the termination date of the original contract has changed to:	06/30/2022			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program sites have on-going needs of general-purpose construction services and repairs in order to maintain the sites without interruptions of services to the public and building staff.

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 expertise or licensing or tools to undertake general purpose construction services and repairs.

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):

TruGreen Commercial  
Advanced Pro Remediation  
Smart Cleaning Solutions

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest Cost, qualified vendor.

d. Last bid date: 03/01/2018 Anticipated re-bid date: 03/01/2022

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:

Vendor has provided satisfactory services to Rehabilitation since 2016.

14. Is the contractor currently involved in litigation with the State 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	06/02/2020 13:52:12 PM
Division Approval	kdesoci1	06/11/2020 15:33:59 PM
Department Approval	kdesoci1	06/11/2020 15:34:02 PM

Contract Manager Approval  
Budget Analyst Approval

aallen  
dbaughn

06/22/2020 15:34:24 PM  
06/22/2020 15:35:05 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23018**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>CROWN FABRICATORS LLC</b>
Agency Code: <b>901</b>	Contractor Name: <b>CROWN FABRICATORS LLC</b>
Appropriation Unit: <b>3253-10</b>	Address: <b>3850 PIONEER AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89102-8230</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Brock Lammers 702-673-0028</b>
	Vendor No.: <b>T32009681</b>
	NV Business ID: <b>NV20131099748</b>
To what State Fiscal Year(s) will the contract be charged? <b>2021-2022</b>	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Business Enterprise Set-Aside</b>

Agency Reference #: **3392-22-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Crown Fabricator**

5. Purpose of contract:

**This is a new contract to provide metal fabrication services to the Business Enterprise of Nevada for its locations across the state.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: Design Work: \$55.00/hour; In-Shop Fabrication (6am-2:30pm, M-F): \$75.00/hour; In-Shop Fabrication (2:30pm-5:30pm, M-F; 6:30am-2:30pm, Saturday): \$105.00/hour; In-Shop Fabrication (after 5:30pm, M-F; after 2:30pm Saturday; Sunday): \$135.00/hour; In-Field Fabrication (6am-2:30pm, M-F): \$95.00/hour; In-Field Fabrication (2:30pm-5:30pm, M-F; 6:30am-2:30pm, Saturday): \$135.00/hour; In-Field Fabrication (after 5:30pm, M-F; after 2:30pm, Saturday; Sunday): \$175.00/hour. Material quoted per project. Invoices paid only upon approval by authorized BEN personnel. Total Contract not to exceed: \$15,000.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program has on-going needs for the fabrication of struts, supports, hinges, hoods etc. for the securing of kitchen equipment, vents, fans, sinks, etc.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the equipment 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):

Crown Fabrication  
Fabrication Syndicate  
NPSM  
SRS Fabrication  
Ideal Mechanical

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to submit a proposal.

d. Last bid date: 02/03/2020 Anticipated re-bid date: 02/03/2022

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:

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	aallen	05/04/2020 10:48:42 AM
Division Approval	kdesoci1	05/04/2020 14:08:40 PM
Department Approval	kdesoci1	05/04/2020 14:08:43 PM
Contract Manager Approval	bdeem	05/29/2020 09:17:00 AM
Budget Analyst Approval	dbaughn	05/29/2020 11:38:51 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22804**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>Odyssey Charter School of Nevada</b>
Agency Code: <b>901</b>	Contractor Name: <b>Odyssey Charter School of Nevada</b>
Appropriation Unit: <b>3265-09</b>	Address: <b>2251 S. Jones Blvd Suite 100A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89146-3145</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Devon Bolliger 702-501-2160</b>
	Vendor No.: <b>T81102486</b>
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2021-2022</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>21.30 %</b>	Fees	0.00 %
<b>X</b> Federal Funds	<b>78.70 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3375-21-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2021**

Anticipated BOE meeting date **07/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2021**

Contract term: **364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **2020 Odyssey Pre-ETS**

5. Purpose of contract:

**This is a new interlocal agreement that continues to provide Pre-Employment Transition Services (Pre-ETS) to disabled youths, ages 16 - 21, by providing the tools that will enable them to seek and retain employment. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128).**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,000.00**

Other basis for payment: Spring Rate: \$130/student per week (class size is under 22 students), \$140/student per week (class size is 22 students or more), Minimum 15 students and Maximum 30 students, 5-week program (Tuesday - Thursday), Student must attend at least two days per week for payment; Summer Rate: \$330/student per week (class size is under 22 students), \$350/student per week (class size is 22 students or more), Minimum 15 students and Maximum 30 students, 2-week program (Monday - Thursday), Student must attend at least two days per week for payment. Invoices payable upon receipt of accepted Final Report and approval of detailed invoice by authorized REHAB staff. Contract not to exceed \$42,000.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Workforce Innovation and Opportunity Act , Public Law 113-128 (2014) or WIOA requires that 15% of all grant funding be spent on Pre-ETS programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the Pre-ETS training.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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 been providing satisfactory services to REHAB since July 2017 and the Department of Education since 2002.

14. Is the contractor currently involved in litigation with the State 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	jben2	04/24/2020 07:37:22 AM
Division Approval	kdesoci1	05/29/2020 17:19:50 PM
Department Approval	kdesoci1	05/29/2020 17:19:53 PM
Contract Manager Approval	bdeem	06/01/2020 13:08:25 PM
Budget Analyst Approval	dbaughn	06/12/2020 15:55:00 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23200**

Agency Name: <b>DETR - REHABILITATION DIVISION</b> Agency Code: <b>901</b> Appropriation Unit: <b>3265-09</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable  To what State Fiscal Year(s) will the contract be charged? <b>2021-2022</b>	Legal Entity Name: Western Nevada College Contractor Name: <b>Western Nevada College</b> Address: <b>2201 W. College Pkwy</b>  City/State/Zip: <b>Carson City, NV 89703-7316</b>  Contact/Phone: Susan Trist 775-445-4459 Vendor No.: D35000822 NV Business ID: Governmental Entity
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What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b>	General Funds	<b>21.30 %</b>	Fees	0.00 %
<b>X</b>	Federal Funds	<b>78.70 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3378-22-REHAB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date 07/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/01/2021**

Contract term: **1 year and 92 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **2020 Pre-ETS Camp**

5. Purpose of contract:

**This is a new interlocal contract that continues ongoing Pre-Employment Transition Services (Pre-ETS) in the form of a camp setting with a follow up support program during the school year, for disabled youths ages 16-21. The camp and the follow up program will provide excellent tools to enable the disabled youths to seek and retain employment.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,396.45**

Other basis for payment: Camp: \$16,978.68 (up to)/Camp, Students: Minimum 10 Maximum 20, Invoices payable at end of camp, after all required documentation accepted by BVR. School Year Follow Up Program: \$30,417.77 (up to)/2020-2021 School Year, Students: Minimum 10 Maximum 20, Invoices payable quarterly after all documentation required by BVR is accepted, Final quarterly invoice will not be processed until all documentation supplied to BVR. See Attachment AA (Pg. 30) in Section 6 for details. Total Contract not to exceed: \$47,396.45.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

WIOA requires that 15% of all grant funding be spent on PRE-ETS programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the Pre-ETS training.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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 has been providing these services satisfactorily to BVR since March 2003.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	05/05/2020 12:33:56 PM
Division Approval	kdesoci1	05/28/2020 12:19:08 PM
Department Approval	kdesoci1	05/28/2020 12:19:11 PM
Contract Manager Approval	bdeem	06/01/2020 12:59:10 PM
Budget Analyst Approval	dbaughn	06/12/2020 12:41:46 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23199**

Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>OTIS ELEVATOR COMPANY</b>
Agency Code: <b>902</b>	Contractor Name: <b>OTIS ELEVATOR COMPANY</b>
Appropriation Unit: <b>All Budget Accounts - Category 04</b>	Address: <b>711 Pilot Road, Suite D</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89119</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>McKane Gilbert 702-250-5622</b>
	Vendor No.: <b>PUR0005666B</b>
	NV Business ID: <b>NV19441000038</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2020-2022</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Cost Allocated</b>

Agency Reference #: 3431-22-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/17/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/31/2022**

Contract term: **1 year and 348 days**

4. Type of contract: **Contract**

Contract description: **Elevator Maintenance**

5. Purpose of contract:

**This is a new contract to provide ongoing maintenance, monitoring and repair service of the elevator located at the St. Louis building in Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,576.00**

Payment for services will be made at the rate of \$149.00 per Month

Other basis for payment: \$175.00 Per hour Monday through Friday 8:00 am - 4:30 pm excluding holidays. \$350.00 all other days and times.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**OSHA regulation, safety and staff use of elevator**

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 license to do this type of work.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Thyssenkrupp Elevator  
Kone Elevator  
Otis Elevator Company

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen by head of operations management for being essentially tied in cost and having provided superior service to the Department over the other vendors.

d. Last bid date: 04/03/2020 Anticipated re-bid date: 04/01/2024

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor has been performing satisfactory elevator maintenance services for DETR since 2018.

14. Is the contractor currently involved in litigation with the State 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	mjohns43	05/04/2020 13:24:02 PM
Division Approval	kdesoci1	05/29/2020 17:21:36 PM
Department Approval	kdesoci1	05/29/2020 17:21:39 PM
Contract Manager Approval	bdeem	06/01/2020 13:01:56 PM
Budget Analyst Approval	dbaughn	06/17/2020 08:42:55 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **20990** Amendment Number: **1**

Agency Name: **DETR - EMPLOYMENT SECURITY** Legal Entity Name: **WW Williams Company LLC**

Agency Code: **902** Contractor Name: **WW Williams Company LLC**

Appropriation Unit: **All Budget Accounts - Category 04** Address: **2680 Losee Road**

Is budget authority available?: **Yes** City/State/Zip: **North Las Vegas, NV 89030**

If "No" please explain: **Not Applicable** Contact/Phone: **Tim Killian 7023991890**

Vendor No.: **T29041024**

NV Business ID: **NV20161487647**

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 %	<b>X</b> Other funding	<b>100.00 % Cost Allocated</b>

Agency Reference #: **3259-21-DETR**

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 **06/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **08/31/2020**

Contract term: **3 years and 355 days**

4. Type of contract: **Contract**

Contract description: **Generator Maint.**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing scheduled maintenance for the KATOKLKIT 1500 kilowatt diesel generator located at 2800 E. St. Louis Ave, Las Vegas NV. This amendment extends the termination date from August 31, 2020 to August 31, 2020, increases the maximum amount from \$9,530 to \$23,000 due to continue need for these services, and inserts the attachment "Contract Provisions for Non-Federal Entity Contracts Under Federal Awards" into Incorporated Documents due to new Federal requirements.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,530.00	\$9,530.00	\$9,530.00	No
2. Amount of current amendment (#1):	\$13,470.00	\$23,000.00	\$23,000.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$23,000.00 08/31/2022			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Maintenance, battery, and belt replacement is required for proper operation of this generator.

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):

Power Plus  
Apco Equipment  
WW Williams Company LLC  
Gen-Tech

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

lower cost

d. Last bid date: 06/14/2018 Anticipated re-bid date: 06/30/2020

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:

Vendor has been under contract with DETR since 2018

14. Is the contractor currently involved in litigation with the State 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	03/30/2020 12:39:37 PM
Division Approval	kdesoci1	05/04/2020 11:32:26 AM
Department Approval	kdesoci1	05/04/2020 11:32:31 AM
Contract Manager Approval	bdeem	05/19/2020 13:47:05 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23222**

Agency Name: <b>DETR - ADMINISTRATIVE SERVICES</b>	Legal Entity Name: <b>SOLUTIONS II INC</b>
Agency Code: <b>908</b>	Contractor Name: <b>SOLUTIONS II INC</b>
Appropriation Unit: <b>All Budget Accounts - Category 28</b>	Address: <b>8822 S Ridgeline Blvd STE 117</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Littleton, CO 80129</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Daniel Goggiano 702-802-6393</b>
	Vendor No.: <b>PUR0001838B</b>
	NV Business ID: <b>NV20101521185</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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 %	<b>X Other funding</b>	<b>100.00 % Cost Allocation</b>

Agency Reference #: **3433-21-DETR**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/26/2020**  
Anticipated BOE meeting date **06/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2020**

Contract term: **219 days**

4. Type of contract: **Contract**

Contract description: **Network Services**

5. Purpose of contract:

**This is a new contract which provides network Quality of Service configuration, connection troubleshooting and Network Assessment to implement a modern cloud based phone system.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,500.00**

Payment for services will be made at the rate of \$22,500.00 per Invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Upgrading the Department phone system to a modern cloud based system requires infrastructure support to implement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the resources or expertise.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Exempt (Per statute)**



c. Why was this contractor chosen in preference to other?

Approved by Purchasing Administrator pursuant to NAC 333.114.

Vendor responded quickly with an appropriate price and availability.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

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	05/18/2020 07:53:46 AM
Division Approval	kdesoci1	05/18/2020 13:52:05 PM
Department Approval	kdesoci1	05/18/2020 13:52:09 PM
Contract Manager Approval	bdeem	05/19/2020 13:39:52 PM
EITS Approval	tgalluzi	05/26/2020 08:46:34 AM
Budget Analyst Approval	dbaughn	05/26/2020 08:52:18 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23262**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>Houldsworth Russo and Co., PC</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>Houldsworth Russo and Co., PC</b>
Appropriation Unit: <b>B001 - All Categories</b>	Address: <b>8675A S Eastern Ave</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89123</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jacqueline Matthew CPA 702-269-9992</b>
	Vendor No.:
	NV Business ID: <b>NV19961244111</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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 %	<b>X</b>	Fees	<b>100.00 % Board Licensing &amp; Application Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/12/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2022**

Contract term: **2 years and 202 days**

4. Type of contract: **Contract**

Contract description: **Audit Services**

5. Purpose of contract:

**This is a new contract to provide audit services as required within Nevada Revised Statutes (NRS) 218G.400.**

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 \$15,000.00 per Year

Other basis for payment: A retainer payment prior to work commencing and payments as work progresses throughout the annual audits.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes (NRS) 218G.400 requires an independent audit be conducted of the Board's financial statements and position. Results of the audit must be provided to the Legislative Counsel Bureau.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

An audit must be conducted by an Independent Certified Public Accountant in accordance with Governmental Auditing Standards. An employee would not be able to provide this work as it would require (1) a licensed CPA and (2) an employee would not be independent as the audit must remain independent and objective.

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):

Steele & Associates  
Conant Conant & Nelson  
Houldsworth Russo & Co

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Other vendors declined to submit a proposal or are no longer performing audit services.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Board of Cosmetology  
Nevada State Board of Marriage and Family Counselors

14. Is the contractor currently involved in litigation with the State 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	vwind1	06/02/2020 11:19:47 AM
Division Approval	vwind1	06/02/2020 11:19:50 AM
Department Approval	vwind1	06/02/2020 11:19:53 AM
Contract Manager Approval	vwind1	06/02/2020 11:19:56 AM
Budget Analyst Approval	hfield	06/12/2020 10:43:28 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: **23226**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>GL Suite, LLC</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>GL Suite, LLC</b>
Appropriation Unit: <b>B005 - All Categories</b>	Address: <b>P.O. Box 591</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Bend, OR 97709</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>William Moseley 541-312-3662</b>
	Vendor No.:
	NV Business ID: <b>NV20101523765</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensing Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/05/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **2 years and 25 days**

4. Type of contract: **Contract**

Contract description: **Licensing Software**

5. Purpose of contract:

**This is a new contract to provide ongoing licensing software.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,586.16**

Payment for services will be made at the rate of \$1,191.09 per Month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board requires a licensing data base to track the chiropractic physicians in the state and allow for automatization.

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 ability to build and maintain advanced licensing software.

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):

Thentia  
In Lumon  
GL Suite

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has been in place for several years and is very familiar with the needs of the Board.

d. Last bid date: 03/31/2020 Anticipated re-bid date: 03/31/2022

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:

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	jstrand1	05/14/2020 08:20:47 AM
Division Approval	jstrand1	05/14/2020 08:20:50 AM
Department Approval	jstrand1	05/14/2020 08:20:54 AM
Contract Manager Approval	jstrand1	05/22/2020 08:19:43 AM
Budget Analyst Approval	hfield	06/05/2020 15:19:49 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23250**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>Casey Neilon Inc</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>Casey Neilon Inc</b>
Appropriation Unit: <b>B008 - All Categories</b>	Address: <b>6770 S McCarran Blvd</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89509</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Nicola Neilon, CPA 775-283-5555</b>
	Vendor No.:
	NV Business ID: <b>NV20061293367</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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 %	<b>X</b>	Fees	<b>100.00 % Application &amp; License Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/02/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2022**

Contract term: **2 years and 181 days**

4. Type of contract: **Contract**

Contract description: **Audit Services**

5. Purpose of contract:

**This is a new contract to provide an audit as required within Nevada Revised Statutes NRS 218G.400**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$41,500.00**

Payment for services will be made at the rate of \$0.00 per Year

Other basis for payment: FY 20 \$13,000 / FY21 \$14,000 / FY22 \$14500

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes (NRS) 218G.400 requires an independent audit be conducted of the Board's financial statements and position. Results of the audit must be provided to the Legislative Counsel Bureau.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

An audit must be conducted by an Independent Certified Public Accountant in accordance with Governmental Auditing Standards. An employee would not be able to provide this work as it would require (1) a licensed CPA and (2) an employee would not be independent as the audit must remain independent and objective while performing the audit.

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):

Steele & Associates  
Casey Neilon Inc  
Jackson & Jackson CPAs  
WIPFLi CPAs & Consultants

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Most complete proposal submitted

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Board of Podiatry

14. Is the contractor currently involved in litigation with the State 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	vwind1	05/27/2020 09:33:28 AM
Division Approval	vwind1	05/27/2020 09:33:34 AM
Department Approval	vwind1	05/27/2020 09:33:37 AM
Contract Manager Approval	vwind1	05/27/2020 09:33:40 AM
Budget Analyst Approval	hfield	06/02/2020 12:30:23 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23251**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>MCDONALD CARANO LLP</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>MCDONALD CARANO LLP</b>
Appropriation Unit: <b>B008 - All Categories</b>	Address: <b>100 W Liberty Street 10th Flr</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89501</b>
If "No" please explain: Not Applicable	Contact/Phone: Susan Fisher 7757882000
	Vendor No.:
	NV Business ID: nv19961000027

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Application and License</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/02/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **2 years and 28 days**

4. Type of contract: **Contract**

Contract description: **Government Affairs**

5. Purpose of contract:

**This is a new contract to provide assistance with in preparing planning and responding to legislative issues concerning the Board, the licensees and Nevada citizens. Additionally, the contractor will provide professional assistance in responding to statute changes, regulation changes and public protection issues.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$46,800.00**

Payment for services will be made at the rate of \$0.00 per Month

Other basis for payment: \$3000 Per Month 1/1/21 - 6/30/21 & \$1600 Per Month for the 18 months of interim session

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes require the Board to recommend the creation and/or amendment of laws regarding the standards of practice for professional engineers and land surveyors in the State of Nevada. To complete this legislative requirement, it is a necessity for the Board to receive expert advice on government affairs. In addition, the issues require special skills, expertise and knowledge of an experienced legislative liaison to assure optimal results for the Board and the citizens it services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Assistance and time is needed in the planning and dissemination of information to legislative members with the expertise and required knowledge of the Nevada Legislature. The Board operates with limited staff and does not have the ability, expertise or knowledge that can be uniquely performed by the contractor.

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):

Kaempfer Crowell  
McDonald Carano  
JK Belz & Associates

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Most complete proposal submitted

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Board of Osteopathic Medicine

14. Is the contractor currently involved in litigation with the State 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	vwind1	05/27/2020 09:36:53 AM
Division Approval	vwind1	05/27/2020 09:36:57 AM
Department Approval	vwind1	05/27/2020 09:37:00 AM
Contract Manager Approval	vwind1	05/27/2020 09:37:04 AM
Budget Analyst Approval	hfield	06/02/2020 17:21:29 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: **23249**

Agency Name:	<b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name:	Peterbilt Truck Parts & Equipment IT Dept
Agency Code:	<b>BDC</b>	Contractor Name:	<b>Peterbilt Truck Parts &amp; Equipment IT Dept</b>
Appropriation Unit:	<b>B015 - All Categories</b>	Address:	<b>Peterbilt Truck Parts &amp; Equip 2272 Larkin Circle</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>SPARKS, NV 89431</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Ben Godfrey 775-359-8840
		Vendor No.:	T32004403A
		NV Business ID:	NV200713428642

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensing Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/09/2020**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2020**

Contract term: **205 days**

4. Type of contract: **Contract**

Contract description: **IT maintenance**

5. Purpose of contract:

**New Contract to provide server and workstation information technology maintenance.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,248.00**

Payment for services will be made at the rate of \$828.00 per Month

Other basis for payment: Additional Services at \$103.50 per hour/After hours at \$172.50

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Additional experience and technical support is needed on occasion in addition to Board staff responsible for IT.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

IT support of this nature is not provided by EITS and the Board does not have staff on site with the expertise necessary to provide the services needed.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Erlach Computer Consulting  
Peterbilt Truck Parts & Equipment IT Department  
Melton Enterprises

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

A combination of price, availability, and experience.

d. Last bid date: 04/30/2020 Anticipated re-bid date: 10/01/2020

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:

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	5522	05/21/2020 11:35:38 AM
Division Approval	5522	05/21/2020 11:35:43 AM
Department Approval	5522	05/21/2020 11:35:47 AM
Contract Manager Approval	5522	05/21/2020 11:35:51 AM
EITS Approval	tgalluzi	05/21/2020 14:47:17 PM
Budget Analyst Approval	hfield	06/09/2020 08:05:00 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: **23184**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>EIDE BAILLY LLP</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>EIDE BAILLY LLP</b>
Appropriation Unit: <b>B022 - All Categories</b>	Address: <b>5441 Kietzke Ln. Suite 150</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89511</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Beth Farley 775-689-9100</b>
	Vendor No.: <b>T29026023</b>
	NV Business ID: <b>NV20001000409</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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 %	<b>X</b>	Fees	<b>100.00 % Licensing Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**  
Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Audit Services**

5. Purpose of contract:

**This is a new contract to provide annual audit services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,000.00**

Other basis for payment: As defined in consideration not to exceed \$47,000

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Statute requires Licensing boards to conduct annual audits of their financial statements.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Audits must be conducted by an independent auditor.

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):

Albright and Associates  
Eide Bailly  
Bernard Voegler

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest price and most experience with boards.

d. Last bid date: 03/13/2020 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cschon1	04/29/2020 11:14:21 AM
Division Approval	cschon1	04/29/2020 11:14:24 AM
Department Approval	cschon1	04/29/2020 11:14:27 AM
Contract Manager Approval	cschon1	04/29/2020 11:14:30 AM
Budget Analyst Approval	hfield	06/05/2020 12:16:37 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23305**

Agency Name:	<b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name:	Thentia Global Systems USA, Inc.
Agency Code:	<b>BDC</b>	Contractor Name:	<b>Thentia Global Systems USA, Inc.</b>
Appropriation Unit:	<b>B028 - All Categories</b>	Address:	<b>8 The Green Suite A</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Dover, CT 19907</b>
If "No" please explain:	Not Applicable	Contact/Phone:	647-361-5710
		Vendor No.:	
		NV Business ID:	NV20191571257

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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 %	<b>X</b>	Fees	<b>100.00 % Licensing Fee</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/12/2020**  
 Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2022**  
 Contract term: **2 years and 202 days**

4. Type of contract: **Contract**  
 Contract description: **Licensing Software**

5. Purpose of contract:  
**This is a new contract to provide licensing software to the Nevada State Board of Veterinary Medical Examiners.**

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 \$0.55 per licensee per month

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**The Board requires a licensing data base to track the chiropractic physicians in the state and allow for automation.**

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 ability to build and maintain advanced licensing software.**

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):  
**In Lumon  
 GL Suite  
 Thentia**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen due to their cost effectiveness and quality of the product offered.

d. Last bid date: 03/01/2020 Anticipated re-bid date: 11/01/2022

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	jstrand1	06/08/2020 12:44:47 PM
Division Approval	jstrand1	06/08/2020 12:44:50 PM
Department Approval	jstrand1	06/08/2020 12:44:52 PM
Contract Manager Approval	jstrand1	06/08/2020 12:51:04 PM
Budget Analyst Approval	hfield	06/12/2020 10:21:26 AM