

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: August 11, 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

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 30, 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 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Evan Dale to perform fiscal duties for the Department of Administration, Administrative Services Division 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 Timothy Maguire to perform uniformed security guard duties for various agencies through Master Service Agreement #19049 with Universal Protection Service LLP, dba Allied Universal Security.

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Kelli Baratti to perform resource and incident management coordination duties for the Department of Public Safety, Division of Emergency Management (DEM) through Master Service Agreement # 18406 with Talent Framework LLC.

5. Authorization for an Emergency Contract with a Current and/or Former State Employee (For possible action)

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

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

A. Office of the Attorney General

Pursuant to NRS 353.268, the Office of the Attorney General requests the Board's recommendation to the Interim Finance Committee for an allocation of \$3,551 from Interim Finance Committee Contingency Account to cover a projected shortfall.

B. Governor's Finance Office

Pursuant to NRS 353.268, the Governors Finance Office requests the Board's recommendation to the Interim Finance Committee for an allocation of \$3,467,578 from Interim Finance Committee Contingency Account to cover a projected shortfall.

7. Request for Approval to Pay a Tort Claim Pursuant to NRS 41.036 (For possible action)

Pursuant to NRS 41.036, the Office of the Attorney General submits the following Tort Claim request for approval:

Claimant: Daniel Vargas/ Christiansen Law Offices
Claim No: TC17846
Settlement Amount: \$175,000
Date of Loss: November 30, 2013

8. Request for Approval of Payment from the Statutory Contingency Account (For possible action)

Pursuant to NRS 41.950 and NRS 41.970, the Governor's Finance Office requests the Board of Examiners to approve a payment of \$2,275,000 from the Statutory Contingency Account, to DeMarlo Berry representing compensation for his wrongful conviction.

9. Approval of Proposed Contracts (For possible action)

10. Approval of Work Plan (For possible action)

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

12. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from June 23, 2020 through July 20, 2020.

13. Information Item Reports

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

Pursuant to NRS 321.5954, Subsection 4, the State Land Registrar is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. Pursuant to Chapter 355, Statutes of Nevada, 1993, on page 1153, the agency is to report quarterly on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. This submittal reports on program activities for the 4th quarter of Fiscal Year 2020.

B. Department of Motor Vehicles – Complete Streets

Pursuant to NRS 482.1825, Subsection 2, the Department of Motor Vehicles shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents and that the money has been distributed as provided in statute. This is the third quarter of State Fiscal Year 2020 report for the period beginning January 1, 2020 and ending March 31, 2020.

Pursuant to NRS 482.1825, Subsection 2, the Department of Motor Vehicles shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agent, and that the money has been distributed as provided in statute. This is the fourth quarter of State Fiscal Year 2020 report for the period beginning April 1, 2020 and ending June 30, 2020.

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.

15. 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. 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

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
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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>

EMERGENCY

Date and Time: June 30, 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

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.

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MINUTES

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 30, 2020. Could I ask the Clerk to take the roll, please?

Board Secretary: Yes. Governor Sisolak?

Governor: Here.

Board Secretary: Secretary of State Cegavske?

Secretary of State: I'm here.

Board Secretary: Attorney General Ford?

Attorney General: 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: Item number 2, this is the first time set aside for public comment. Anyone wishing to address the Board, on any item on today's agenda, items on the agenda, please identify yourself for the record. Comments will be limited to three minutes. Do we have anyone on the phone? Okay. Seeing no one. I'll close public comment.

3. Approval of Proposed Contracts (For possible action)

Governor: We'll move on to agenda item number 3, Approval of Proposed Contracts. Ms. Brown.

Clerk: Good morning. There are 17 contracts under this agenda item for approval this morning and I would just note on Contracts 1 and 2, that those will be contingent upon IFC approval of work programs for the funds.

Governor: Okay. Do we have any questions on the 17 contracts up for approval?

Attorney General: Mr. Governor, this is Aaron Ford. No questions, I just want to ensure that these are all Medicaid related items for our 17 counties, is that right?

Clerk: Attorney General, that is correct and the three information items are also related.

Attorney General: Very good, thanks so much.

Governor: Yes, there are so many because of the different counties. Any other questions? Do I have a motion on item number 3?

Attorney General: Move approval.

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

4. 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.

Governor: Item number 4, Information Item, Clerk of the Board contracts.

Clerk: There are three items under this agenda, all for the Department of Health and Human Services that relate to the action items on the agenda. These are here to have them all approved at the same time or all noted that they're approved at the same time.

Governor: Do we have any questions on the information items on the Clerk of the Board contracts?

Attorney General: None here.

Secretary of State: None Governor, thank you.

Governor: Thank you, we'll close item number 4.

5. **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 5. Public comment. This is the second time set aside for public comment. Anyone wishing to address the Board on any item, please identify yourself for the record and comments will be limited to three minutes. Any public comment? Okay.

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

Governor: Item number 6, do I have a motion to adjourn?

Attorney General: So, moved.

Governor: We have a motion on the floor, is there any discussion? All in favor, signify by saying aye. [ayes around] Thank you, we are adjourned, thanks, everybody.

Attorney General: Thank you.

Secretary of State: Thanks, Governor.

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: July 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 Evan Dale to perform fiscal duties for Department of Administration, Administrative Services Division (ASD) through Master Service Agreement #18404 with HAT Limited Partnership, dba Manpower.

Additional Information:

Mr. Dale retired from the Governor's Finance Office, Office of Project Management as Administrator on March 11, 2020 and is receiving pension benefits. He previously held the role of Administrator of ASD and is familiar with the processes and tools related to budget development, internal service rates and financial tracking. His training and experience is needed to assist ASD through the budget process and provide guidance and training to current staff through December, 2020.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: <i>ST</i> _____
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

July 5, 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 Evan Dale who Manpower wants to hire. Manpower is aware he would not be able to start with them until approval of the August BOE.

Evan Dale 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@dmin.nv.gov

RECEIVED

JUL 07 2020

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION



**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

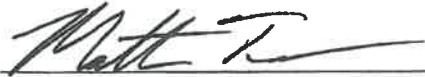
Employee Information			
Former Employee Name:	Evan Dale		
Former Employee ID Number:	025698		
Former Job Title:	Administrator		
Former Employee Agency:	Office of Project Management – Smart21		
Former Class and Grade:	Class:	46	Grade: 10
Former Employment Dates:	From:	11/19/2001	To: 03/11/2020
Requesting Agency:	Department of Administration – Administrative Services Division		
Vendor:	Manpower		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	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.
A	<p>Summarize scope of contract work.</p> <p>The contractor will assist in providing fiscal guidance to agencies, prepare budget projections, develop biennial budgets, and train permanent budget staff to meet statutory deadlines in NRS 353. Specifically, the contractor will provide additional training and services for the development and updating of internal service rates and support of the Igor fiscal tracking system.</p>
B	<p>Document former job description</p> <p>The Administrator, Smart21 operates as the State functional lead for Enterprise Resource Planning. The position served to identify and develop project management roles, process, methods, tools, guidelines, standards, and policies and procedures.</p>
C	<p>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 timeframe for the transfer?</p> <p>Yes, the former employee has extensive knowledge of internal service rates, the budgeting process, and the Igor fiscal tracking system.</p>
D	Explain why existing State employees within your agency cannot perform this function.

	Responses to the COVID-19 Emergency and budgetary planning requirements for the current biennium have put a large amount of stress on the understaffed budget analyst team in addition to adding complexities which will have to be managed when closing FY 2020 and opening FY 2021. Compounding these difficulties, many budget building tasks for the 2021-2023 Biennium have been put on hold or slowed due to the attention and logistics of planning for the Emergency.
E	Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750. No relationship exists.
F	List contractors' hourly rate. \$80.00 per hour.
G	List the range of comparable State employee rates. Comparable State employee rates for the services range from \$47.97 to \$121.85 per hour.
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result? The rate does not exceed the maximum rate.
I	Document justification for hiring contractor. ASD is currently understaffed to prepare and respond to client agency budget submissions for FY 2022 - FY 2023 and meet statutory deadlines in NRS 353.210-211. To further complicate the current staff challenges, none of the existing budget analyst incumbents have been with ASD through a budget build or submission cycle. Hiring an experienced temporary staffer to supplement building budgets, reviewing submissions, and training existing staff will help to meet statutory declines with complete and concise final work products.
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) 08/11/2020 – 12/30/2020
L	Will the former employee be working full time or part-time? If part time, how many hours? Part time, 200-400 hours total.
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s). No

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:



Signature of Agency Head Authorizing Request

7-6-20

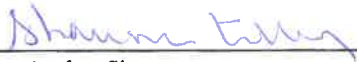
Date



Purchasing Administrator Signature (if a Statewide Contract)

7/6/2020

Date



Budget Analyst Signature

7-16-20

Date

Clerk of the Board of Examiners Signature

Date

Annette Morfin

From: Michael J. Rankin
Sent: Tuesday, June 02, 2020 9:13 AM
To: Laura E. Freed
Cc: Catherine Bartlett; Matthew Tuma; Colleen Murphy; Peter Long; Kara Sullivan; Beverly Ghan
Subject: RE: Justification to Fill for BA 1371 -- PCN 16 (BA II) and temporary contractor

Good Morning,

The JTF for the contracted trainer position has been approved. If you have any questions please let me know.

FW: – URGENT – JTF – 1371 /Contracted Trainer



Susan Brown

To: Michael J. Rankin

Cc: Mary J. Doyal; Dale Ann Luzzi

 Follow up. Start by Tuesday, June 2, 2020. Due by Tuesday, June 2, 2020.

From: Jessica Diss <jdiss@gov.nv.gov>
Sent: Monday, June 01, 2020 10:19 AM
To: Susan Brown <SusanBrown@finance.nv.gov>
Subject: RE: – URGENT – JTF – 1371 /Contracted Trainer

Approved.

Jessica Diss
Senior Policy Analyst
Office of Governor Steve Sisolak
State of Nevada
101 N. Carson Street
Carson City, NV 89701
P: (775) 684-5681

Thanks,
Mike

From: Laura E. Freed <LauraFreed@admin.nv.gov>
Sent: Wednesday, April 29, 2020 1:46 PM
To: Michael J. Rankin <mjrankin@finance.nv.gov>
Cc: Catherine Bartlett <cebartlett@finance.nv.gov>; Matthew Tuma <mtuma@admin.nv.gov>; Colleen Murphy <cmurphy@admin.nv.gov>
Subject: Justification to Fill for BA 1371 -- PCN 16 (BA II) and temporary contractor

Good afternoon Michael,

Attached for your review are two Justification to Fill forms for the Administrative Services Division. Also attached is Administrator Tuma's memorandum to me, explaining in more detail why he believes the request to be justified. I hope you will permit me to add some commentary of my own, from the Director's Office perspective.

PCN 16 – Budget Analyst II

As we go into budget building, SFYE 20 closings, and then into Gov Rec construction in the fall, it is imperative that our ASD budget analyst staff be full in order to share the work of preparing over 90 accounts' worth of closing documents and helping various agencies prepare their Agency Request budgets for the 2021-23 biennium. If we have a full complement of Budget Analyst II and III positions, the senior level positions will be able to focus on the work of cost allocation development and rate development, as is their main duty. The ability to staff ASD completely has a direct effect on the quality of budget submissions, work programs, and accounting/internal controls within the Department of Administration and the other agencies ASD serves. One of my primary goals as the new Director is to improve both the service and the products ASD provides. I will struggle to do that without a full staff. Only one current Budget Analyst is conversant in NEBS, and has been through a complete budget cycle. If we can fully staff our budget analyst positions, they can all train at the same time for the upcoming biennium. This will be a great help to the Director's Office as we prepare to sift through the budget reductions that we are expecting to have to make.

There is sufficient funding to support this positions' cost for the remainder of this biennium.

Temporary Part-Time Budget Analyst/Trainer

As noted above, many of the Budget Analyst II and III incumbents need more training in NEBS, especially as the system evolves and gains new functionality with the GFO's modifications. Our hope is to hire an experienced budget professional to assist in getting the classified Budget Analysts up to speed, so that they can more quickly and efficiently prepare budgets for the upcoming biennium and understand the Gov Rec process. We are frankly behind on training our relatively new staff, and having this position for approximately 6 months will help the ASD be prepared for both year-end closings and budget reductions expected for the upcoming biennium.

There is sufficient funding to cover a part-time contract position within the ASD budget, though it appears that ASD might need to process a non-IFC work program to gain sufficient authority within Cat 04 to fund it depending on the start date and hours the contract position is available to work.

Please feel free to reach out if you have questions or would like additional information.

Laura E. Freed
Director

State of Nevada | Department of Administration
T: (775) 684-0294 | F: (775) 684-0298 | E: laurafreed@admin.nv.gov



Justification to Fill

Authorization is required to fill the following position:

Department Name Administration

Agency Name Administrative Services Division

Budget Account # 1371

PCN *N/A*

FTE .5

Grade Level *N/A*

Class Code Temp.

Class Title Temp - Manpower

Salary Range of Position \$59.48 per hour Position Location Carson City, Nevada

Name of Position Supervisor Matthew Tuma

Supervisor's Telephone # 775.684.0281

Briefly describe the main purpose of this position

This temporary position would work to provide fiscal guidance to agencies, prepare budget projections, assist agencies with strategic planning, develop biennial budgets, and train permanent Budget Analyst III and II incumbents. The highest critical need for the temporary position would be from April 2020 through budget submission in September 2020.

If this position has IT related duties, please state types of duties and percentage of time spent on these duties.

Is this position critical to the following?

- Public Safety
- Direct care
- Essential Services
- Position generates revenue for the state

Justification to Fill

Date position became vacant

If vacant for more than 30 days, please explain NA

How did the position become vacant?
(termination, transfer, retirement, etc.) NA

Reason for the urgency to fill and the consequences of not filling the vacancy ASD is currently understaffed to prepare and respond to client agency budget requests for FY 2022 - FY 2023 and meet statutory deadlines in NRS 353.210-211.

Position Funding Sources

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

Department Director Approval

Name *Laura Freed* Email *laura.freed@admin.nv.gov*
Title *Director* Date *4-29-2020*

IT Panel Approval

Name _____ Email _____
Title _____ Date _____

Budget Officer Approval

Name _____ Email _____
Title _____ Date _____

Governor's Office Approval

Name _____ Email _____
Title _____ Date _____

PLEASE EMAIL THE COMPLETED FORM TO YOUR ASSIGNED BUDGET OFFICER

Steve Sisolak
Governor



Susan Brown
Director

Tiffany Greenameyer
Deputy Director

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

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Date: July 16, 2020
To: Susan Brown, Clerk of the Board
Governor's Finance Office
From: Shauna Tilley, Executive Branch Budget Officer
Governor's Finance Office *nt*
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 Timothy Maguire to perform uniformed security guard duties for various agencies through Master Service Agreement #19049 with Universal Protection Service LLP, dba Allied Universal Security.

Additional Information:

Mr. Maguire retired from the Department of Corrections as a Correctional Sergeant on December 22, 2018 and is receiving pension benefits. His training and experience is needed to perform security services at various locations and agencies as required through December 30, 2020.

Statutory Authority:

NRS 333.705 (1)

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

July 5, 2020

MEMORANDUM

To: Shauna Tilley

From: Annette Morfin, Purchasing Officer

Subject: CETS Contract 19049 - Allied Universal Security Services
RFP 3455 - Uniformed Security Guards

Please find attached a copy of the "Authorization to Contract with a Former Employee for Timothy Maguire who Allied Universal Security Services wants to hire. Allied Universal Security Services is aware he would not be able to start with them until approval of the August BOE.

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

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

RECEIVED
JUL 06 2020
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION



**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:	Timothy Maguire		
Former Employee ID Number:	12455		
Former Job Title:	Correctional Sergeant		
Former Employee Agency:	Department of Corrections		
Former Class and Grade:	Class:	classified	Grade: 37
Former Employment Dates:	From:	1998	To: 12-22-2018
Contracting Agency:	Various agencies		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	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.
A	Summarize scope of contract work.
	This contract provides uniformed security guards to various State agencies. The guards may be armed or un-armed depending on the agency's needs. It also provides for Vehicle Patrols, as well as, Random Marked Vehicle Stops.
B	Document former job description.
	Safety and Security for the Department of Corrections.
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 timeframe for the transfer?
	Yes, these are individual with law enforcement training. No, there is no clause in the contract for the transfer of the specialized knowledge of the contracting agency and a time frame for the transfer.
D	Explain why existing State employees within your agency cannot perform this function.

	Capitol Police does not have the resources to perform this service for all agencies needing this type of service.
E	Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.
	No
F	List contractors' hourly rate.
	\$17.50
G	List the range of comparable State employee rates.
	\$23.03-\$34.25 per hour
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?
	Not Applicable
I	Document justification for hiring contractor.
	There are a limited number of individuals available with the appropriate law enforcement experience
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)
	Upon approval – 12/30/2020
L	Will the former employee be working full time or part time? If part time, how many hours?
	Full time
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	NO

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

Kevin D. Doty 6/29/2020
Contracting Agency Head's Signature Date

Sharon Taylor 7-16-20
Budget Analyst Signature Date

Clerk of the Board of Examiners Signature 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 | Fax: (775) 684-0260

Date: July 14, 2020
To: Susan Brown, Clerk of the Board
Governor's Finance Office
From: Shauna Tilley, Executive Branch Budget Officer
Governor's Finance Office, Budget Division *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 Kelli Baratti to perform resource and incident management coordination duties for the Department of Public Safety, Division of Emergency Management (DEM) through Master Service Agreement # 18406 with Talent Framework LLC.

Additional Information:

Ms. Baratti retired from DEM as a Grants and Projects Analyst on September 7, 2019 and is receiving pension benefits. She has experience with wildland fire and resource dispatch systems and management of the state's Emergency Operations Center. Her expertise is needed to assist in coordination of resource and incident management in a wildfire season complicated by a pandemic.

Statutory Authority:

NRS 333.705 (1)

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

July 24, 2020

MEMORANDUM

To: Shauna Tilley
From: Annette Morfin, Purchasing Officer
Subject: CETS Contract 18406 – Talent Framework, LLC
RFP 3296 – Temporary Employment Services

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Kelli Baratti who Talent Framework, LLC wants to hire. She is currently collecting PERS. Talent Framework, LLC is aware she will not be able to start until she has been approved at the August BOE.

If you have any questions, please contact me at 684-0185 or 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:	Kelli Baratti		
Former Employee ID Number:	10829		
Former Job Title:	Grants & Project Analyst III		
Former Employee Agency:	Division of Emergency Management & Homeland Security		
Former Class and Grade:	Class:	07.753	Grade: 37
Former Employment Dates:	From:	05/29/09	To: 09/06/19
Requesting Agency:	Division of Emergency Management & Homeland Security		
Vendor:	Talent Framework		

Please mark which of the following applies and complete Sections 'A' through 'M' below:

X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	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.
A	<p>Summarize scope of contract work.</p> <p>Contractor is a subject matter expert relative to wildland fire and resource dispatch systems. Since we are in the early stages of a clearly active and destructive fire season while simultaneously managing COVID and a new federally required resource management system, no other DEM employee can currently undertake the wildfire response as well. All other DEM employees are actively engaged in COVID response and/ or other response activities and are unable to efficiently and effectively manage these large incidents as well. Contractor has also managed the State EOC before and worked in multiple positions within it to allow it to function effectively. Her knowledge and expertise allow continuity of operations when other qualified personnel are not available due to time off or illness.</p>
B	<p>Document former job description.</p> <p>Agency lead or supervisor of:</p> <ol style="list-style-type: none"> 1. On the current resource management processes and databases. 2. The Fire Chiefs and the meeting rules. 3. On the State Duty Officer Program operations and management. 4. IMAC information, meetings and processes. 5. SEOC Plans and operations. 6. NPD-14, NPD-15 process on new forms and the schedule.

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 timeframe for the transfer?
	Yes. Her specialized knowledge is being used to continue and enhance operations during a worldwide pandemic that has resulted in continuous operations of the State Emergency Operations Center for four months with no foreseeable end date.
D	Explain why existing State employees within your agency cannot perform this function.
	No other DEM personnel are trained to the level necessary to adequately support local, tribal, and state jurisdictions during large and complex wildfires.
E	Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.
	No relation
F	List contractors' hourly rate.
	\$25.00 (plus Talent Framework admin fee of 21% = \$30.25)
G	List the range of comparable State employee rates.
	37-10 \$26.80 – \$39.94
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?
	Contractor rate does not exceed and the contract term has not been limited.
I	Document justification for hiring contractor.
	The former employee was the sole responsible party for the operations of the scope of work mentioned above. The programs have federal and state requirements to maintain those programs. The knowledge and experience needs to be transferred.
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)
	August 15, 2020 to October 15, 2020
L	Will the former employee be working full time or part time? If part time, how many hours?
	Part time as fires occur or her subject matter expertise is needed to help manage the State Emergency Operations Center. Expected to be approximately 32 hours per week.
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	Yes. She is a member of the Board of Fire Services.

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:



Signature of Agency Head Authorizing Request

7-7-2020

Date



Purchasing Administrator Signature (if a Statewide Contract)

7/24/2020

Date



Budget Analyst Signature

7-27-20

Date

Clerk of the Board of Examiners Signature

Date

Justification to Fill

Authorization is required to fill the following position:

Department Name Department of Public Safety

Agency Name Division of Emergency Management

Budget Account # 3502

PCN n/a

FTE n/a

Grade Level n/a

Class Code n/a

Class Title Grants and Project Analyst III

Salary Range of Position 26.80-39.94

Position Location DEM State Emergency Operations Center

Name of Position Supervisor Jon Bakkedahl or Lanita Magee

Supervisor's Telephone # 775-687-0300

Briefly describe the main purpose of this position

Contractor is a subject matter expert relative to SEOC operations. Contractor has managed the State EOC before and worked in multiple positions within it to allow it to function effectively. Her knowledge and expertise will help during standard operations and will also be able to allow for continuity of operations Contractor is a subject matter expert relative to wildland fire and resource dispatch systems. Since we are in a clearly active and destructive fire season while simultaneously managing COVID and a new federally required resource management system, no other DEM employee can currently undertake the wildfire response as all DEM staff are actively engaged in COVID response.

If this position has IT related duties, please state types of duties and percentage of time spent on these duties.

n/a

Is this position critical to the following?

- Public Safety
- Direct care
- Essential Services
- Position generates revenue for the state

Justification to Fill

Date position became vacant *n/a*

If vacant for more than 30 days, please explain *n/a*

How did the position become vacant?
(termination, transfer, retirement, etc.)

This is a contract positions in the State Emergency Operations Center

Reason for the urgency to fill and the consequences of not filling the vacancy

The contract position was filled in April 2020 at the beginning of the State Emergency Operations Center's activation under the emergency declaration. The SEOC is requesting to extend the contracted position to cover fire season and the potential surge related to the COVID Pandemic

Position Funding Sources

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

Department Director Approval

Name **George Togliatti**


Email **gtogliatti@dps.state.nv.us**

Title **Director**

Date **July 24,2020**

IT Panel Approval

Name

Email

Title

Date

Budget Officer Approval

Name

Email

Title

Date

Governor's Office Approval

Name

Email

Title

Date

PLEASE EMAIL THE COMPLETED FORM TO YOUR ASSIGNED BUDGET OFFICER

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: July 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 EMPLOYMENT, TRAINING AND REHABILITATION

Agenda Item Write-up:

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

Additional Information:

Mr. Bracken retired from 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: <u> <i>cb</i> </u>
ACTION ITEM: _____



EMPLOYMENT SECURITY DIVISION
OFFICE OF THE ADMINISTRATOR

MEMORANDUM

DATE: July 20, 2020

TO: Susan Brown, Director
Governor's Finance Office

FROM: Kimberly Gaa, Division Administrator
Employment Security Division *Kimberly Gaa*

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.

EMPLOYMENT SECURITY DIVISION

Agenda Item Write-up:

Pursuant to NRS 333. 705, subsection 4, the Employment Security Division, seeks a favorable recommendation regarding the Division's determination to use the emergency provision to contract with former employee Brian Bracken. This was necessary to operationalize the Pandemic Unemployment Assistance (PUA) program. The duties of this position are to perform administrative oversight and operational direction for ESD and leadership duties over PUA on a full-time basis from May 25th through September 25th, 2020. The employee has been hired through Master Service Agreement #18404, with HAT Ltd Partnership, OBA Manpower.

Additional Information:

The Pandemic Unemployment Assistance (PUA) program was created by the emergency CARES Act. Due to PUA being a new program that has not been administered before, experienced resources are essential to carry out the provisions outlined in the CARES Act relating to PUA. Mr. Bracken retired from ESD in August 6th, 2019 after a long tenure with the Department. Mr. Bracken has the level of experience in the existing unemployment

programs needed to give the Division a viable opportunity for a successful implementation and on-going operational needs. Mr. Bracken was selected as the temporary Deputy Administrator over PUA in order to effectuate this end. He began work to operationalize and administer the ESD PUA program in May, and the Division expects that the need for his services can be eliminated by June 2021 through the PUA program being in the last stages of clean-up. It is expected that a new contract submission will be provided by the Division every 4 months per the requirements outlined in NRS 333.705.



**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



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: BPAMIII,
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.**

\$2.61

- 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:


Signature of Agency Head Authorizing Request

6/10/20
Date


Purchasing Administrator Signature (if a Statewide Contract)

6/11/2020
Date


Budget Analyst Signature

6/16/20
Date

Clerk of the Board of Examiners Signature

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 | Fax: (775) 684-0260

Date: July 22, 2020
To: Susan Brown, Clerk of the Board
Governor's Finance Office
From: Heather Field, Executive Branch Budget Officer
Governor's Finance Office, Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

OFFICE OF THE ATTORNEY GENERAL

Agenda Item Write-up:

Pursuant to NRS 353.268, the Office of the Attorney General requests the Board's recommendation to the Interim Finance Committee for an allocation of \$3,551 from Interim Finance Committee Contingency Account to cover a projected shortfall.

Additional Information:

The Governor's ninth emergency directive related to legal proceedings, permits, and licenses extended all renewal expirations to 90 days either from their current expiration date or 90 days after the state of emergency is lifted. This directive delayed the receipt of license plates fee revenues and created a shortfall within the Crime Prevention Program budget.

Approval of this request will cover the fiscal year deficit and provide the cash flow necessary to close fiscal year 2020.

Statutory Authority:

BOE approval required pursuant to NRS 353.268.

REVIEWED: _____
ACTION ITEM: _____

AARON D. FORD
Attorney General

KYLE E.N. GEORGE
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

To: Heather Field, Executive Branch Budget Officer 2

From: Jessica Hoban, CFO 775-684-1116 JHoban@ag.nv.gov

Date: July 22, 2020

Subject: Contingency Funds Request – BA 1036

This memorandum serves as a request from the Board of Examiners for approval of additional funds from the Contingency account to cover a revenue shortfall from license plate fees. This shortfall is due to office closures and time extensions on expiring license renewals to support social distancing as a result of the COVID-19 pandemic.

The Crime Prevention Program, in Budget Account 1036, requests the amount of \$3,551 to provide funding sufficient to cover obligations for which the license fee was not able to support in Fiscal Year 2020.

Program management is continuing to review amounts budgeted in Fiscal Year 2021 in effort to identify potential savings to reduce the need for additional funding requests next year in this budget.

State of Nevada Work Program

WP Number: C51736

FY 2020

Add Original Work Program

XXX Modify Work Program

BUDGET DIVISION USE ONLY
DATE _____
APPROVED ON BEHALF OF _____
THE GOVERNOR BY _____

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
07/23/20	101	030	1036	AG - CRIME PREVENTION

Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4654	TRANSFER FROM INTERIM FINANCE	3,551	0	3,551
Subtotal Budgetary General Ledgers		0	Subtotal Revenue General Ledgers(RB)		3,551		3,551
Total Budgetary & Revenue GLs					3,551		

Expenditures

CAT	Amount	CAT	Amount
01	3,551		
Sub Total Category Expenditures			<u>3,551</u>

<p>Remarks</p> <p>The purpose of this work program is to request contingency funds to cover a revenue shortfall from License Fees.</p>

Total Budgetary General Ledgers and Category Expenditures (AP) 3,551

jhoba2
Authorized Signature

07/24/20
Date

Controller's Office Approval

Does not require Interim Finance approval since Contingency fund request approved on August 20, 2020.

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 | Fax: (775) 684-0260

Date: July 30, 2020
To: Susan Brown, Clerk of the Board
Governor's Finance Office
From: Heather Field, Executive Branch Budget Officer
Governor's Finance Office, Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

GOVERNORS FINANCE OFFICE

Agenda Item Write-up:

Pursuant to NRS 353.268, the Governors Finance Office requests the Board's recommendation to the Interim Finance Committee for an allocation of \$3,467,578 from Interim Finance Committee Contingency Account to cover a projected shortfall.

Additional Information:

AB267, approved in the 2019 legislative session, provides for the compensation and other properly related matters of certain persons who were wrongfully convicted. This bill requires a court to enter a certificate of innocence and determine the proper amount of award to be paid from the Statutory Contingency Account. To date there is approximately \$7,490,000 in pending wrongful conviction settlement awards. In addition to wrongful conviction awards the budget account is responsible for ongoing obligations related to NRS 353.264. The current account balance is in the amount of \$4,447,194, therefore additional resources are required to meet Statutory obligations.

Statutory Authority:

BOE approval required pursuant to NRS 353.268.

REVIEWED: _____
ACTION ITEM: _____

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 | Fax: (775) 684-0260

Date: July 10, 2020

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

From: Jennifer Cooper, 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.

OFFICE OF THE ATTORNEY GENERAL

Agenda Item Write-up:

Pursuant to NRS 41.036, the Office of the Attorney General submits the following Tort Claim request for approval:

Claimant: Daniel Vargas/Christiansen Law Offices
Claim No: TC17846
Settlement Amount: \$175,000.00
Date of Loss: November 30, 2013

Additional Information:

A settlement agreement and release of all claims has been entered into in the amount of \$175,000.00 for Christiansen Law Offices representing a negotiated settlement from \$265,000.00 to \$175,000.00 in outstanding attorney fees and costs.

Statutory Authority:

SAM 2905 and NRS 41.036

REVIEWED: _____

ACTION ITEM: _____

AARON D FORD
Attorney General

KYLE E.N. GEORGE
First Assistant Attorney General

CHRISTINE JONES BRADY
Second Assistant Attorney General



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street
Carson City, Nevada 89701

JESSICA L. ADAIR
Chief of Staff

RACHEL J. ANDERSON
General Counsel

HEIDI PARRY STERN
Solicitor General

MEMORANDUM

To: Susan Brown, Director, Governor's Finance Office

From: Nancy Katafias, State Tort Claims Manager
(775) 684-1252, nkatafias@ag.nv.gov

Subject: BOE Agenda Submittal TC 17846, Daniel Vargas

Date: July 7, 2020

Please place the following item on the August 11, 2020 Board of Examiner's agenda for approval. Upon approval, this item will be paid from Budget 1348, category 15.

The total settlement amount is \$175,000.00 and will be payable as follows:

Christiansen Law Offices
810 S Casino Center Blvd, Ste 104
Las Vegas NV 89101

TORT CLAIM RECOMMENDATION

DATE: July 1, 2020
CLAIMANT: Daniel Vargas
CLAIM NUMBER: TC17846
DATE OF LOSS: November 30, 2013
AGENCY: DHHS/DCFS

DISCUSSION

In his lawsuit filed against the DHHS/DCFS, the plaintiff alleged violations of rights to life and security, failure to train and supervise, Monnell claims regarding policies of the DCFS, negligence claims, assault and battery claims and Intentional Infliction of Emotional Distress claims. The allegations arise from an incident that occurred while the plaintiff was in the legal custody of the Nevada Youth Training Center which is part of the Division of Child and Family Services within the DHHS. The allegation is that the State defendants entered the plaintiff's room and used hobble restraints to gain control of the plaintiff. It is alleged that he was left in the hobble restraints for an hour and in leg and belly chains for 2 hours and in a room by himself. He alleges he was physically injured when the use of force was conducted to place him in the restraints.

In an effort to reduce the risk of a potential jury award, the case was partially settled in the amount of \$99,999. This amount was payed to the plaintiff in March 2017. The amount of attorney fees and costs was agreed to be decided by the court.

The fees and costs has continued to be litigated. The amount of attorney fees was approximately \$265,000 and we were able to reach a negotiated settlement in the amount of \$175,000 for the outstanding attorney fees and costs.

RECOMMENDATION

It is recommended that the claim be paid in the amount of \$175,000.00

RECOMMENDATION: PAY

Christiansen Law Offices
810 S Casino Center Blvd, Ste 104
Las Vegas NV 89101

Approved:

Nancy Katarfias
NANCY KATARFIAS, CLAIMS MANAGER

7/1/2020
DATE

Rachel Anderson
RACHEL J. ANDERSON, GENERAL COUNSEL

7/7/2020
DATE

SETTLEMENT AGREEMENT AND RELEASE

This Settlement Agreement and Release (the "Agreement"), subject to all necessary approvals under Nevada law, including the approval of the State Board of Examiners of Nevada, is entered into this ____ day of July 2020 (the "Effective Date") by and among the following individuals and entities:

- DANIEL VARGAS, an individual (hereinafter referred to as "PLAINTIFF");
- STATE OF NEVADA, DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF CHILD AND FAMILY SERVICES, (hereinafter referred to as the "STATE") a government entity;

The individuals and entities named above are referred to collectively throughout this Agreement as "the Parties," unless otherwise noted.

RECITALS

WHEREAS, PLAINTIFF filed an action in the United States District Court, District of Nevada; Case #2:14-cv-1942-JCM-CWH ("the Litigation"). The Litigation arose out of an incident on November 30, 2013 at the Nevada Youth Training Center, 100 Youth Center Road, in the City of Elko, County of Elko, State of Nevada. PLAINTIFF alleged violation of his civil rights, intentional infliction of emotional distress, and negligence by HOWELL, MCBRIDE, GLOECKNER, GOODSON, TAYLOR, PATTERSON, BRILEY, OLSON, and KNOTTS and assault and battery by GOODSON, TAYLOR, PATTERSON, BRILEY, and OLSON.

WHEREAS, the parties settled the Litigation through that certain settlement agreement ("Prior Settlement Agreement"), but reserved the right to litigate the reasonable attorney's fees, costs, and interest that may have been owed to PLAINTIFF under 42 U.S.C. §1988.

WHEREAS, the Parties are now desirous to fully and finally settle, and to dismiss with prejudice PLAINTIFF'S request for reasonable attorney's fees, costs, and interest under 42 U.S.C. §1988 arising from the Litigation.

IN CONSIDERATION of the several and mutual promises, agreements, representations, warranties, and covenants in this Agreement and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties do hereby agree as follows:

1. Incorporation of Recitals. The preceding Recitals are incorporated by reference as though fully set forth herein in their entirety.
2. Payment. Within 15 days of approval of this Agreement by the State Board of Examiners of Nevada, the STATE will pay \$175,000 to PLAINTIFF. The payment shall be made by check payable to Christiansen Law Offices c/o R. Todd Terry, 810 S. Casino Center Boulevard, Suite 104, Las Vegas, NV 89101.

3. PLAINTIFF acknowledges that he is responsible to satisfy liens, of any kind or nature whatsoever, related to the Litigation, the Prior Settlement Agreement, and this Agreement. PLAINTIFF agrees to indemnify and hold harmless HOWELL, MCBRIDE, GLOECKNER, GOODSON, TAYLOR, PATTERSON, BRILEY, OLSON, and KNOTTS, and the STATE and their respective legal representatives, heirs, successors, assigns, insurers, agencies, divisions, departments, and employees, of any kind or nature whatsoever, from any and all damages, injunctive relief, equitable relief, interest, attorney's fees, costs, interest arising from any lien claims related to the Litigation, the Prior Settlement Agreement, and this Agreement.

4. Full and Final Release. The PLAINTIFF, on behalf of himself and his respective officers, directors, attorneys, affiliates, shareholders, successors, heirs, assignees, employees, and agents agrees not to pursue any claim or suit against, shall and do hereby release and forever discharge the HOWELL, MCBRIDE, GLOECKNER, GOODSON, TAYLOR, PATTERSON, BRILEY, OLSON, and KNOTTS, and the STATE, of and from any and all claims, counterclaims, duties, warranties, demands, causes of action, obligations, liabilities, rights to subrogation, damages, debts, losses, sums of money, settlement payments, indemnity payments, defense payments, costs of litigation, expert fees, consultant fees, and attorney's fees and expenses, of all and every kind and nature whatsoever, whether known or unknown, liquidated or unliquidated, asserted or not asserted, whether at law or in equity, based on contract, tort, equity, statute, constitutional rights of inverse condemnation or any other claim or theory of recovery that may exist and whether for compensatory damages, consequential damages, attorneys' fees or costs, interest, punitive damages, or exemplary damages, that in any manner relate to or arise out of or are connected with the Litigation and the Prior Agreement that were asserted or could have been asserted.

5. Complete Release. It is the intention of the Parties that this Agreement shall constitute a full and final accord and satisfaction as to the matters encompassed in the release set forth in paragraph 4, and a bar to entry of judgment on the PLAINTIFF's claims for attorney's fees, costs, and interest arising from the Litigation, as well as a bar to any and all other actions, causes of action, obligations, costs, expenses, attorneys' fees, damages, losses, claims, liabilities and demands of whatever nature, character or kind, known or unknown, suspected or unsuspected, between the PLAINTIFF and the HOWELL, MCBRIDE, GLOECKNER, GOODSON, TAYLOR, PATTERSON, BRILEY, OLSON, and KNOTTS, and the STATE, arising out of, directly or indirectly, or connected with the Litigation and the Prior Agreement. The Parties, and each of them, acknowledge that they are fully familiar with the facts and assumptions giving rise to this Agreement, but agree that this Agreement shall remain fully effective and binding as to each of them even if the facts or assumptions turn out to be different from what they now believe them to be.

6. Compromise. Individual Plaintiffs, and each of them, acknowledge that they execute and agree to and accept the terms set forth in this Agreement as a complete compromise of matters involving disputed issues of law and fact, and fully assume the risk that the facts and law may be other than they believe.

7. Dismissal of Pending Litigation. Within 30 days of the payments identified in paragraph 2 being received by PLAINTIFF, PLAINTIFF agrees to dismiss with prejudice or effect dismissal with prejudice of all claims existing or pending in the Litigation.

8. Good Faith. The Parties agree that the settlement embodied in this Agreement is made in good faith, is the subject of arms-length negotiations, and the consideration supporting the Agreement is fair and appropriate.

9. Authority. Each of the Parties represents and warrants that they have full power and authority to enter into this Agreement and to make the releases described herein on behalf of themselves and on behalf of all entities or persons described herein. Any individual signing this Agreement on behalf of another individual, or a corporation, partnership, trust, or other entity represents or warrants that he or she has full authority to do so. Each Party to this Agreement represents and warrants that it has not sold, assigned, transferred, or otherwise disposed of any claim described, set forth, or referred to in this Agreement.

10. Sufficiency of Consideration. The Parties acknowledge that the covenants contained in this Agreement provide good and sufficient consideration for every promise, duty, release, obligation, agreement, and right contained in this Agreement.

11. Governing Law. This Agreement shall be deemed made under and shall be governed by the substantive laws of the State of Nevada, excluding its conflict of law rules. Venue shall be in the United States District Court, District of Nevada.

12. Dispute Resolution. Prior to the initiation of any litigation, any disputes between the Parties under this Agreement shall first be mediated before Kuyngah "Kay" Suk, Circuit Mediator, Ninth Circuit Court of Appeals, who presided over the settlement terms.

13. Construction. The terms, provisions and conditions of this Agreement are the result of negotiations between the Parties, each of which has been represented by legal counsel of its own choosing. Accordingly, the terms, provisions and conditions of this Agreement shall be interpreted and construed in accordance with their usual and customary meanings, without application of any rule of interpretation or construction providing that ambiguous or conflicting terms, conditions or provisions shall be interpreted or construed against the Party whose legal counsel prepared the executed version or any prior drafts of this Agreement.

14. Severability. If any part of this Agreement shall be determined to be illegal, invalid or unenforceable, that part shall be severed from the Agreement and the remaining parts shall be valid and enforceable.

15. Modification. This Agreement shall not be altered, amended, modified or rescinded except by an instrument in writing signed by each of the Parties, and specifically referencing this Agreement.

16. Survival of Provisions. The rights, duties and obligations set forth in this Agreement shall be binding upon and shall inure to the benefit of any and all predecessors, successors and assignees of the Parties hereto.

17. Fees and Costs. Each Party shall bear its own attorneys' fees and costs incurred in connection with the negotiation, preparation, execution, and performance of this Agreement.

18. Entire Agreement. This Agreement represents and contains the entire understanding of the Individual Plaintiffs on the one hand and the State, on the other hand. There are no representations, covenants, or undertakings between Individual Plaintiffs on the one hand, and the State on the other hand, other than those expressly set forth in this Agreement.

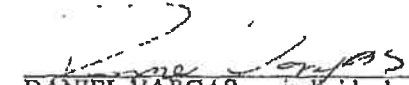
19. Counterparts and Electronic Signatures. This Agreement may be executed in counterparts, each of which shall constitute a duplicate original. Facsimile and scanned or electronic signatures shall have the same force and effect as original signatures, and delivery of an electronic signed copy by email, acknowledged by the recipient by email or otherwise in writing, shall constitute effective delivery.

20. Effective Date. This Agreement shall become effective immediately upon execution by all of the Parties

IN WITNESS WHEREOF, each of the Parties hereto has executed this Agreement by a duly authorized representative of such Parties.

I declare under penalty of perjury that the foregoing is true and correct.

DATED this 24 day of July, 2020.



DANIEL VARGAS, an individual

I declare under penalty of perjury that the foregoing is true and correct.


DATED this 24 day of July, 2020.



ROSS ARMSTRONG, Administrator
State of Nevada, Department of Health and Human Services,
Division of Child and Family Services

Approved as to Form and Content:

Dated this 21st day of July, 2020


PETER S. CHRISTIANSEN, ESQ.
KENDREE L. WORKS, ESQ.
KEELY A. PERDUE, ESQ.

Acknowledged by Plaintiff's Former Counsel:

Dated this ____ day of July, 2020


PAOLA M. ARMENTI, ESQ.

Acknowledged by Plaintiff's Former Counsel:

Dated this 23rd day of July, 2020


AT LASSO, ESQ.

Approved as to Form and Content:

Dated this ____ day of July, 2020

PETER S. CHRISTIANSEN, ESQ.
KENDELEE L. WORKS, ESQ.
KBBLY A. PERDUE, ESQ.

Acknowledged by Plaintiff's Former Counsel:

Dated this ^{24th} day of July, 2020


PAOLA M. ARMENI, ESQ.

Acknowledged by Plaintiff's Former Counsel:

Dated this ____ day of July, 2020

AL LASSO, ESQ.

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 | Fax: (775) 684-0260

Date: July 9, 2020

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

From: Jennifer Cooper, Executive Branch Budget Officer
Governor's Finance Office

A handwritten signature in blue ink, appearing to read "Jennifer Cooper".

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.

GOVERNOR'S FINANCE OFFICE

Agenda Item Write-up:

Pursuant to NRS 41.950 and NRS 41.970, the Governor's Finance Office requests the Board of Examiners to approve a payment of \$2,275,000.00 from the Statutory Contingency Account, to DeMarlo Berry representing compensation for his wrongful conviction.

Additional Information:

AB267, approved in the 2019 legislative session, provides for the compensation and other properly related matters of certain persons who were wrongfully convicted. This bill requires a court to enter a certificate of innocence and determine the proper amount of award.

On June 6, 2020, a Certificate of Innocence and stipulation of relief was granted to DeMarlo Berry by the Eighth Judicial Court. Per NRS 41.950(1)(a)(3) Mr. Berry is entitled to an award of \$2,250,000.00 for 22.5 years of wrongful incarceration, and an additional \$25,000 for reasonable attorney fees.

Statutory Authority:

BOE approval is required pursuant to NRS 41.970

<p>REVIEWED: _____</p> <p>ACTION ITEM: _____</p>
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By hand delivery

July 7, 2020

RECEIVED

JUL 07 2020

State of Nevada
Governor's Finance Office
Attn: Heather Field and Jennifer Cooper
209 E. Musser Street, Suite 200
Carson City, NV 89701-4298

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

1:5pm

Re: Submission of Claim to the Board of Examiners for August 11, 2020 Meeting on behalf of DeMarlo Berry, pursuant to NRS 41.970

Dear Ms. Field and Ms. Cooper,

I write on behalf of DeMarlo Berry to submit for consideration and approval at the August 11, 2020, Board of Examiners meeting a claim for disbursement of monetary relief pursuant to NRS 41.970. On June 17, 2019, the Nevada Legislature passed Assembly Bill 267, sections 2 to 8.5, codified at Chapter 41 of NRS, allowing any person who was wrongfully convicted and imprisoned in this State to bring an action for damages and other relief in Nevada State Court. Pursuant to NRS 41.970, a person who is successful in such an action must submit a claim to the State Board of Examiners for payment of the monetary relief ordered by the Court.

Mr. Berry was wrongfully convicted on May 24, 1995, of first-degree murder, robbery, and burglary in *State v. Berry*, case number 94C122520, for the April 24, 1994, murder of Charles Burkes and the alleged robbery and burglary of a Carl's Jr. restaurant in Las Vegas, Nevada. Mr. Berry always maintained his innocence. The Conviction Integrity Unit of the Clark County District Attorney's Office reinvestigated Mr. Berry's conviction and, thereafter, agreed to vacatur of Mr. Berry's convictions and dismissed all charges in 2017.

On October 1, 2019, Mr. Berry filed an action seeking damages for his wrongful conviction and years of wrongful imprisonment under NRS 41.900 *et seq.* See *In the Matter of DeMarlo Berry*, A-19-802857-P (Eighth Judicial District Court, Clark County, Nevada). The State of Nevada agreed that Mr. Berry was entitled to relief and on April 28, 2020, Mr. Berry, jointly with the State of Nevada, filed a Joint Motion for Approval of Settlement Agreement. On July 6, 2020, the Eighth Judicial District Court, Clark County, Nevada, entered a court order approving the Settlement Agreement and finding that Mr. Berry is entitled to monetary relief. Specifically, the Court has ordered that the State of Nevada pay Mr. Berry (1) "monetary compensation of two million, two hundred and fifty thousand dollars (\$2,250,000.00)" as damages for his wrongful conviction and (2) "reasonable attorney's fees of \$25,000."

In accordance with NRS 41.970, Mr. Berry hereby submits the Court's monetary relief order as a claim to the Board of Examiners for approval and disbursement of the monetary relief described above.

In support of this claim, we enclose the court order ordering payment of monetary relief, titled "Order Granting Monetary Relief," and the certificate of innocence, titled "Certificate of Innocence and Order," entered by the Court. As the Court's Order indicates, the Order Granting Monetary Relief "may be used as the claim for submission to the State Board of Examiners for approval of payment from the Reserve for Statutory Contingency Account pursuant to submission of NRS 41.970."

Should the Board of Examiners require any additional information to facilitate consideration of Mr. Berry's claim at the August 11, 2020, meeting, please do not hesitate to contact me at amelia@nbscivilrights.com or (212) 965-9081.

Sincerely,



Amelia Green

Attorney for DeMarlo Berry

Encl. (2)

DeMarlo Berry
Order Granting Monetary Relief

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EIGHTH JUDICIAL DISTRICT COURT
CLARK COUNTY, NEVADA

IN THE MATTER OF THE WRONGFUL
CONVICTION OF DEMARLO BERRY

Case No.: A-19-802857-P

Dept. No.: IX

CERTIFICATE OF INNOCENCE AND ORDER

DeMarlo Berry ("Berry") timely filed this action for relief on October 1, 2019, pursuant to 2019 Nevada Assembly Bill 267 ("AB 267"), sections 2 to 8.5, codified at Chapter 41 of NRS, inclusive, providing for the compensation of certain persons who were wrongfully convicted and imprisoned. The Court finds and orders as follows:

1. Berry was convicted by the State of Nevada in Clark County on May 24, 1995, of first-degree murder, robbery, and burglary in *State v. Berry*, case number 94C122520, for the April 24, 1994, murder of Charles Burkes and the alleged robbery and burglary of a Carl's Jr. restaurant in Las Vegas, Nevada.

2. Berry was sentenced to life in prison on the murder conviction, ten years on the burglary conviction, and fifteen years on the robbery conviction, all to be served consecutively, and was subsequently imprisoned in the Nevada Department of Corrections.

3. Steven Jackson confessed to committing the murder, robbery, and burglary, under penalty of perjury under the laws of the State of Nevada, in two written declarations in 2013 and 2016, respectively, and affirmatively stated Berry did not participate in the crime.

4. Richard Iden, a jailhouse informant, also signed a written declaration affirming that his testimony implicating Berry had been false.

5. The Conviction Integrity Unit of the Clark County District Attorney's Office investigated Berry's conviction and interviewed Jackson as part of that reinvestigation. After the Conviction Integrity Unit's investigation, the State of Nevada agreed to vacatur of Berry's convictions and dismissal of the charges.

6. This Court finds that Berry did not commit the offenses for which he was convicted and is

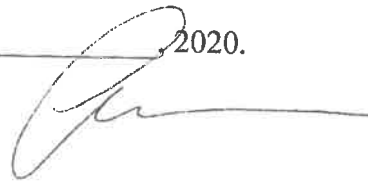
1 costs in litigating the other civil action or obtaining the settlement agreement, pursuant to NRS 41.960.
2 Berry shall not be required to pay any interest. Notwithstanding the foregoing, Berry shall not be
3 required to reimburse the State for the award of attorney's fees, restitution reimbursement, or payments
4 made by the State pursuant to sections 2, 3, and 4 above. Furthermore, any reimbursement required
5 pursuant to this order shall not exceed the amount of the monetary award Berry wins for damages in the
6 other civil action or the amount received pursuant to the settlement agreement, less any sums paid to
7 attorneys by contract or court-awarded attorney's fees and for costs in litigating the other civil action or
8 obtaining the settlement agreement. The Parties have expressly reserved jurisdiction in this Court to
9 resolve any future disputes regarding this issue.

10 **IT IS FURTHER ORDERED**, in accordance with the above and pursuant to NRS
11 41.950(1)(a)(3) and 41.970, that Berry is awarded and shall be paid \$2,250,000.00 in damages;

12 **IT IS FURTHER ORDERED**, in accordance with the above and pursuant to NRS
13 41.950950(2)(a) and 41.970, that Berry is awarded and shall be paid \$25,000.00 in attorney's fees;

14 **IT IS FURTHER ORDERED**, in accordance with the above, that the Parties shall appear for a
15 status check before this Court within 60 days regarding the details of the additional monetary and non-
16 monetary compensation awarded under NRS 41.950. Dated this 6th day of July, 2020

17 ORDERED this _____ day of _____, 2020.



20 _____
21 DISTRICT COURT JUDGE
22 739 1D3 C5D7 3C36 MK
23 Cristina D. Silva

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS – NON-EXEC	CORE CONSTRUCTION SERVICES OF NEVADA, INC.	BONDS 51% OTHER: NEVADA SYSTEM OF HIGHER EDUCATION FUNDS 49%	\$411,759	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides Owner Construction Manager at Risk services for the University of Nevada, Reno William N. Pennington Engineering Building CIP project: CIP Project No. 17-C06; SPWD Contract no. 111930. This amendment increases the maximum amount from \$80,431,367 to \$80,843,126 due to the increase in owner contingency to complete laboratory furnishings and agency moving.				
		Term of Contract:	07/10/2018 - 06/30/2022	Contract # 20144		
2.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT, INC.	FEDERAL	\$1,000,000	Exempt
	Contract Description:	This is a new contract to provide services to facilitate the review and ranking of applications for relief under the Coronavirus Aid, Relief and Economic Security Act, through the Commercial Rental Assistance Grant Program.				
		Term of Contract:	08/01/2020 - 12/30/2020	Contract # 23438		
3.	111	DEPARTMENT OF INDIGENT DEFENSE SERVICES	NATIONAL CENTER FOR STATE COURTS	GENERAL	\$176,600	
	Contract Description:	This is a new contract to provide a study for recommended caseload standards.				
		Term of Contract:	08/11/2020 - 06/30/2021	Contract # 23384		
4.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	AGING & DISABILITY SERVICE DIVISION	FEDERAL	\$985,072	
	Contract Description:	This is a new interlocal agreement to provide training and develop collaborative partnerships with local licensed childcare centers to provide opportunities for children with disabilities to attend community based childcare programs.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 23390		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM	REGIONAL TRANSPORTATION COMMISSION OF SOUTHERN NEVADA	OTHER: INTER-GOVERNMENTAL TRANSFER	\$23,205,000	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide funds for the state's share to support paratransit services for Medicaid eligible recipients.				
		Term of Contract:	10/01/2019 - 06/30/2023	Contract # 22880		
6.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	CITY OF ELKO FIRE DEPARTMENT	FEDERAL	\$2,390,115	Exempt
	Contract Description:	This is a new interlocal agreement to provide reimbursement for emergency transportation to Medicaid recipients.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 23326		
7.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	ELKO COUNTY	FEDERAL	\$1,624,350	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation to Medicaid recipients.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 22493		
8.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT	FEI.COM, INC. DBA FEI SYSTEMS	FEDERAL	(\$105,000)	
	Contract Description:	This is the first amendment to the original contract which provides the Web Infrastructure for Treatment Services web-based off-the-shelf application system used to improve the Division's behavioral health data collection and reporting across the state. This amendment decreases the maximum amount from \$2,620,000 to \$2,515,000 due to a reduction in maintenance costs.				
		Term of Contract:	09/12/2017 - 06/30/2021	Contract # 18996		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT	NEVADA DEPARTMENT OF EDUCATION	GENERAL 50% FEDERAL 50%	\$81,853	Exempt
	Contract Description:	This is a new interlocal agreement to provide a statewide School Behavioral Health Coordinator to promote the integration of behavioral health policies related to children across systems.				
		Term of Contract:	07/01/2020 - 06/30/2021	Contract # 23268		
10.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH PREPAREDNESS PROGRAM	MONEY MANAGEMENT INTERNATIONAL, INC.	FEDERAL	\$98,501	
	Contract Description:	This is a new contract to provide continuing call coverage services in response to the COVID-19 Pandemic utilizing the Nevada 2-1-1 call-in center and Nevada's Coronavirus hotline.				
		Term of Contract:	06/16/2020 - 09/29/2020	Contract # 23380		
11.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - CHRONIC DISEASE	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS	OTHER: HEALTHY NEVADA FUNDS 81% FEDERAL 19%	\$336,036	
	Contract Description:	This is a new interlocal agreement to provide ongoing funding for the Oral Health Program, to include, an academic faculty member to act and serve as the State Dental Health Officer.				
		Term of Contract:	07/01/2020 - 06/30/2021	Contract # 23271		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	UNIVERSITY OF SOUTH FLORIDA BOARD OF TRUSTEES	FEDERAL	\$40,000	Exempt
	Contract Description:	This is the second amendment to the original contract which provides ongoing website maintenance for the Quality Parenting Initiative Nevada/Just in Time Training website. This amendment extends the termination date from September 30, 2020 to September 30, 2022 and increases the maximum amount from \$40,000 to \$80,000 due to the continued need for these services.				
		Term of Contract:	10/01/2018 - 09/30/2022	Contract # 21246		
13.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SUMMIT VIEW YOUTH CENTER	CLARK COUNTY SCHOOL DISTRICT	GENERAL	\$615,254	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing educational services for youth as mandated by NRS 63.210.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22988		
14.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	UNIVERSITY OF MARYLAND BALTIMORE CAMPUS	GENERAL 25% FEDERAL 75%	\$218,506	Exempt
	Contract Description:	This is the second amendment to the original interlocal agreement which provides professional technical assistance relating to planning and implementation of the Family First Prevention Services Act. This amendment extends the termination date from August 31, 2020 to June 30, 2021 and increases the maximum amount from \$197,400 to \$415,906 due to the continued need for these services.				
		Term of Contract:	06/13/2019 - 06/30/2021	Contract # 21746		
15.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS	FEDERAL	\$100,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide psychiatric fellows services.				
		Term of Contract:	02/01/2020 - 09/30/2020	Contract # 23285		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	440	DEPARTMENT OF CORRECTIONS - CORRECTIONAL PROGRAMS	CARSON CITY SCHOOL DISTRICT	FEDERAL	\$97,628	Exempt
	Contract Description:	This is a new interlocal agreement to provide standard automotive equipment necessary to support the Automotive Technology program for youthful offenders.				
		Term of Contract:	Upon Approval - 09/30/2020	Contract # 23202		
17.	440	DEPARTMENT OF CORRECTIONS - HIGH DESERT STATE PRISON	ENVISE	GENERAL	\$1,500	
	Contract Description:	This is the first amendment to the original contract which provides preventative maintenance, minor repairs, updates and/or installation of sequence of operations changes into the existing program data base for Yamas/Schnieder Controls Building Automation System. This amendment increases the maximum amount from \$48,960 to \$50,460 to troubleshoot and perform chiller repairs.				
		Term of Contract:	10/18/2019 - 10/31/2023	Contract # 22475		
18.	652	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF PAROLE AND PROBATION	TYLER TECHNOLOGIES, INC.	GENERAL	\$3,616,575	
	Contract Description:	This is a new contract to provide for the setup and implementation of a new Offender Tracking and Records Management System.				
		Term of Contract:	Upon Approval - 08/31/2022	Contract # 23371		
19.	702	DEPARTMENT OF WILDLIFE - WILDLIFE CIP - NON-EXEC	CARDNO	BONDS	\$10,440	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides civil engineering design services at Marlette Lake. This amendment increases the maximum amount from \$47,598 to 58,038 due to the additional engineering design services.				
		Term of Contract:	05/24/2019 - 12/31/2020	Contract # 21595		
20.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	XCEL MAINTENANCE SERVICES, INC.	FEE: SPORTSMEN REVENUE	\$122,400	
	Contract Description:	This is a new contract to provide ongoing janitorial services at the Las Vegas office.				
		Term of Contract:	06/01/2020 - 05/31/2024	Contract # 23297		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	708	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - NEVADA NATURAL HERITAGE	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – OBO DESERT RESEARCH INSTITUTE	FEDERAL	\$26,196	Exempt
	Contract Description:	This is the first amendment to the interlocal agreement which provides an updated version of the Nevada Priority Wetlands Inventory that integrates new quantitative environmental data and up-to-date information from stakeholders. This amendment increases the maximum amount from \$46,612 to \$72,808 due to additional services.				
		Term of Contract:	10/01/2019 - 09/30/2022	Contract # 22828		
22.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - MATERIALS MANAGEMENT & CORRECTIVE ACTION	WINDSOR SOLUTIONS, INC.	FEDERAL	\$350,000	
	Contract Description:	This is a new contract to provide information technology system services to participate in the U.S. Environmental Protection Agency Environmental Information Exchange Network.				
		Term of Contract:	10/01/2020 - 09/30/2024	Contract # 23225		
23.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION – SAFE DRINKING WATER PROGRAM	RESOURCE CONCEPTS, INC.	FEDERAL	\$1,080,000	
	Contract Description:	This is a new contract to provide assistance to communities and small public water systems in the development and implementation of Community Source Water/Wellhead Protection Plans.				
		Term of Contract:	Upon Approval - 06/30/2024	Contract # 23278		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY – SPECIAL FUND	SMARTLING, INC.	OTHER: PENALTIES AND INTEREST	\$199,620	Exempt
	Contract Description:	This is a new contract to provide for the implementation of the technology investment which provides real-time Spanish to English and English to Spanish translation services for Spanish speaking Unemployment Insurance Claimants utilizing the online system.				
		Term of Contract:	03/26/2020 - 04/30/2023	Contract # 23265		
25.	B022	LICENSING BOARDS AND COMMISSIONS - PHARMACY	EIDE BAILLY, LLP	FEE: LICENSURE	\$23,500	
	Contract Description:	This is the first amendment to the original contract which provides annual financial statement audits. This amendment changes the scope of work to include single audit services of federal funds and increases the maximum amount from \$47,000 to \$70,500 due to the continued need of these services.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 23184		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **20144** Amendment Number: **2**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **CORE CONSTRUCTION SERVICES OF NEVADA, INC.**

Agency Code: **082** Contractor Name: **CORE CONSTRUCTION SERVICES OF NEVADA, INC.**

Appropriation Unit: **1510-67** Address: **7150 CASCADE VALLEY CT**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89128-0455**

If "No" please explain: **Not Applicable** Contact/Phone: **702/794-0550**

Vendor No.: **T81092744**

NV Business ID: **NV19861002524**

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	51.00 %
Highway Funds	0.00 %	X Other funding	49.00 % Nevada System of Higher Education Funds

Agency Reference #: 111930

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 08/2020

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 second amendment to the original contract which provides Owner Construction Manager at Risk services for the University of Nevada, Reno William N. Pennington Engineering Building CIP project: CIP Project No. 17-C06; SPWD Contract no. 111930. This amendment increases the maximum amount from \$80,431,367 to \$80,843,126 due to the increase in owner contingency to complete laboratory furnishings and agency moving.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$78,850,138.00	\$78,850,138.00	\$78,850,138.00	Yes - Action
a. Amendment 1:	\$1,581,229.00	\$1,581,229.00	\$1,581,229.00	Yes - Action
2. Amount of current amendment (#2):	\$411,759.00	\$411,759.00	\$411,759.00	Yes - Action
3. New maximum contract amount:	\$80,843,126.00			

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 Construction is provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	07/07/2020 15:55:19 PM
Division Approval	lwildes	07/07/2020 15:55:25 PM
Department Approval	lwildes	07/07/2020 15:55:30 PM
Contract Manager Approval	lwildes	07/07/2020 15:55:35 PM
Budget Analyst Approval	nkephart	07/15/2020 15:49:53 PM
BOE Agenda Approval	jrodrig9	07/17/2020 22:30:44 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: **23438**

Agency Name: GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	Legal Entity Name: National Council for Community Development, Inc.	Contractor Name: National Council for Community Development, Inc.
Agency Code: 102	Address: National Development Council	1 Battery Park Plaza, Ste 710
Appropriation Unit: 1526-10	City/State/Zip: New York, NY 10004	
Is budget authority available?: Yes	Contact/Phone: Diana Sasser 209-483-9863	
If "No" please explain: Not Applicable	Vendor No.: T27043694	
	NV Business ID: NV20201752615	

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

2. Contract start date:

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

Anticipated BOE meeting date 08/2020

Retroactive? **Yes**

If "Yes", please explain

These services are needed to implement a program to provide assistance to commercial tenants whose income has been devastated by pandemic. The funds are provided under the Coronavirus Aid, Relief and Economic Security Act, and have a limited window of time to be utilized to aid Nevada businesses.

3. Termination Date: **12/30/2020**

Contract term: **151 days**

4. Type of contract: **Contract**

Contract description: **Application Review**

5. Purpose of contract:

This is a new contract to provide services to facilitate the review and ranking of applications for relief under the Coronavirus Aid, Relief, and Economic Security Act, through the Commercial Rental Assistance Grant Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: \$100,000 per month for the contract period plus a lump sum payment of the remaining funds upon successful completion of the program.

II. JUSTIFICATION

7. What conditions require that this work be done?

GOED has been charged with collaborating with the Treasurer's Office and the Department of Business and Industry to implement a program to provide commercial rental relief to landlords for tenants who are unable to make their monthly rental payments due to financial hardships from COVID-19.

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

The agency does not have the manpower to handle the review, prioritization, and approval of the thousands of anticipated applications that will be submitted for consideration for commercial rental relief.

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?

NAC 333.114 Authorization for emergency purchases (NRS 333.130, 333.180)

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 as a:

Foreign Corporation

Foreign Entities Not Required to Register in Nevada

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

Yes

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

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Tatjana Vukovic, Business Development Manager Ph: 775-687-9914

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bvale1	07/21/2020 15:00:39 PM
Division Approval	bvale1	07/21/2020 15:00:42 PM
Department Approval	bvale1	07/24/2020 12:23:49 PM
Contract Manager Approval	bvale1	07/24/2020 12:23:51 PM
EITS Approval	tgalluzi	07/28/2020 16:18:19 PM
Budget Analyst Approval	stilley	07/28/2020 16:20:03 PM
BOE Agenda Approval	hfield	07/29/2020 09:37:11 AM
BOE Final Approval	Pending	

ATTACHMENT CC
EMERGENCY PURCHASE APPROVAL FROM STATE PURCHASING

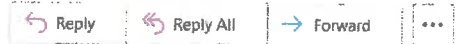
Re: Request Approval of Emergency Purchase



Kevin D. Doty

To Bonnie Long

Cc Gideon K. Davis; Kirsten Van Ry; Tatjana Vukovic; Erik Jimenez



Wed 7/15/2020 12:06 PM

You replied to this message on 7/15/2020 12:22 PM.
If there are problems with how this message is displayed, click here to view it in a web browser.

Hi Bonnie,
Pursuant to NAC 333.114, because this program will help mitigate the impact of the COVID-19 pandemic and there is not time for an RFP, you are authorized to contract with a vendor to administer the Commercial Rental Assistance Grant Program.
Kevin

Sent from my iPhone

On Jul 15, 2020, at 11:38 AM, Bonnie Long <blong@diversifinestate.com> wrote:

Hi Kevin,

As discussed, the Governor's Office of Economic Development respectfully requests the approval of an emergency purchase pursuant to NAC 333.114 in order to be able to contract with a vendor to administer the Commercial Rental Assistance Grant Program for the State. This program will be funded with \$20,000,000 in CARES Act funds that have been designated by the Governor for the purpose to make payments to landlords for past-due rent for tenants who qualify under this program. This new program needs to begin as soon as possible in order to ensure that the funds are disbursed by December 30, 2020. Attached for your information is a document that outlines how the program will work. Please let me know if you have any questions.

NAC 333.114 Authorization for emergency purchases. (NRS 333.130, 333.180)

1. The Administrator will authorize an emergency purchase if an emergency, as that term is defined in [NRS 414.0345](#), or any other situation that the Administrator identifies as a threat to the health, safety or welfare of the persons in this state occurs and he or she determines that the emergency purchase is in the best interests of the State.
2. The Administrator may authorize an emergency purchase for any amount.
3. If the Administrator authorizes an emergency purchase, he or she will provide the using agency with written authorization for the emergency purchase, including, without limitation, a description of the justification for authorizing the emergency purchase. The Administrator will provide a separate written authorization for each order relating to the emergency purchase.

(Added to NAC by Chief of Purchasing Div. by R078-01, eff. 12-17-2001)

Thank you and take care,

Bonnie Long


Director of Administration
Certified Public Manager
Nevada Governor's Office of Economic Development

CC-1

MEMORANDUM

Date: July 31, 2020

To: Susan Brown, Director
Clerk of the Board of Examiners
Governor's Finance Office, Budget Division

From: Michael Brown 
Executive Director
Governor's Office of Economic Development

Re: Request for Retroactive Contract with National Council for Community Development, Inc. aka National Development Council

This memorandum serves as a request for retroactive approval to August 1, 2020 for contract 23438 with the National Council for Community Development, Inc. aka National Development Council (NDC) anticipated to be on the agenda for the August 11, 2020 Board of Examiner's meeting.

This contract between the Governor's Office of Economic Development (GOED) and NDC is being funded by CARES Act funding that was awarded to implement a program for commercial rental assistance to Nevada's eligible small businesses. This vendor will immediately begin working with the Nevada Treasurer's Office to get the program setup and to develop the online grant application submission tool. The vendor will also work with the Treasurer's Office with the review and prioritization of applications.

Thank you in advance for your consideration of this request.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23384**

Agency Name: **INDIGENT DEFENSE**

Agency Code: **111**

Appropriation Unit: **1008-11**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: National Center for State Courts

Contractor Name: **National Center for State Courts**

Address: **707 Seventeenth St., Ste 2900**

City/State/Zip: **Denver, CO 80202-3429**

Contact/Phone: 303-293-3063

Vendor No.: T80591220

NV Business ID: NV20081657587

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/11/2020**

Anticipated BOE meeting date 08/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **323 days**

4. Type of contract: **Contract**

Contract description: **Caseload Study**

5. Purpose of contract:

This is a new contract to provide a study for recommended caseload standards.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$176,600.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To determine the appropriate numerical caseload standards of Indigent representation in Rural counties of Nevada.

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

There is no ability within the State service to perform this function.

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 #11DIDS-S1139, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkolenut	07/02/2020 12:57:14 PM
Division Approval	jkolenut	07/06/2020 09:21:51 AM
Department Approval	mryba	07/06/2020 09:23:15 AM
Contract Manager Approval	mryba	07/06/2020 09:23:21 AM
Budget Analyst Approval	bwooldri	07/12/2020 12:55:33 PM
BOE Agenda Approval	bwooldri	07/12/2020 12:55:36 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23390**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	AGING & DISABILITY SERVICE DIVISION
Agency Code:	300	Contractor Name:	AGING & DISABILITY SERVICE DIVISION
Appropriation Unit:	2709-21	Address:	3416 GONI RD. BLDG. D-132
Is budget authority available?:	Yes	City/State/Zip:	CARSON CITY, NV 89706
If "No" please explain:	Not Applicable	Contact/Phone:	Mariana Acevedo, Contract Manager 775/687-4210
		Vendor No.:	D40200002
		NV Business ID:	N/A

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

2. Contract start date:

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

Anticipated BOE meeting date 08/2020

Retroactive? **Yes**

If "Yes", please explain

This will be retro active due to the vendor having a concern with the Data Agreement and requested follow-up and further clarification regarding the necessity of this document. As a result, both DAG offices got involved and the process took longer than anticipated and it cause us to miss the July BOE timeline. If we are unable to initiate this contract on July 1, 2020 it could potentially cause a hardship for the children and families who so desperately need these services.

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

Contract term: **4 years**

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

Contract description: **Program Support**

5. Purpose of contract:

This is a new interlocal agreement to provide training and develop collaborative partnerships with local licensed childcare centers to provide opportunities for children with disabilities to attend community based childcare programs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$985,072.00**

Other basis for payment: Per Itemized Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

DWSS receives funding from the US Administration for Children & Families, Child Care Development Fund (CCDF) and the 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:

Current staff 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: **Not Applicable**

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

This vendor provides Early Intervention Services for children who are medically fragile. This is a critical component because it is often challenging to identify programs willing to serve these families. Through this collaboration it helps to increase the inclusion rate for these children.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10%

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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	07/06/2020 10:35:26 AM
Division Approval	bfarra2	07/06/2020 10:35:29 AM
Department Approval	bfarra2	07/06/2020 10:35:34 AM
Contract Manager Approval	bfarra2	07/06/2020 10:35:39 AM
Budget Analyst Approval	mranki1	07/13/2020 15:08:51 PM
BOE Agenda Approval	cbrekken	07/16/2020 12:40:52 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 | Fax: (775) 687-9101

6/30/20

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
Deputy Superintendent, Business and Support Services

SUBJECT: Request for Retroactive Contract with Aging and Disability Services Division-
Early Intervention Services

This memorandum serves as a request for retroactive approval to July 1, 2020 on a contract with the Aging and Disability Services Division (ADSD)-Early Intervention Services (NEIS). The primary reason for the delay, was due to the vendor having a concern with the Data Agreement and requested follow-up and further clarification regarding the necessity of this document. As a result, both DAG offices got involved and the process took longer than anticipated and it caused us to miss the July BOE timeline. This contract provides scholarships for children with developmental delays and disabilities to attend community based childcare centers as well as technical assistance for the educators. If we are unable to initiate this contract on July 1, 2020 it could potentially cause a hardship for the children and families who so desperately need these services.

We appreciate your consideration in this matter.

Patrice Gardner
Education Programs Supervisor

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22880**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Regional Transportation Commission of Southern Nevada
Agency Code:	403	Contractor Name:	Regional Transportation Commission of Southern Nevada
Appropriation Unit:	3157-00	Address:	600 South Grand Central Pkwy Suite 350
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89106
If "No" please explain:	Not Applicable	Contact/Phone:	702-676-1500
		Vendor No.:	
		NV Business ID:	Governmental Entity

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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Inter-Governmental Transfer

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2019**

Anticipated BOE meeting date 08/2020

Retroactive? **Yes**

If "Yes", please explain

There was a technical, non-material change needed on the amendment identified after the RTC had signed it. Southern Nevada RTC advised DHCFP they would not be able to approve the non-material change without the approval of their board which did not meet until the middle of May which would have prevented us from meeting the June BOE. Since we were not able to amend the contract terming on June 30, 2020, the agency had to create a new contract.

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

Contract term: **3 years and 273 days**

4. Type of contract: **Revenue Contract**

Contract description: **Paratransit Services**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide funds for the state's share to support paratransit services for Medicaid eligible recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,205,000.00**

Other basis for payment: FY20 - \$5,000,000; FY21 - \$5,500,000; FY22 - \$6,050,000; FY23 - \$6,655,000

II. JUSTIFICATION

7. What conditions require that this work be done?

Per the Nevada Medicaid State Plan, Attachment 3.1-A, Section 9 and the Medicaid Services Manual, services will be provided to Medicaid eligible recipients who have been assessed and deemed eligible for paratransit rides.

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

The State does not have transportation services in place to provide paratransit rides.

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

RTC of Southern Nevada has been contracted with DHC FP for several years and service has been satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	06/19/2020 09:04:36 AM
Division Approval	rmille8	06/19/2020 09:41:38 AM
Department Approval	mwinebar	06/19/2020 10:44:13 AM
Contract Manager Approval	rmille8	06/19/2020 13:18:34 PM
Budget Analyst Approval	laaron	07/20/2020 18:40:11 PM
BOE Agenda Approval	laaron	07/20/2020 18:40:13 PM
BOE Final Approval	Pending	



MEMORANDUM

DATE: June 16, 2020
TO: Lynnette Aaron, Executive Branch Budget Officer I
THROUGH: Richard Whitley, Director DHHS
FROM: Ronda Miller, Management Analyst III DHCFP
RE: Request for retroactive start date of contract CETS 22880

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Vendor: Southern Nevada Regional Transportation Commission (RTC)
- Purpose: This agreement provides the intergovernment transfer (IGT) for paratransit for non-emergency transportation for eligible Medicaid recipients per the Medicaid State Plan.
- Funding source and expenditure category: 403/3157/00 (Revenue) Intergovernmental Transfer
- Requested start date of work: October 1, 2019
- Expected execution date of agreement (IFC approvals); September 2020
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely: DHCFP had been working with Southern Nevada RTC on an amendment to correct the budget totals on the contract that termned on 6/30/2020. There was a technical, non-material change needed on the amendment identified after the RTC had signed it. DHCFP notified Southern RTC of the change and requested them to approve the change via email so we could move forward with getting it put on an agenda for BOE in time to amend the existing contract. Southern Nevada RTC advised DHCFP they would not be able to approve the non-material change without the approval of their board which did not meet until the middle of May which would have prevented us from meeting the June BOE, the last opportunity to amend the existing contract. Since we were not able to amend the contract terming on June 30, 2020 and the agency had to create a new contract to continue services after the term of the current contract, we met created a contract with a retroactive start date to correct the budget that would have been addressed had the amendment gone forward and also carries the existing service forward.
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: If the retroactive contract is not approved, the agency will not be able to pay Southern Nevada RTC accurately according to their cost reporting and based on the terms of the Medicaid State Plan.

- Explain how the program/bureau will prevent future retroactive requests: DHCFP will work closely with Southern Nevada to have cost reports submitted timely so they can be audited and any adjustments to budgets can be identified sooner in the contract period and will provide draft copies of amendments to our partner at GFO to identify any technical language changes prior to sending them to vendors for signature.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23326**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	CITY OF ELKO FIRE DEPARTMENT
Agency Code:	403	Contractor Name:	CITY OF ELKO FIRE DEPARTMENT
Appropriation Unit:	3243-24	Address:	911 W IDAHO ST
Is budget authority available?:	Yes	City/State/Zip:	ELKO, NV 89801
If "No" please explain:	Not Applicable	Contact/Phone:	775-777-7345
		Vendor No.:	T81072742
		NV Business ID:	Governmental Entity

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 08/2020

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the State to pay the Fire Department for services rendered. This contract was delayed due to the approval of the State Plan Amendment.

3. Termination Date: **06/30/2022**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **CPE GEMT**

5. Purpose of contract:

This is a new interlocal agreement to provide reimbursement for emergency transportation to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,390,115.00**

Other basis for payment: FY19: \$515,000; FY20: \$566,500; FY21: \$623,150; FY22: \$685,465

II. JUSTIFICATION

7. What conditions require that this work be done?

City of Elko Fire Department will perform Medicaid Emergency Transportation services to Medicaid recipients. As a local governmental entity, the contractor is eligible to receive Certified Public Expenditures reimbursement methodology which allows the contractor to receive payments based on actual costs to provide services instead of the posted fee schedule. This reimbursement allows the state to maximize Medicaid federal funding for Nevada.

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

The State does not have the resources to provide these services.
--

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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 previously worked with DHCFP with satisfactory performance.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	06/18/2020 10:43:25 AM
Division Approval	rmille8	06/18/2020 12:14:47 PM
Department Approval	mwinebar	06/23/2020 10:12:16 AM
Contract Manager Approval	rmille8	06/25/2020 10:26:56 AM
Budget Analyst Approval	laaron	07/15/2020 18:13:03 PM
BOE Agenda Approval	laaron	07/15/2020 18:13:07 PM
BOE Final Approval	Pending	



MEMORANDUM

DATE: June 9, 2020
TO: Lynnette Aaron, Executive Branch Budget Officer I
THROUGH: Richard Whitley, Director DHHS
FROM: Ronda Miller, Management Analyst III DHCFP
RE: Request for retroactive start date of contract CETS 23326

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Vendor: City of Elko Fire Department
- Purpose: This interlocal agreement provides IGT transfer between DHCFP and the City of Elko Fire Department for Emergency Transportation, Ground Ambulance Certified Public Expenditures (CPE).
- Funding source and expenditure category: 35.3% City of Elko Fire Department/ 64.7% Federal Funds
- Requested start date of work: July 1, 2018
- Expected execution date of agreement (IFC approvals); Upon BOE approval anticipated to be August 11, 2020
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - *Reason(s) why the agreement was not submitted timely:* This program is new and there were delays with CMS approving the state plan amendment. This has led to delays in negotiating and establishing budgets between public entities and the state. Now that the state has processed two years of cost settlements there is a better grasp of the costs associated with the program going forward. Cost settlements must be reviewed by both the state and an external auditor.
 - *Describe the impact to the program/services if this work is not started prior to the execution of the agreement:* If the contract is not approved retroactively, the City of Elko Fire Department will not be able to receive reimbursement for emergency ground transportation, certified public expenditures under the approved state plan. This will negatively affect the City of Elko Fire Department budget.
- *Explain how the program/bureau will prevent future retroactive requests:* Now that this program has an approved state plan the state will be able to renew contracts on a schedule. Because of the delay in the approval of the state plan amendment, it caused significant delays on getting smaller local governmental entities contracted because of the time to establish budgets under the guidelines of the program. With years of cost settlements under contract there will be a better understanding of projections going forward and should not cause delays for the state or our local government partners.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22493**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	ELKO COUNTY
Agency Code:	403	Contractor Name:	ELKO COUNTY
Appropriation Unit:	3243-24	Address:	ELKO COUNTY AMBULANCE SERVICE 546 COURT ST., STE 101
Is budget authority available?:	Yes	City/State/Zip:	ELKO, NV 89801
If "No" please explain:	Not Applicable	Contact/Phone:	775-738-5382
		Vendor No.:	T81072742
		NV Business ID:	Governmental Entity

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 08/2020

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the State to pay the county for services rendered. This contract was delayed due to the approval of the State Plan Amendment.

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

Contract term: **4 years**

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

Contract description: **CPE GEMT**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,624,350.00**

Other basis for payment: FY19: \$350,000; FY20: \$385,000; FY21: \$423,500; FY22: \$465,850

II. JUSTIFICATION

7. What conditions require that this work be done?

Elko County Ambulance Service will perform Medicaid Emergency Transportation services to Medicaid recipients. As a local governmental entity, the contractor is eligible to receive Certified Public Expenditures reimbursement methodology which allows the contractor to receive payments based on actual costs to provide services instead of the posted fee schedule. This reimbursement allows the state to maximize Medicaid federal funding for Nevada.

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

The state does not have the resources 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: **Exempt (Per statute)**

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date: 06/03/2022

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?

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 previously worked with DHCFP with satisfactory performance.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	06/18/2020 10:40:18 AM
Division Approval	rmille8	06/18/2020 12:13:41 PM
Department Approval	mwinebar	06/23/2020 10:25:06 AM
Contract Manager Approval	rmille8	06/25/2020 10:26:03 AM
Budget Analyst Approval	laaron	07/15/2020 18:36:26 PM
BOE Agenda Approval	laaron	07/15/2020 18:36:28 PM
BOE Final Approval	Pending	



MEMORANDUM

DATE: June 9, 2020
TO: Lynnette Aaron, Executive Branch Budget Officer I
THROUGH: Richard Whitley, Director DHHS
FROM: Ronda Miller, Management Analyst III DHCFP
RE: Request for retroactive start date of contract CETS 22493

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Vendor: Elko County Ambulance Services
- Purpose: This interlocal agreement provides IGT transfer between DHCFP and Elko County Ambulance Services for Emergency Transportation, Ground Ambulance Certified Public Expenditures (CPE).
- Funding source and expenditure category: 35.3% Elko County Ambulance Services / 64.7% Federal Funds
- Requested start date of work: July 1, 2018
- Expected execution date of agreement (IFC approvals); Upon BOE approval anticipated to be August 11, 2020
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - *Reason(s) why the agreement was not submitted timely:* This program is new and there were delays with CMS approving the state plan amendment. This has led to delays in negotiating and establishing budgets between public entities and the state. Now that the state has processed two years of cost settlements there is a better grasp of the costs associated with the program going forward. Cost settlements must be reviewed by both the state and an external auditor.
 - *Describe the impact to the program/services if this work is not started prior to the execution of the agreement:* If the contract is not approved retroactively, Elko County Ambulance Services will not be able to receive reimbursement for emergency ground transportation, certified public expenditures under the approved state plan. This will negatively affect Elko County Ambulance Services Department budget.
- *Explain how the program/bureau will prevent future retroactive requests:* Now that this program has an approved state plan the state will be able to renew contracts on a schedule. Because of the delay in the approval of the state plan amendment, it caused significant delays on getting smaller local governmental entities contracted because of the time to establish budgets under the guidelines of the program. With years of cost settlements under contract there will be a better understanding of projections going forward and should not cause delays for the state or our local government partners.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18996** Amendment Number: **1**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **FEi.com, Inc. DBA FEi Systems**

Agency Code: **406** Contractor Name: **FEi.com, Inc. DBA FEi Systems**

Appropriation Unit: **3170-20** Address: **9755 Patuxent Woods Drive Suite 300**

Is budget authority available?: **Yes** City/State/Zip: **Columbia, MD 21046**

If "No" please explain: **Not Applicable** Contact/Phone: **Rodney Conrad 443-270-5100**

Vendor No.: **T27041783**

NV Business ID: **NV20171360956**

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

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

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

Agency Reference #: **C 16056**

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 **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 292 days**

4. Type of contract: **Contract**

Contract description: **Data Collection**

5. Purpose of contract:

This is the first amendment to the original contract which provides the Web Infrastructure for Treatment Services web-based off-the-shelf application system used to improve the Division's behavioral health data collection and reporting across the state. This amendment decreases the maximum amount from \$2,620,000 to \$2,515,000 due to a reduction in maintenance costs.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,620,000.00	\$2,620,000.00	\$2,620,000.00	Yes - Action
2. Amount of current amendment (#1):	-\$105,000.00	-\$105,000.00	-\$105,000.00	Yes - Action
3. New maximum contract amount:	\$2,515,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The current off-the-self system being used by the Bureau of Behavioral Health Wellness and Prevention (BBHWP) is not inadequately meeting the reporting requirements for the grants. The system with the stated modifications is currently being used by other states and is meeting federal data reporting requirements.

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

The software is an off-the-shelf application system, maintained and hosted by the vendor and used for grant data reporting purposes. The system with these modifications is used successfully in other states to meet reporting requirements. The DPBH and State of Nevada does not employ software developers and programmers that can develop software that would adequately meet the needs of the grant reporting within the grant timeframe.

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 is required by the federal grant agency.

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:

DPBH since 9/2017 - 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	ttilto1	05/26/2020 11:59:32 AM
Division Approval	chadwic1	06/30/2020 17:22:03 PM
Department Approval	mwinebar	07/01/2020 10:56:52 AM
Contract Manager Approval	tgrundy	07/01/2020 15:37:25 PM
EITS Approval	tgalluzi	07/02/2020 09:25:32 AM

Budget Analyst Approval
BOE Agenda Approval

afrantz
bwooldri

07/10/2020 10:54:55 AM
07/13/2020 07:57:03 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 | Fax: (775) 687-9097

M E M O R A N D U M

TO: Stephanie Woodard, DHHS Senior Advisor on Behavioral Health
Brook Adie, Bureau Chief, Behavioral Health Wellness and Prevention, DPBH
Amber Brown, IT Manager 1, DPBH
Michelle Countryman, Management Analyst 1, DWSS

CC: David Haws, Administrator, EITS, DOA
David Axtell, Chief Enterprise Architect, EITS, DOA

FROM: Timothy Galluzi, Technology Investment Administrator, DOA, EITS

SUBJECT: TIN Update Completed – *DPBH - WITS Contract Amendment* – T3170107

DATE: May 04, 2020

We have completed the review for Department of Public and Behavioral Health's (DPBH) update of – *Web Infrastructure for Treatment (WITS)* Investment Notification.

The submitted TIN, with an initial value of \$2,620,000, was updated to reflect a decrease of \$105,000 to a total estimated value of \$2,515,000.

The agency reported the change in the total value of the contract was due to the removal of the treatment module due to state and federal non-compliance and addition of a test environment.

It is expected that this investment will continue to follow state security standards and policies.

If there are any further changes to this investment that may cause an impact to the state infrastructure, please reach out to 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: **23268**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Nevada Department of Education
Agency Code:	406	Contractor Name:	Nevada Department of Education
Appropriation Unit:	3170-11	Address:	700 E. Fifth St.
Is budget authority available?:	Yes	City/State/Zip:	Carson City, NV 89701
If "No" please explain:	Not Applicable	Contact/Phone:	Christine McGill 775 687-9168
		Vendor No.:	
		NV Business ID:	na

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	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	50.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C17620

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 08/2020

Retroactive? **Yes**

If "Yes", please explain

This contract was delayed due to negotiations between the two State agencies and staffing shortages due to COVID-19.

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

Contract term: **364 days**

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

Contract description: **School Coordinator**

5. Purpose of contract:

This is a new interlocal agreement to provide a statewide School Behavioral Health Coordinator to promote the integration of behavioral health policies related to children across systems.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$81,853.08**

Payment for services will be made at the rate of \$6,821.09 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

The School Behavioral Health Coordinator will be the link between education and behavioral health to promote the integration of behavioral health policies related to children across systems. General duties include but are not limited to: Coordination of efforts, collaboration between partners, meeting facilitation, and policy advocacy. The School Behavioral Health Coordinator will provide support to local education agencies statewide.

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

The Office of Safe and Respectful Learning Environments is responsible for supporting Nevada's Integrated Systems of Support throughout Nevada's schools. NRS 388.885 requires that includes both social emotional learning for Tier One and integrated supports and intervention for mental health and wellness in Tier 2 and 3. This goal of NRS 388.885 overlaps with the strategies of Public and Behavioral Health and thus this position will assist with building capacity through collaboration.

9. Were quotes or proposals solicited?

No

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

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

Not Applicable

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

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

Governmental Entity

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

7.9%

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

State agencies routinely provide services to other State agencies.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ttilto1	05/28/2020 10:54:20 AM
Division Approval	ttilto1	06/30/2020 18:37:20 PM
Department Approval	mwinebar	07/01/2020 12:54:03 PM
Contract Manager Approval	ttilto1	07/01/2020 16:40:04 PM
Budget Analyst Approval	afrantz	07/10/2020 11:03:24 AM
BOE Agenda Approval	bwooldri	07/16/2020 08:33:38 AM
BOE Final Approval	Pending	

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

DATE: June 25, 2020

MEMORANDUM

TO: Aaron Frantz, Executive Branch Budget Officer
Governor's Finance Office

THROUGH: Mark Winebarger, CPA, Chief Financial Officer
Director's Office

FROM: Kelli Quintero, ASO III
Division of Public and Behavioral Health

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL CETS# 23268 C-17620

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- **Name of Vendor:** Nevada Department of Education (NDE)
- **Services to be provided: Describe services in detail:** This contract will provide a statewide Behavioral Health Coordinator to promote the integration of behavioral health policies related to children across systems and is necessary to comply with NRS 388.885.
- **Funding source and expenditure category:**
 - Budget Account 3170, State Fiscal Year 2021 General Funds, Category 11, \$40,927
 - Budget Account 3646, Federal Funds, CFDA#: 93.243, Category 18, \$40,926.08
- **Requested start date of work:** July 1, 2020
- **Expected execution date of agreement (IFC approvals):** August 11, 2020
- **Detailed explanation as to why a retroactive agreement is necessary, including:**
- **Reason(s) why the agreement was not submitted timely:** This contract was delayed due to negotiations between the two State agencies, discussions between the divisions, and staffing shortages due to COVID-19.
- **Describe the impact to the program/services if this work is not started prior to the execution of the agreement:** The department will not be in compliance with NRS 388.885.
- **Explain how the program/bureau will prevent future retroactive requests:** In future contracts and/or amendments, all the agencies involved will allow for additional time to negotiate and draft the contractual obligations to prevent the need for retroactive requests.

If you have any questions, please contact Kelli Quintero at (775) 684-4207 or kquintero@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

cc: Contract Unit
Division of Public and Behavioral Health

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23380**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	MONEY MANAGEMENT INTERNATIONAL, INC.
Agency Code:	406	Contractor Name:	MONEY MANAGEMENT INTERNATIONAL, INC.
Appropriation Unit:	3218-28	Address:	2650 S. JONES BLVD
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89146
If "No" please explain:	Not Applicable	Contact/Phone:	Lisa Martin 7026345856
		Vendor No.:	T27042153
		NV Business ID:	NV20031242278

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/16/2020**

Anticipated BOE meeting date 08/2020

Retroactive? **Yes**

If "Yes", please explain

This is an emergency contract in response to the COVID-19 emergency. It was necessary to continue fielding the increased call volume to the Nevada 2-1-1 Information and Referral Program and Nevada Coronavirus Hotline. The Division has resources to fund the contract through September 29, 2020; however, we were looking for other sources to to extend the contract through the end of the year but are unable to do so currently.

3. Termination Date: **09/29/2020**

Contract term: **105 days**

4. Type of contract: **Contract**

Contract description: **COVID-19 Call Center**

5. Purpose of contract:

This is a new contract to provide continuing call coverage services in response to the COVID-19 Pandemic utilizing the Nevada 2-1-1 call-in center and Nevada's Coronavirus hotline.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$98,501.25**

Payment for services will be made at the rate of \$26,267.00 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

The increased call volume to Nevada 2-1-1 in response to the COVID-19 emergency.

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

Nevada 2-1-1, the Information and Referral Program administrated by Money Management International (MMI), is the established call center.

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?

MMI is already in place and has the organizational, management, and administrative systems capable of fulfilling the increased number of Call Specialists to accommodate the contract requirements for COVID-19.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Department of Health and Human Services - Public and Behavioral Health (since 2019) and the Director's Office (since 2018). 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	kquinter	06/30/2020 07:51:40 AM
Division Approval	chadwic1	06/30/2020 17:19:23 PM
Department Approval	mwinebar	07/01/2020 14:26:41 PM
Contract Manager Approval	ttilto1	07/01/2020 16:54:07 PM
Budget Analyst Approval	afrantz	07/09/2020 10:12:24 AM
BOE Agenda Approval	bwooldri	07/10/2020 08:02:51 AM
BOE Final Approval	Pending	



DATE: June 29, 2020

MEMORANDUM

TO: Aaron Frantz
*Budget Officer
Governor's Finance Office*

THROUGH: Christina Hadwick
*Administrative Services Officer IV
Division of Public and Behavioral Health*

FROM: Kelli Quintero
*Administrative Services Officer III
Division of Public and Behavioral Health*

SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT – Money Management International
(CETS # 23380)

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Vendor: **Money Management International**
- Services to be provided: **This is a new contract to provide ongoing call coverage in response to the COVID-19 Pandemic utilizing the Nevada 2-1-1 call-in center and Nevada's Coronavirus hotline.**
- Funding source and expenditure category: **BA 3218 - CAT 28 Coronavirus**
- Requested start date of work: **June 16, 2020**
- Expected execution date of agreement: **August 11, 2020**
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely: **This is an emergency contract in response to the COVID-19 emergency. It was necessary to continue fielding the increased call volume to the Nevada 2-1-1 Information and Referral Program and Nevada Coronavirus Hotline. The Division has resources to fund the contract through September 29, 2020; however, we were looking for other sources to to extend the contract through the end of the year but are unable to do so currently.**
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **The State would not be able to respond to Pandemic calls from the citizens of Nevada seeking information and resources related to the COVID-19 emergency.**
 - Explain how the program/bureau will prevent future retroactive requests: **The agency is utilizing all resources during this emergency and prioritizing work and contracts as dictated.**

If you have any questions, please contact Kelli Quintero at (775) 684-4207 or kquintero@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

Kelli Quintero

From: Kevin D. Doty
Sent: Wednesday, July 1, 2020 1:42 PM
To: Kelli Quintero
Subject: Re: Emergency COVID-19 Contract

Hi Kelli,
Pursuant to NAC 333.114, you are authorized to continue contracting with MMI.
I hope you are staying safe and doing well.
Kevin

Sent from my iPhone

On Jul 1, 2020, at 12:04 PM, Kelli Quintero <kquintero@health.nv.gov> wrote:

Good morning Mr. Doty.

I would like permission to continuing contracting with Money Management International (MMI) to provide call coverage in response to the COVID-19 Pandemic utilizing the Nevada 2-1-1 call-in center and Nevada's Coronavirus Hotline for the duration of the Pandemic. MMI has now hired and trained the call center specialists and continue to take calls for COVID-19; I have secured more funding and would like to continue contracting with them.

Thank you for your consideration.

Kelli Quintero -ASOIII
775-684-4207

From: Kevin D. Doty <kddoty@admin.nv.gov>
Sent: Tuesday, May 5, 2020 10:21 AM
To: Kelli Quintero <kquintero@health.nv.gov>
Subject: RE: Emergency COVID-19 Contract

Hi Kelli,

Pursuant to NAC 333.114, you are authorized to proceed with this contract with Money Management International.

Kevin

Kevin D. Doty
Administrator
Purchasing Division
Nevada Department of Administration
(775) 684-0183
kddoty@admin.nv.gov

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23271**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Board of Regents- UNLV
Agency Code:	406	Contractor Name:	Board of Regents- UNLV
Appropriation Unit:	3220-16	Address:	School of Medicine 4505 South Maryland Parkway
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89154
If "No" please explain:	Not Applicable	Contact/Phone:	Antonia Capurro, D.M.D. 702 774-2573
		Vendor No.:	D35000813
		NV Business ID:	Government Entity
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 %
X Federal Funds	19.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	81.00 % Healthy Nevada Funds

Agency Reference #: C17647

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 08/2020

Retroactive? **Yes**

If "Yes", please explain

This contract was delayed due to negotiations between the two State agencies and staffing shortages due to COVID-19. The division will endeavor to allow more time for negotiations in the future to prevent the need for retroactive requests.
--

3. Termination Date: **06/30/2021**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **Oral Health Program**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing funding for the Oral Health Program, to include, an academic faculty member to act and serve as the State Dental Health Officer.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$336,035.91**

Payment for services will be made at the rate of \$336,035.91 per Attachment A

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will fund the position of State of Nevada Dental Health Officer and Hygienist in accordance with NRS 439.272 and NRS 439.279.

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

The NRS requires that the State employ a State Dental Health Officer and Hygienist; the division does not have employees that meet these requirements necessary for these positions.
--

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

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:

State agencies routinely perform services for other agencies - satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ttilto1	05/28/2020 14:21:01 PM
Division Approval	ttilto1	06/30/2020 17:17:32 PM
Department Approval	mwinebar	07/01/2020 15:57:52 PM
Contract Manager Approval	ttilto1	07/01/2020 16:17:21 PM
Budget Analyst Approval	afrantz	07/09/2020 11:37:41 AM
BOE Agenda Approval	bwooldri	07/10/2020 08:03:45 AM
BOE Final Approval	Pending	



DATE: June 25, 2020

MEMORANDUM

TO: Aaron Frantz, Executive Branch Budget Officer
Governor's Finance Office

THROUGH: Mark Winebarger, CPA, Chief Financial Officer
Director's Office

FROM: Kelli Quintero, ASO III
Division of Public and Behavioral Health

SUBJECT: **REQUEST FOR RETROACTIVE APPROVAL CETS# 23271 C-17647**

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Vendor: **University of Nevada Las Vegas - School of Dental Medicine**
- Services to be provided: Describe services in detail: **Provide a State Dental Hygienist for the Division of Public and Behavioral Health and is necessary to comply with NRS 439.272.**
- Funding source and expenditure category: **BA 3220 - CAT 16; Radiological Fees**
- Requested start date of work: **July 1, 2020**
- Expected execution date of agreement (IFC approvals): **August 11, 2020**
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely:
 - **This contract was delayed due to negotiations between the two State agencies and staffing shortages due to COVID-19.**
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **The division would not be in compliance with NRS and NAC to provide dental services to the State.**
 - Explain how the program/bureau will prevent future retroactive requests: **The division will endeavor to allow more time for negotiations in the future to prevent the need for retroactive requests.**

If you have any questions, please contact Kelli Quintero at (775) 684-4207 or kquintero@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 21246	Amendment Number: 2
Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: University of South Florida Board of Trustees
Agency Code: 409	Contractor Name: University of South Florida Board of Trustees
Appropriation Unit: 3145-31	Address: 4019 E Fowler Avenue, Ste 100
Is budget authority available?: Yes	City/State/Zip: Tampa, FL 33617-2008
If "No" please explain: Not Applicable	Contact/Phone: Pamela Menendez 813-974-3256
	Vendor No.: T29023332A
	NV Business ID: Governmental Entity

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2018**

Anticipated BOE meeting date 08/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

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

Contract description: **Website Maintenance**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing website maintenance for the Quality Parenting Initiative Nevada/Just in Time Training website. This amendment extends the termination date from September 30, 2020 to September 30, 2022 and increases the maximum amount from \$40,000 to \$80,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
a. Amendment 1:	\$20,000.00	\$20,000.00	\$40,000.00	Yes - Info
2. Amount of current amendment (#2):	\$40,000.00	\$40,000.00	\$80,000.00	Yes - Action
3. New maximum contract amount:	\$80,000.00			
and/or the termination date of the original contract has changed to:	09/30/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

This service provides all Nevada foster caregivers advanced training through the use of the internet. This training can be accessed at any time, 24 hours a day. This service supports foster caregivers to receive needed training on the caregiver's time schedule or, more immediately, when an issue or situation arises.

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

This service provides training at all hours to caregivers from their home computers. It would be prohibitive to attempt to provide this level of training by Division employees based on geography and caregivers' time availability.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. 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.

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

34.5%

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:

The vendor has been under contract with the Division since 2018. 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	06/29/2020 13:38:15 PM
Division Approval	knielsen	06/29/2020 13:38:21 PM
Department Approval	mwinebar	07/01/2020 09:17:13 AM
Contract Manager Approval	sknigge	07/01/2020 10:55:19 AM
Budget Analyst Approval	jyou23	07/16/2020 11:46:46 AM
BOE Agenda Approval	bwooldri	07/16/2020 15:45:05 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: **22988**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	CLARK COUNTY SCHOOL DISTRICT
Agency Code:	409	Contractor Name:	CLARK COUNTY SCHOOL DISTRICT
Appropriation Unit:	3148-14	Address:	ADULT EDUCATION PROGRAMS 2701 E. SAINT LOUIS AVE.
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89104
If "No" please explain:	Not Applicable	Contact/Phone:	ROBERT TARTER 702-799-8650
		Vendor No.:	T40231800J
		NV Business ID:	GOVERNMENTAL ENTITY

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 08/2020

Retroactive? **Yes**

If "Yes", please explain

DCFS made every attempt to get the contract submitted timely for the June BOE. CCSD requested additional processing time to meet their own legal contracting requirements and to obtain approval through their Clark County Board meeting scheduled for June 11, 2020 prior to signing and returning the contract to DCFS for processing. This process was also extended by unforeseeable delays due to the coronavirus pandemic.

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

Contract term: **4 years**

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

Contract description: **SVYC Education Svcs**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing educational services for youth as mandated by NRS 63.210.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$615,253.88**

Other basis for payment: \$149,300.85 for the 2020-2021 School Year; \$153,779.88 for the 2021-2022 school year; \$153,779.88 for the 2022-2023 School Year; and \$158,393.27 for the 2023-2024 School Year.

II. JUSTIFICATION

7. What conditions require that this work be done?

Youth placed at Summit View Youth Center (SVYC) receive 180 days of instruction by licensed teachers of the Clark County School District. This interlocal agreement will provide an additional 66 days of educational programming for a total of 246 days of instruction per school year. The SVYC operates 24 hours 7 days a week. The youth housed in SVYC must be engaged in productive activities that are both beneficial and educational to ensure that youth stay on track educationally.

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

Licensed schoolteachers are required for proper academic education instruction for the youth to receive credits towards a high school diploma.

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.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Division has contracted for this service previously with CCSD and the service was satisfactory.

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

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

Not Applicable

15. The contractor is 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:

Patrick Mendez, Superintendent Ph: 702-668-4756

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	04/27/2020 14:16:22 PM
Division Approval	knielsen	04/27/2020 14:16:24 PM
Department Approval	mwinebar	05/29/2020 14:08:37 PM
Contract Manager Approval	sknigge	07/09/2020 15:53:24 PM
Budget Analyst Approval	jyou23	07/16/2020 13:36:37 PM
BOE Agenda Approval	bwooldri	07/17/2020 08:48:37 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: Jessica Young, Executive Branch Budget Officer
Governor's Finance Office

THROUGH: Mark Wineberger, Administrative Services Officer IV
Department of Health and Human Services

FROM: Katrina Nielsen, Administrative Services Officer IV
Division of Child and Family Services *Katrina Nielsen*

DATE: May 15, 2020

SUBJECT: Retroactive Contract – Clark County School District-Education Services Division

A retroactive contract is being requested between the Division of Child and Family Services (DCFS) and Clark County School District (CCSD) Education Services Division. This vendor provides educational services for youth placed at Summit View Youth Center as mandated by NRS 63.210.

This contract will allow CCSD to provide additional days of instruction to include educational programming during each December Holiday Break, Spring Break Week, and for the typical summer recess. CCSD provides for 180 days of instruction by licensed teachers, whereas DCFS is requesting an additional 66 days of instruction in which CCSD will provide a total of 246 days of educational instruction per school year. Having the additional days of schooling allows for the youth to work toward their credits during their stay and keeps them active, motivated and engaged which typically leads to increased positive outcomes when they are discharged, ultimately decreasing recidivism. In many cases, youth are also credit deficient when entering the program and require the additional classes in order to meet expedited credit achievement requirements set forth in their goals for release.

DCFS made every attempt to get the contract submitted timely for the June BOE. CCSD requested additional processing time to meet their own legal contracting requirements and to obtain approval through their Clark County Board meeting scheduled for June 11, 2020 prior to signing and returning the contract to DCFS for processing. This process was also extended by unforeseeable delays due to the coronavirus pandemic.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact me at 775-684-7942.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21746** Amendment Number: **2**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **University of Maryland Baltimore Campus**

Agency Code: **409** Contractor Name: **University of Maryland Baltimore Campus**

Appropriation Unit: **3229-44** Address: **620 West Lexington Street, 4th Floor**

Is budget authority available?: **Yes** City/State/Zip: **Baltimore, MD 21201-1501**

If "No" please explain: **Not Applicable** Contact/Phone: **Denise Sulzbach 410-706-6723**

Vendor No.: **T80997434**

NV Business ID: **Governmental Entity**

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	25.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	75.00 %	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 **06/13/2019**

Anticipated BOE meeting date 08/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/31/2020**

Contract term: **2 years and 18 days**

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

Contract description: **FFPSA Assistance**

5. Purpose of contract:

This is the second amendment to the original interlocal agreement which provides professional technical assistance relating to planning and implementation of the Family First Prevention Services Act. This amendment extends the termination date from August 31, 2020 to June 30, 2021 and increases the maximum amount from \$197,400 to \$415,906 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:	\$157,000.00	\$157,000.00	\$157,000.00	Yes - Action
a. Amendment 1:	\$40,400.00	\$40,400.00	\$40,400.00	Yes - Info
2. Amount of current amendment (#2):	\$218,506.00	\$218,506.00	\$258,906.00	Yes - Action
3. New maximum contract amount:	\$415,906.00			
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 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: **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.

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 is currently under contract to provide 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	hbugg	06/24/2020 15:32:09 PM
Division Approval	knielsen	06/29/2020 15:50:11 PM
Department Approval	mwinebar	07/06/2020 12:47:51 PM
Contract Manager Approval	sknigge	07/07/2020 11:13:23 AM
Budget Analyst Approval	jyou23	07/15/2020 16:04:54 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: **23285**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	Board of Regents, Nevada System of Higher Education,
Agency Code:	409	Contractor Name:	Board of Regents, Nevada System of Higher Education,
Appropriation Unit:	3646-14	Address:	UNLV School of Medicine 2040 W. Chareleston Blvd. Fl. 3
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89102-2227
If "No" please explain:	Not Applicable	Contact/Phone:	Megan Cortney 702-895-2641
		Vendor No.:	D35000819
		NV Business ID:	Governmental Entity

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2020**
Anticipated BOE meeting date 08/2020

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 February 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: **09/30/2020**

Contract term: **241 days**

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

Contract description: **Psychiatric Fellows**

5. Purpose of contract:

This is a new interlocal agreement to provide psychiatric fellows services.

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 \$12,500.00 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

The University of Nevada UNLV School of Medicine provides essential psychiatric assessment and support services in support of Desert Willow Treatment Center provided by the Division.

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 the UNLV School of Medicine. In addition, the services provided serve as practical learning experience for the UNLV 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?

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.

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 UNLV School of Medicine is part of the State of Nevada and some of its 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:

The vendor has been under contract with the Division, DPBH and DETR. 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:

Jacqueline Wade, Clinical Program Manager 2 Ph: 702-486-8911

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	06/16/2020 16:13:59 PM
Division Approval	knielsen	06/24/2020 14:54:02 PM
Department Approval	mwinebar	06/26/2020 08:31:45 AM
Contract Manager Approval	sknigge	06/26/2020 13:41:03 PM
Budget Analyst Approval	jyou23	07/01/2020 15:47:59 PM
BOE Agenda Approval	bwooldri	07/21/2020 11:17:50 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

TO: Jessica Young, Executive Branch Budget Officer 1

THROUGH: Mark Wineberger, Administrative Services Officer IV
Department of Health and Human Service

FROM: Katrina Nielsen, Administrative Services Officer IV
Division of Child and Family Services

DATE: 06/24/2020

SUBJECT: Retroactive Contract Request
Board of Regents, Nevada System of Higher Education, on behalf of the University of Nevada Las Vegas School of Medicine (Psychiatric Fellows)

A retroactive effective date of February 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 Las Vegas 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 February 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: **23202**

Agency Name: **DEPARTMENT OF CORRECTIONS**
Agency Code: **440**
Appropriation Unit: **3711-21**

Is budget authority available?: **No**

If "No" please explain: Non-IFC balance forward work program C50714 was submitted and it requests a partial balance forward from fiscal year 2020 to fiscal year 2021 in federal Title I-Part D (subpart 1) - Youthful Offender Program (YOP) sub-grant authority. Once this has processed there will be sufficient authority in the budget account.

Legal Entity Name: Carson City School District

Contractor Name: **Carson City School District**
Address: **1402 W King Street**

City/State/Zip: **Carson City, NV 89703-4554**

Contact/Phone: Samuel Santillo 775-283-1352

Vendor No.: T40231500
NV Business ID: Government Agency

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

Agency Reference #: 440

2. Contract start date:

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

Anticipated BOE meeting date 08/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **60 days**

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

Contract description: **Auto Shop**

5. Purpose of contract:

This is a new interlocal agreement to provide standard automotive equipment necessary to support the Automotive Technology program for youthful offenders.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$97,627.81**

II. JUSTIFICATION

7. What conditions require that this work be done?

This service is required to provide training for youth offenders to reduce recidivism and provide job training and certification for gainful employment.

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

Services required must be performed by State of Nevada licensed Adult Education Instructors. NDOC does not have anyone on staff with this certification.

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

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

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

Not Applicable

b. Solicitation Waiver: **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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dmartine	05/06/2020 13:51:25 PM
Division Approval	amonro1	05/18/2020 13:42:58 PM
Department Approval	sewart	05/19/2020 08:33:31 AM
Contract Manager Approval	aroma2	06/24/2020 16:35:35 PM
Budget Analyst Approval	bmacke1	07/21/2020 13:57:55 PM
BOE Agenda Approval	jrodrig9	07/21/2020 14:16:19 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: **22475** Amendment Number: **1**
 Agency Name: **DEPARTMENT OF CORRECTIONS** Legal Entity Name: **ENVISE**
 Agency Code: **440** Contractor Name: **ENVISE**
 Appropriation Unit: **3762-07** Address: **680 PILOT RD STE C**
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89119-9015**
 If "No" please explain: Not Applicable Contact/Phone: **Shane Reed 702-595-9733**
 Vendor No.: **T27038306**
 NV Business ID: **NV20151201704**

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.

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

Agency Reference #: 440

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/18/2019**

Anticipated BOE meeting date 08/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **10/31/2023**

Contract term: **4 years and 14 days**

4. Type of contract: **Contract**

Contract description: **Temp Control Maint.**

5. Purpose of contract:

This is the first amendment to the original contract which provides preventative maintenance, minor repairs, updates and/or installation of sequence of operations changes into the existing program data base for Yamas/Schnieder Controls Building Automation System. This amendment increases the maximum amount from \$48,960 to \$50,460 to troubleshoot and perform chiller repairs.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$48,960.00	\$48,960.00	\$48,960.00	Yes - Info
2. Amount of current amendment (#1):	\$1,500.00	\$1,500.00	\$50,460.00	Yes - Action
3. New maximum contract amount:	\$50,460.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Temperature control maintenance is required to preserve State property and for the health and safety of staff and inmates.

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

The Department of Corrections does not have the license and/or the equipment required to perform this service. No other State agency offers these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor provided the proposal with the highest technical support for the most reasonable cost provided.

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:

NDOC has been in contract with this provider since 2011 per RFP 201108 and RFP 201508. Service has been verified as satisfactory.

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	gbarsegi	06/23/2020 15:28:29 PM
Division Approval	amonro1	06/29/2020 11:52:50 AM
Department Approval	sewart	06/29/2020 17:15:22 PM
Contract Manager Approval	aroma2	07/01/2020 15:25:28 PM
Budget Analyst Approval	bmacke1	07/20/2020 09:59:09 AM
BOE Agenda Approval	jrodrig9	07/21/2020 14:15:33 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23371**

Agency Name: **DPS-PAROLE & PROBATION**
Agency Code: **652**
Appropriation Unit: **3740-38**

Is budget authority available?: **No**

If "No" please explain: All the funds authorized by SB515.1 will be exhausted and the remaining funds needed will be incorporated into NPP's FY22/23 budget request.

Legal Entity Name: **TYLER TECHNOLOGIES, INC.**

Contractor Name: **TYLER TECHNOLOGIES, INC.**
Address: **5101 Tennyson Parkway**

City/State/Zip: **PLANO, TX 75024**

Contact/Phone: **Abigail Diaz x4289 800/722-2260**

Vendor No.: **T32001084A**
NV Business ID: **NV20051167615**

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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

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

Agency Reference #: **RFP # 65DPS-S960**

2. Contract start date:

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

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2022**

Contract term: **2 years and 30 days**

4. Type of contract: **Contract**

Contract description: **Records Management**

5. Purpose of contract:

This is a new contract to provide for the setup, implementation of a new Offender Tracking and Records Management System for the division.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,616,575.00**

Other basis for payment: Payment will be processed as outlined in the Investment Summary, included in the contract

II. JUSTIFICATION

7. What conditions require that this work be done?

NPP's Offender Tracking Information System (OTIS) is a crucial system that is currently being used to track parolees and probationers within the State. The OTIS application is currently outdated, having security risks and operating on an unsupported software version of USoft - making changes and/or enhancements nearly impossible.

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

No employees within NPP or other state agencies have the expertise to complete this task.

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):

Business and Decision North America
Five Point Solutions
DXC Technology

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #65DPS-S960, 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: 12/11/2019 Anticipated re-bid date: 12/01/2022

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 provided service to Dept. of Public Safety - Traffic Safety since 2017 and 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:

Tami Beauregard, MA II Ph: (775) 684-2617

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssieber	07/02/2020 09:15:43 AM
Division Approval	twollan1	07/06/2020 18:00:44 PM
Department Approval	cboegle	07/07/2020 09:52:34 AM
Contract Manager Approval	cboegle	07/07/2020 09:53:40 AM
EITS Approval	tgalluzi	07/07/2020 10:31:43 AM
Budget Analyst Approval	jrodrig9	07/22/2020 09:49:35 AM
BOE Agenda Approval	jrodrig9	07/22/2020 09:49:42 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: **21595** Amendment Number: **1**
 Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **Cardno**
 Agency Code: **702** Contractor Name: **Cardno**
 Appropriation Unit: **1511-16** Address: **5496 Reno Corporate Drive**
 Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89511**
 If "No" please explain: Not Applicable Contact/Phone: **JASON DUKES 775-828-4362**
 Vendor No.:
 NV Business ID: **NV20111772626**

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

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

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

Agency Reference #: 19-45

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/24/2019**
 Anticipated BOE meeting date 08/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2020**
 Contract term: **1 year and 222 days**

4. Type of contract: **Contract**
 Contract description: **Civil Engineering**

5. Purpose of contract:
This is the first amendment to the original contract which provides civil engineering design services at Marlette Lake. This amendment increases the maximum amount from \$47,598 to \$58,038 due to additional engineering design services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$47,598.00	\$47,598.00	\$47,598.00	Yes - Info
2. Amount of current amendment (#1):	\$10,440.00	\$10,440.00	\$58,038.00	Yes - Action
3. New maximum contract amount:	\$58,038.00			

II. JUSTIFICATION

7. What conditions require that this work be done?
Improvements needed to enhance trout spawning conditions and egg harvesting to support hatchery needs across the state.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Contractor has specialized expertise and software, as well as experience working in the Tahoe Basin.

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

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	tdoucett	07/02/2020 12:28:54 PM
Division Approval	kdailey	07/02/2020 12:34:15 PM
Department Approval	kdailey	07/02/2020 12:34:19 PM
Contract Manager Approval	zalbert	07/07/2020 12:16:28 PM
Budget Analyst Approval	mlynn	07/14/2020 10:53:48 AM
BOE Agenda Approval	laaron	07/20/2020 18:24:14 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: **23297**

Agency Name: **DEPARTMENT OF WILDLIFE**
Agency Code: **702**
Appropriation Unit: **4460-09**

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

Legal Entity Name: **XCEL MAINTENANCE SERVICES, INC.**
Contractor Name: **XCEL MAINTENANCE SERVICES, INC.**
Address: **8920 COLORFUL PINES AVE**
City/State/Zip: **LAS VEGAS, NV 89143-4403**
Contact/Phone: **KATHIA WINCHELL 702-355-3895**
Vendor No.: **T81103343**
NV Business ID: **NV20021426879**

To what State Fiscal Year(s) will the contract be charged? **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 %	X	Fees	100.00 % SPORTSMEN REVENUE
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 20-72

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2020**

Anticipated BOE meeting date 08/2020

Retroactive? **Yes**

If "Yes", please explain

A retroactive start date is required because the current vendor walked out on performing janitorial services for our Las Vegas office. Due to COVID-19, we need the office cleaned and ready to open for employee use and public use for Phase II as the Governor approves as well as avoid interruption of services with the department's operations.

3. Termination Date: **05/31/2024**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial services**

5. Purpose of contract:

This is a new contract to provide ongoing janitorial services at the Las Vegas office.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$122,400.00**

Other basis for payment: FY21-FY22: \$2,300/month; FY23-FY24: \$2,800/month

II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial services are required to maintain the office in a safe and clean manner for use of employees and the public.

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

State employees do not have skills and expertise to perform this work and work must be performed after regular business hours.

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 shows to meet and exceed the standards noted in the RFP.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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:

2002 current.
State Public Works Division (082),
Child and Family Division (409),
Forestry Division (706),
Rehabilitation Division (901)
Employment Security Division (902)
DETR-NV Equal Rights Commission (903)
DETR Admin. Services (908)
And many more. Work was satisfactory.

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

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

Not Applicable

15. The contractor is 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:

KATHIE TELIGADES, ADMIN ASST Ph: 702-668-3545

20. Contract Status:

Contract Approvals:

Table with 3 columns: Approval Level, User, Signature Date. Rows include Budget Account Approval, Division Approval, Department Approval, Contract Manager Approval, Budget Analyst Approval, BOE Agenda Approval, and BOE Final Approval.



NEVADA DEPARTMENT OF WILDLIFE

6980 Sierra Center Parkway, Suite 120 • Reno, Nevada 89511
(775) 688-1526 Fax (775) 688-1577

RETROACTIVE CONTRACT APPROVAL REQUEST

Date: June 3, 2020

To: Liz O'Brien, Deputy Director

From: Zeida Albert, Management Analyst

Subject: Request for retroactive contract date for Xcel Maintenance Services, Inc.

Please approve the retroactive contract date of June 1, 2020 for the Xcel Maintenance Services, Inc. contract which will provide janitorial services to the State of Nevada, Department of Wildlife regional office located at 3373 Pepper Lane, Las Vegas, NV 89120.

A retroactive start date is required due to the current vendor walked out on performing janitorial services for our Las Vegas office. Due to COVID-19, we need the office cleaned and ready to open for employee use and public use for Phase II as the Governor approves as well as avoid interruption of services with the department's operations.

Thank you for your assistance in this matter. If you have any questions please call me at (775) 688-1526.

Michele K. Lynn

From: Zeida Albert
Sent: Wednesday, July 15, 2020 10:26 AM
To: Michele K. Lynn
Cc: Tim Doucette; Katie Jameson
Subject: NDOW Las Vegas office janitorial - Xcel Maintenance

Hi Michele,

Please see email chain below for approval from the Purchasing Administrator to contract with Xcel Maintenance.

Thank you,



Zeida Albert,
Contract Manager
Management Analyst
Nevada Department of Wildlife
6980 Sierra Center Pkwy. Suite 120
Reno, Nevada 89511

775-688-1526

zalbert@ndow.org

Support Nevada's Wildlife...Buy a Hunting and Fishing License

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From: Kevin D. Doty <kddoty@admin.nv.gov>
Sent: Wednesday, July 15, 2020 10:05 AM
To: Zeida Albert <zalbert@ndow.org>; Gideon K. Davis <gkdavis@admin.nv.gov>
Cc: Tim Doucette <tcdoucette@ndow.org>
Subject: RE: RFP 20-004 NDOW Las Vegas office janitorial

Hi Zeida,

Thanks for that information. It's good to know that we are getting multiple vendors to respond to our solicitations. You are approved to go ahead and contract with Xcel.

Kevin

Kevin D. Doty
Administrator
Purchasing Division
Nevada Department of Administration
(775) 684-0183
kddoty@admin.nv.gov

From: Zeida Albert <zalbert@ndow.org>
Sent: Wednesday, July 15, 2020 10:02 AM
To: Kevin D. Doty <kddoty@admin.nv.gov>; Gideon K. Davis <gkdavis@admin.nv.gov>
Cc: Tim Doucette <tcdoucette@ndow.org>
Subject: RE: RFP 20-004 NDOW Las Vegas office janitorial

7 companies.

Thank you,



Zeida Albert,
Contract Manager
Management Analyst
Nevada Department of Wildlife
6980 Sierra Center Pkwy. Suite 120
Reno, Nevada 89511

775-688-1526

zalbert@ndow.org

Support Nevada's Wildlife...Buy a Hunting and Fishing License

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From: Kevin D. Doty <kddoty@admin.nv.gov>
Sent: Wednesday, July 15, 2020 9:57 AM
To: Zeida Albert <zalbert@ndow.org>; Gideon K. Davis <gkdavis@admin.nv.gov>
Cc: Tim Doucette <tcdoucette@ndow.org>
Subject: RE: RFP 20-004 NDOW Las Vegas office janitorial

Hi Zeida,

Can you tell me how many companies bid on this contract?

Thanks,
Kevin

From: Zeida Albert <zalbert@ndow.org>
Sent: Tuesday, July 14, 2020 2:44 PM
To: Kevin D. Doty <kddoty@admin.nv.gov>; Gideon K. Davis <gkdavis@admin.nv.gov>
Cc: Tim Doucette <tcdoucette@ndow.org>
Subject: RFP 20-004 NDOW Las Vegas office janitorial

Kevin and Gideon,

Nevada Department of Wildlife performed an agency led solicitation for janitorial services for our Las Vegas office unknowing that the total contract amount for a four year-term would exceed the allowed amount of \$100,000 for agency led solicitations.

The contract was properly solicited, evaluated, scored and awarded. The solicitation and amendment to the solicitation was posted in NevadaEPro, on our ndow.org website, and the Notice of Award was sent to all the vendors who submitted proposals allowing an 11-day appeal period.

Attached are the emails showing that the solicitation and amendment to the solicitation was posted in NevadaEPro, on our website and the Notice of Award that was emailed.

With all this said, would you please grant NDOW permission to use the agency led solicitation to complete a contract with the selected vendor, Xcel Maintenance?

Please let me know if you have any questions or need further information. Thanks for any help you can provide, and we will work to ensure that we better project potential costs for future solicitations.

Thank you,



Zeida Albert,
Contract Manager
Management Analyst
Nevada Department of Wildlife
6980 Sierra Center Pkwy. Suite 120
Reno, Nevada 89511
775-688-1526
zalbert@ndow.org

Support Nevada's Wildlife...Buy a Hunting and Fishing License

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CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 22828	Amendment Number: 1
Agency Name: DCNR - NATURAL HERITAGE	Legal Entity Name: BOARD OF REGENTS - NSHE
Agency Code: 708	Contractor Name: BOARD OF REGENTS - NSHE
Appropriation Unit: 4101-49	Address: DESERT RESEARCH INSTITUTE 2215 RAGGIO PKWY RENO, NV 89512-1095
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89512-1095
If "No" please explain: Not Applicable	Contact/Phone: Ken McGwire 775-673-7300
	Vendor No.: D35000802
	NV Business ID: NV20161295653

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2019**

Anticipated BOE meeting date 07/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2022**

Contract term: **3 years**

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

Contract description: **NPWI Updated Toolbar**

5. Purpose of contract:

This is the first amendment to the interlocal agreement which provides an updated version of the Nevada Priority Wetlands Inventory that integrates new quantitative environmental data and up-to-date information from stakeholders. This amendment increases the maximum amount from \$46,612 to \$72,808 due to the addition of in-person meetings and a workshop.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$46,612.00	\$46,612.00	\$46,612.00	Yes - Info
2. Amount of current amendment (#1):	\$26,196.00	\$26,196.00	\$72,808.00	Yes - Action
3. New maximum contract amount:	\$72,808.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

In a continuing effort with the Division of Natural Heritage; Wetland program Development Plan, this interlocal agreement will create an updated version of the NPWI, that was started in 2011. In order to accomplish this, DRI will: organize existing information from NPWI into a database framework and work with stakeholders to update that data; develop new quantitative metrics for NPWI based on the trends and current state of wetlands that can be generated by DRI's wetland analysis toolbar & update the ranking scheme for wetland units with respect to ecosystem function and stressors & distribute new rankings to stakeholders for comment and refinement, and publish an updated version of NPWI and the associated database. The additional funds will be used to support in-person meetings with larger stakeholders and to hold a workshop to better define the new metrics from the wetland analysis toolbar.

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

Division of Natural Heritage does not have the necessary tools to integrate the NPWI information into a database framework. DRI has the staff, expertise and ability to perform the task at hand.

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

65%

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

No

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

No

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

December 2011 - November 2014, Nevada Natural Heritage Program RFP # 12821, work was performed and completed to the satisfaction of NNHP.

14. Is the contractor currently involved in litigation with the State 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	mspear2	06/24/2020 10:02:54 AM
Division Approval	mspear2	06/24/2020 10:03:00 AM

Department Approval	kwilliam	06/29/2020 12:39:47 PM
Contract Manager Approval	mspear2	06/29/2020 12:42:03 PM
Budget Analyst Approval	laaron	07/20/2020 11:21:37 AM
BOE Agenda Approval	laaron	07/20/2020 11:21:40 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: **23225**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: WINDSOR SOLUTIONS, INC.
Agency Code: 709	Contractor Name: WINDSOR SOLUTIONS, INC.
Appropriation Unit: 3187-60	Address: 4386 S. MACADAM AVE. SUITE 101
Is budget authority available?: Yes	City/State/Zip: PORTLAND, OR 97239-6432
If "No" please explain: Not Applicable	Contact/Phone: Craig Austin 503-675-7833
	Vendor No.: T27010424
	NV Business ID: NV20111356993

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

Agency Reference #: **DEP21-001**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2020**

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2024**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **EN Tech Support**

5. Purpose of contract:

This is a new contract to provide information technology system services to participate in the U.S. Environmental Protection Agency Environmental Information Exchange Network.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$350,000.00**

Other basis for payment: Monthly as invoiced by the contractor

II. JUSTIFICATION

7. What conditions require that this work be done?

Annually, since FY 2002 the Federal Government (Environmental Protection Agency) provides States with the opportunity to participate in the Exchange Network Grant Solicitation program. The Grant Program provides funding for States to establish IT systems to allow the required regulatory data to be submitted electronically to the Federal Government. The Federal EPA has been steadily moving away from paper submission of regulatory data, and is increasingly requiring States to submit data electronically. The Federal EPA is regularly changing business rules, the amount of data required, the submission elements required and other aspects of regulatory data for the States. The new contract will be used to keep up with changing IT technologies, modernize old systems as necessary, and adapt to regulatory changes by the Federal Government.

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

The work is highly specialized, in most cases new IT systems are required to be built using Federal Grant money by a team of contract developers. Current IT staffing levels do not allow for the size, complexity and specialized work required to submit regulatory data in a timely manner.

9. Were quotes or proposals solicited? Yes
 Was the solicitation (RFP) done by the Purchasing Division? Yes

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

This vendor was the only vendor that submitted a proposal

d. Last bid date: 05/08/2020 Anticipated re-bid date: 05/01/2024

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:

The contractor has provided services to NDEP since 2002, and the quality of service was greater than satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Kevin Weiss, IT Manager Ph: 775-687-9324

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kbradle1	06/22/2020 09:46:34 AM
Division Approval	vking	06/22/2020 11:14:58 AM
Department Approval	vking	06/22/2020 11:15:03 AM
Contract Manager Approval	ssimpso2	06/22/2020 11:32:00 AM
EITS Approval	tgalluzi	06/23/2020 08:54:12 AM
Budget Analyst Approval	rjacob3	07/02/2020 07:28:48 AM
BOE Agenda Approval	laaron	07/20/2020 18:07:20 PM
BOE Final Approval	Pending	

Brian Sandoval
Governor



Patrick Cates
Director

Michael Dietrich
State CIO

David Haws
EITS Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Enterprise I.T. Services Division

100 N. Stewart Street, Suite 100 | Carson City, NV 89701
Phone: (775) 684-5800

DATE: May 17, 2018

TO: Kevin Weiss, IT Manager 3, NDEP
Stephanie Simpson, Management Analyst 1, NDEP
Daralyn Dobson, ASO 3, NDEP

CC: Michael Dietrich, State CIO
David Haws, Administrator, EITS, DOA
Tom Wolf, Chief IT Manager, Computing, EITS, DOA
Ken Adams, Chief IT Manager, Communications, EITS, DOA
Suzie Block, Chief IT Manager, Agency IT Services, EITS, DOA
Robert Dehnhardt, Chief IT Manager, Security, EITS, DOA
Governor's Finance Office

FROM: Tim Lewis, Technical Investment Administrator, EITS, DOA

SUBJECT: TIN Review Completion: EPA Exchange Network Multi-Year Grant

We completed our review of the EPA Exchange Network Multi-Year Grant TIN. NDEP intends to establish the hardware and software to enable participation in the National Environmental Information Exchange Network, developed by U.S. EPA and pilot states. It is understood NDEP has an approved TIR for the current contract through September 2020 in the amount of \$800,000. This TIN supports a new RFP and contract scheduled for September 2020.

It is expected that this effort will follow the existing agency and State security policies. The Office of Information Security (OIS) (InfoSec@doit.nv.gov) are available to review security controls and provide guidance on system architecture and the protection of critical and personally identifiable information.

Please consider how the implementation of this system will affect the workflow of state data and the related records responsibilities of agency personnel. If you have questions or wish to receive a sampling of the types of Record Disposition Authorizations (RDAs)

affected by this implementation, please contact the State Records Manager, Nevada Library and Archives at records@admin.nv.gov.

Also, please be aware that requirements for additional bandwidth may result in the agency being placed in a different cost tier for communications services.

If there are questions or 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: **23278**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: RESOURCE CONCEPTS, INC.
Agency Code: 709	Contractor Name: RESOURCE CONCEPTS, INC.
Appropriation Unit: 3197-12	Address: 340 NORTH MINNESOTA STREET
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89703-4152
If "No" please explain: Not Applicable	Contact/Phone: W. Marvin Tebeau 775.883.1600
	Vendor No.: T12785100
	NV Business ID: NV19781005208

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

Agency Reference #: **RFP # CNR-S1155**

2. Contract start date:

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

Anticipated BOE meeting date **08/2020**

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: **Source Water Protect**

5. Purpose of contract:

This is a new contract to provide assistance to communities and small public water systems in the development and implementation of Community Source Water/Wellhead Protection Plans.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,080,000.00**

Other basis for payment: **Monthly, based on work completed**

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal Government has dictated the cities/communities have a Wellhead Protection Program (WHPP) and has allocated funds to the State of Nevada for this purpose

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

Communities are the lead agencies and need community involvement. The State only monitors the project(s) and does not mandate.

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):

Geosyntec Consultants, Inc
JE Fuller/Hydrology and Geomorphology, Inc.
CTA Consultants LLC
Resource Concepts Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #CNR-S1155, 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: 04/11/2016 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:

1998 to 2016, Division of Environmental Protection. Work has been satisfactory.
2017 to 2020, Division of Environmental Protection. Work has been satisfactory.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Kimberly Rigdon, Staff 2, Associate Engineer Ph: 775-687-9503

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rbusto	06/05/2020 16:09:38 PM
Division Approval	jcarr	06/09/2020 17:09:53 PM
Department Approval	jcarr	06/09/2020 17:09:58 PM
Contract Manager Approval	kkochen	06/17/2020 09:57:58 AM
Budget Analyst Approval	rjacob3	07/02/2020 07:28:16 AM
BOE Agenda Approval	laaron	07/20/2020 17:47:54 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23265**

Agency Name: DETR - EMPLOYMENT SECURITY	Legal Entity Name: SMARTLING, INC.
Agency Code: 902	Contractor Name: SMARTLING, INC.
Appropriation Unit: 4771-75	Address: 1375 Broadway Floor 14
Is budget authority available?: Yes	City/State/Zip: New York, NY 10018
If "No" please explain: Not Applicable	Contact/Phone: Kelly Klein 347-380-8699
	Vendor No.: T27043462
	NV Business ID: NA
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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % PENALTIES AND INTEREST

Agency Reference #: **3401-23-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/26/2020**

Anticipated BOE meeting date **08/2020**

Retroactive? **Yes**

If "Yes", please explain

Emergency purchase approved pursuant to NAC 333.114 and the State of Emergency declared by the Governor on 3/13/20

3. Termination Date: **04/30/2023**

Contract term: **3 years and 35 days**

4. Type of contract: **Contract**

Contract description: **Spanish Translation**

5. Purpose of contract:

This is a new contract to provide for the implementation of the technology investment which provides real-time Spanish to English and English to Spanish translation services for Spanish speaking Unemployment Insurance Claimants utilizing the online system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$199,620.00**

Other basis for payment: System setup - \$12,500.00; 3 year subscription plan - \$79,200.00; Spanish Language Pair - \$7,920; Global Delivery Network Capacity - \$75,000.00; Language Services - \$25,000 prepaid (\$0.15 per word)

II. JUSTIFICATION

7. What conditions require that this work be done?

Spanish translation of online resources is required to serve a greater portion of Nevadans and is required by the Department of Labor.

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 skills to perform this work.

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

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

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

Not Applicable

b. Solicitation Waiver: **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? 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 as a:

Foreign Corporation

Pursuant to NRS 353.007(2) and 76.100(7)(b) this company is not required to register with the Secretary of State's Office or obtain a Business License. Confirmation call received from the Secretary of State Office on 6/24/2020.

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

Yes

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

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

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Pursuant to NRS 353.007(2) and 76.100(7)(b) this company is not required to register with the Secretary of State's Office or obtain a Business License. Confirmation call received from the Secretary of State Office on 6/24/2020.

18. 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	06/01/2020 17:05:33 PM
Division Approval	kdesoci1	06/11/2020 15:35:31 PM
Department Approval	kdesoci1	06/11/2020 15:35:33 PM
Contract Manager Approval	kdesoci1	06/16/2020 13:33:28 PM
EITS Approval	tgalluzi	06/24/2020 09:22:33 AM
Budget Analyst Approval	dbaughn	06/25/2020 08:23:19 AM
BOE Agenda Approval	cbrekken	06/29/2020 13:51:00 PM
BOE Final Approval	Pending	

Brian Sandoval
Governor



Patrick Cates
Director

Michael Dietrich
State CIO

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Enterprise I.T. Services Division

David Haws
EITS Administrator

100 N. Stewart Street, Suite 100 | Carson City, NV 89701
Phone: (775) 684-5800

DATE: August 20, 2018

TO: Kimberly Gaa, Administrator, DETR
Kathleen DeSocio, ASO 4, DETR
Mikki Reed, Management Analyst III, DETR

CC: David Haws, Administrator, DOA, EITS

FROM: Tim Lewis, Technical Investment Administrator, DOA, EITS

SUBJECT: TIN Review: UInv Customer Self Service (CSS) and Dynamic Fact Finding (DFF) - Spanish translation

We completed the review of the *UInv Customer Self Service (CSS) and Dynamic Fact Finding (DFF) - Spanish translation* TIN.

The TIN documents DETR's plan to enhance the UInv Unemployment Claim Filing system. The investment will implement a Spanish translation of the UInv Customer Self Service (CSS) claim filing portal, including claimant registration, claim filing and dynamic fact-finding questions associated with UI claim adjudication.

It is expected that this effort will follow the existing agency and State security policies. The Office of Information Security (OIS) (InfoSec@doit.nv.gov) are available to review security controls and provide guidance on system architecture and the protection of critical and personally identifiable information.

Given the scope and budget, proper project management will be important to keep the project on target.

If I can be of further assistance, please feel free to contact me.

OFFICE OF THE DIRECTOR
Financial Management



STEVE SISOLAK
Governor

HEATHER KORBULIC
Director

KATHLEEN DESOCIO
Chief Financial Officer

MEMORANDUM

DATE: April 9, 2020
TO: Darlene C. Baughn, Budget Analyst IV
Department of Administration
FROM: Heather Korbolic, Director
SUBJECT: RETROACTIVE CONTRACT
Smartling Inc.

On behalf of the Department of Employment, Training and Rehabilitation (DETR), I respectfully request approval to execute a retroactive contract to provide payment for the attached technology enhancement for Spanish Translation that was purchased in order to better serve Spanish speaking Nevadans and comply with Department of Labor requirements. The emergency contract was approved by Kevin Doty on March 18, 2020.

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: 6-10-20

CONTRACT SUMMARY

(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** Amendment Number: **1**

Agency Name: **BDC LICENSING BOARDS & COMMISSIONS** Legal Entity Name: **EIDE BAILLY, LLP**

Agency Code: **BDC** Contractor Name: **EIDE BAILLY, LLP**

Appropriation Unit: **B022 - All Categories** Address: **5441 Kietzke Ln. Suite 150**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89511**

If "No" please explain: **Not Applicable** Contact/Phone: **Beth Farley 775-689-9100**

Vendor No.: **T29026023**

NV Business ID: **NV20201801760**

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 %	X	Fees	100.00 % Licensure
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 **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Audit Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides annual financial statement audits. This amendment increases the maximum amount from \$47,000 to \$70,500 due to the scope of work addition of single audit services of federal funds.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$47,000.00	\$47,000.00	\$47,000.00	Yes - Info
2. Amount of current amendment (#1):	\$23,500.00	\$23,500.00	\$70,500.00	Yes - Action
3. New maximum contract amount:	\$70,500.00			

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):

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	06/23/2020 09:54:58 AM
Division Approval	cschon1	06/23/2020 09:55:01 AM
Department Approval	cschon1	06/23/2020 09:55:07 AM
Contract Manager Approval	cschon1	06/23/2020 09:55:10 AM
Budget Analyst Approval	hfield	07/06/2020 16:40:19 PM
BOE Agenda Approval	hfield	07/06/2020 16:40:22 PM

WORK PLAN SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	015	GOVERNOR'S OFFICE OF FINANCE - SMART 21	GARTNER, INC.	GENERAL 81% HIGHWAY 19%	\$796,243	
	Contract Description:	This is the second amendment to the work plan under Master Service Agreement #18964 which provides ongoing research and advisory services related to information technology. This amendment extends the termination date from August 31, 2020 to August 31, 2021 and increases the maximum amount from \$857,386.52 to \$1,653,629.42 due to the continued need for these services.				
	Term of Contract:	08/09/2019 - 08/31/2021	Contract # 22009			
2.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - IT SECURITY	GARTNER, INC.	FEE: USER	\$86,061	
	Contract Description:	This is a new work plan under Master Service Agreement contract #18964, to provide research and advisory services related to information technology. This work plan is for Information Technology end user service that offer various deliverables to advise and assist the Special Advisor.				
	Term of Contract:	07/01/2020 - 06/30/2021	Contract # 23367			
3.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - INFORMATION SERVICES	CARAHSOFT TECHNOLOGY CORP	FEDERAL	\$180,000	
	Contract Description:	This is a new work plan under Master Service Agreement #18855 to provide cloud services. This work plan covers the enhancement of the Unified Nevada information technology for Youth system to support secure bi-directional data exchanges with child welfare contributing agencies or other external systems used to collect or use child welfare data.				
	Term of Contract:	Upon Approval - 09/30/2021	Contract # 23368			

WORK PLAN SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
4.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	GARTNER, INC.	OTHER: COST ALLOCATION	(\$63,882)	Professional Service
	Contract Description:	This is the first amendment to the original work plan which provides ongoing research and advisory services related to Information Technology. This amendment decreases the maximum amount from \$286,377 to \$222,495 due to removing the Executive Programs Leadership Team Plus service and adding the Gartner for IT Leaders Individual Access Advisor service.				
	Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21916			

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 22009	Amendment Number: 2
Agency Name: GOVERNOR'S FINANCE OFFICE	Legal Entity Name: GARTNER, INC.
Agency Code: 015	Contractor Name: GARTNER, INC.
Appropriation Unit: 1325-09	Address: PO BOX 911319
Is budget authority available?: Yes	City/State/Zip: DALLAS, TX 75391-1319
If "No" please explain: Not Applicable	Contact/Phone: Jay Friedman 239-561-4815
	Vendor No.: PUR0005339A
	NV Business ID: NV19941112701

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	81.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
<input checked="" type="checkbox"/>	Highway Funds	19.00 %	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 08/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/31/2020**

Contract term: **2 years and 23 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **SMART 21 Project**

5. Purpose of contract:

This is the second amendment to the work plan under Master Service Agreement #18964 which provides ongoing research and advisory services related to information technology. This amendment extends the termination date from August 31, 2020 to August 31, 2021 and increases the maximum amount from \$857,386.52 to \$1,653,629.42 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:	\$876,386.52	\$876,386.52	\$876,386.52	Yes - Action
a. Amendment 1:	-\$19,000.00	-\$19,000.00	-\$19,000.00	Yes - Info
2. Amount of current amendment (#2):	\$796,242.90	\$796,242.90	\$777,242.90	Yes - Action
3. New maximum contract amount:	\$1,653,629.42			
and/or the termination date of the original contract has changed to:	08/31/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Smart 21 Project requires independent project oversight and quality assurance that Gartner will provide. There will be project oversight and quality assurance for both OPM and the Smart 21 Project.

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

State employees do not have the expertise.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Work Plan to existing no cost MSA #18964

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

EITS since 2014 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:
Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddav12	07/08/2020 14:51:01 PM
Division Approval	ddav12	07/08/2020 14:51:08 PM
Department Approval	ddav12	07/08/2020 14:51:15 PM
Contract Manager Approval	ddav12	07/14/2020 06:37:32 AM
Budget Analyst Approval	mranki1	07/14/2020 09:34:25 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: **23367**

Agency Name: **ADMIN - ENTERPRISE IT SERVICES**
Agency Code: **180**
Appropriation Unit: **1389-26**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **GARTNER, INC.**
Contractor Name: **GARTNER, INC.**
Address: **PO BOX 911319**
City/State/Zip: **DALLAS, TX 75391-1319**
Contact/Phone: **Jay Friedman 480-283-8933**
Vendor No.: **T80976121A**
NV Business ID: **NV19941112701**

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

2. Contract start date:

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

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **364 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **IT End Users**

5. Purpose of contract:

This is a new work plan under Master Service Agreement contract #18964, to provide research and advisory services related to information technology. This Work Plan is for Information Technology end user service that offer various deliverables to advise and assist the Special Advisor.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$86,061.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Enterprise IT Services (ITS) continues to pursue Information Technology (IT) advancements that will have statewide benefits. To ensure EITS stays current with rapidly advancing IT changes, Gartner has been identified as a leading resource of expertise on IT advancement in both government and private sectors. Gartner's breadth of expertise will continue to avoid false starts as the State implements cloud -based services, document production, commences development of mobile applications, contemplates replacement of key enterprise software, and considers the most efficient design of future networks.

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

State employees do not have the expertise.

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

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

Work Plan to existing no cost MSA #18964.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2014 EITS 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	ddav12	06/25/2020 09:00:03 AM
Division Approval	ddav12	06/25/2020 09:00:06 AM
Department Approval	ddav12	06/25/2020 09:00:08 AM
Contract Manager Approval	ddav12	06/25/2020 09:48:22 AM
Budget Analyst Approval	dlenzner	07/14/2020 09:08:37 AM
BOE Agenda Approval	hfield	07/14/2020 11:38:07 AM
BOE Final Approval	Pending	

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 | Fax: (775) 687-9097

MEMORANDUM

TO: David Lenzner, Budget analyst
FROM: Hugo Schlesener, Deputy Administrator
SUBJECT: Retro-Memo
DATE: June 29th, 2020

This is a request for a retroactive start date of July 1, 2020 for the Gartner, Inc. contract (CETS#23367). This is an original contract to provide ongoing subscription-based research and related services for IT Executives. Also, due to rapidly developing technology, Gartner's expertise will aid in the implementation in future IT production and development of the State of Nevada's IT efficiency.

Due to the revisions and negotiations of budget savings resulting from the COVID circumstance the June BOE could not be met.

Thank you,

A handwritten signature in blue ink, appearing to read "Hugo Schlesener", with a long horizontal flourish extending to the right.

Hugo Schlesener, Deputy Administrator

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23368**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: CARASOFT TECHNOLOGY CORP
Agency Code: 409	Contractor Name: CARASOFT TECHNOLOGY CORP
Appropriation Unit: 3143-11	Address: 11493 SUNSET HILLS RD, STE 100
Is budget authority available?: Yes	City/State/Zip: RESTON, VA 20191
If "No" please explain: Not Applicable	Contact/Phone: STEPHEN FINK 703/230-7586
	Vendor No.: T27011089
	NV Business ID: NV20151127305

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

2. Contract start date:

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

Anticipated BOE meeting date: **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2021**

Contract term: **1 year and 60 days**

4. Type of contract: **Other (include description): MSA Work Order**

Contract description: **UNITY Data Exchange**

5. Purpose of contract:

This is a new work plan under Master Service Agreement #18855 to provide cloud services. This work plan covers the enhancement of the Unified Nevada Information Technology for Youth system to support secure bi-directional data exchanges with child welfare contributing agencies or other external systems used to collect or use child welfare data.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$180,000.00**

Payment for services will be made at the rate of \$180,000.00 per receipt and approval of deliverables and invoices

II. JUSTIFICATION

7. What conditions require that this work be done?

The UNITY Data Exchange Modernization project TIN will enhance the UNITY system to support secure bi-directional data exchanges with child welfare contributing agencies or other external systems used to collect or use child welfare data. This project will allow the UNITY system to more fully comply with the newly enacted federal Comprehensive Child Welfare Information System requirements while improving the child welfare program to meet evolving constituent expectations in a way that will increase the speed of data-sharing efforts while improving security and reducing costs.

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 staff to complete this Cloud Solution.

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?

State Purchasing provided several permissive Statewide contracts to allow for the purchase of Cloud Services (Software-as-a-Service [SaaS], Platform-as-a-Service [PaaS], and Infrastructure-as-a-Service [IaaS]) from contracted vendors and their fulfillment partners.

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:

Carahsoft Technology has provided satisfactory services to the Aging and Disability Services Division (6/27/18 - 7/31/19) and the Division of Public and Behavioral Health (7/31/18 - 7/31/21).

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

No If "Yes", please provide details of the litigation 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:

Jason Benshoof, IT Manager III Ph: 775-687-9030

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	06/29/2020 08:24:56 AM
Division Approval	knielsen	06/30/2020 18:22:59 PM
Department Approval	mwinebar	07/07/2020 13:39:12 PM
Contract Manager Approval	sknigge	07/07/2020 16:08:43 PM
EITS Approval	tgalluzi	07/07/2020 16:30:34 PM
Budget Analyst Approval	jyou23	07/16/2020 14:10:22 PM
BOE Agenda Approval	bwooldri	07/16/2020 15:57:16 PM
BOE Final Approval	Pending	

Brian Sandoval
Governor



Patrick Cates
Director

Michael Dietrich
State CIO

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Enterprise I.T. Services Division

David Haws
EITS Administrator

100 N. Stewart Street, Suite 100 | Carson City, NV 89701
Phone: (775) 684-5800

DATE: May 15, 2018

TO: Jason Benshoof, IT Manager III, DHHS-DCFS
Mandi Davis, Deputy Administrator – Admin Services, DHHS-DCFS

CC: Michael Dietrich, State CIO
David Haws, Administrator, EITS, DOA
Tom Wolf, Chief IT Manager, Computing, EITS, DOA
Ken Adams, Chief IT Manager, Communications, EITS, DOA
Suzie Block, Chief IT Manager, Agency IT Services, EITS, DOA
Robert Dehnhardt, Chief IT Manager, Security, EITS, DOA
Governor’s Finance Office

FROM: Tim Lewis, Technical Investment Administrator, EITS, DOA

SUBJECT: TIN Review Completion: UNITY Data Exchange Modernization

We completed our review of the UNITY Data Exchange Modernization TIN. The UNITY Data Exchange Modernization(UDEM) project intends to enhance the UNITY system, leveraging SOA for exchanging data with external systems, including child welfare agencies. The goal is to share data with other systems using a uniform set of APIs.

It is expected that this effort will follow the existing agency and State security policies. The Office of Information Security (OIS) (InfoSec@doit.nv.gov) are available to review security controls and provide guidance on system architecture and the protection of critical and personally identifiable information.

Please consider how the implementation of this system will affect the workflow of state data and the related records responsibilities of agency personnel. If you have questions or wish to receive a sampling of the types of Record Disposition Authorizations (RDAs) affected by this implementation, please contact the State Records Manager, Nevada Library and Archives at records@admin.nv.gov.

ATTACHMENT AA

Also, please be aware that requirements for additional bandwidth may result in the agency being placed in a different cost tier for communications services.

If you there are questions or if I can be of further assistance, please feel free to contact me at 775-684-5845.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21916** Amendment Number: **1**
 Agency Name: **DETR - ADMINISTRATIVE SERVICES** Legal Entity Name: **GARTNER, INC.**
 Agency Code: **908** Contractor Name: **GARTNER, INC.**
 Appropriation Unit: **3274-04** Address: **56 TOP GALLANT ROAD**
 Is budget authority available?: **Yes** City/State/Zip: **STAMFORD, CT 06904**
 If "No" please explain: Not Applicable Contact/Phone: **JAY FRIEDMAN 480-283-8933**
 Vendor No.: **PUR0005339A**
 NV Business ID: **NV19941112701**

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 %	X Other funding	100.00 % Cost Allocation

Agency Reference #: 3320-20-IDP

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 08/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **MSA Work Plan**

5. Purpose of contract:

This is the first amendment to the original work plan which provides ongoing research and advisory services related to Information Technology. This amendment decreases the maximum amount from \$286,377 to \$222,495 due to removing the Executive Programs Leadership Team Plus service and adding the Gartner for IT Leaders Individual Access Advisor service.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$286,377.00	\$286,377.00	\$286,377.00	Yes - Action
2. Amount of current amendment (#1):	-\$63,882.00	\$81,631.00	\$81,631.00	Yes - Action
3. New maximum contract amount:	\$222,495.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

DETR IDP is in need of continued independent review of the operations and department structure to develop long-term strategic planning.

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

DETR IDP does not have the expertise to perform this type of analysis and it needs to be independent.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other? This is a statewide contractor.

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:

Gartner has provided satisfactory services to the Enterprise Information Technology Services division since 2010.

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

No If "Yes", please provide details of the litigation 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	06/17/2020 09:17:22 AM
Division Approval	kdesoci1	06/17/2020 09:27:39 AM
Department Approval	kdesoci1	06/17/2020 09:27:44 AM
Contract Manager Approval	aallen	06/18/2020 15:41:44 PM
Budget Analyst Approval	cbrekken	07/30/2020 08:50:57 AM
BOE Agenda Approval	cbrekken	07/30/2020 08:51:01 AM

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	J.C. HOMES, LLC	OTHER: VARIOUS AGENCIES	\$350,000	
	Contract Description:	This is a new contract to provide ongoing community based living arrangement services.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 23325		
2.		VARIOUS STATE AGENCIES	MEDTRANS RENO CASAL, PLLC DBA WELL CARE MEDICAL & BEHAVIORAL	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing clinical and behavioral health services.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 23307		
3.		VARIOUS STATE AGENCIES	ROBYN E. DAVIS	OTHER: VARIOUS AGENCIES	\$250,000	
	Contract Description:	This is a new contract to provide on going marriage and family therapy services.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 23317		
4.		VARIOUS STATE AGENCIES	WELLSKY CORPORATION	OTHER: VARIOUS AGENCIES	\$0	
	Contract Description:	This is a new Participating Addendum to provide cloud services solutions, allowing state agencies or political subdivisions the ability to purchase cloud services.				
		Term of Contract:	Upon Approval - 09/08/2026	Contract # 23381		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23325**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: J.C. HOMES, LLC
Agency Code: MSA	Contractor Name: J.C. HOMES, LLC
Appropriation Unit: 9999 - All Categories	Address: 7329 VISTA GRANDE DR
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89149-6486
If "No" please explain: Not Applicable	Contact/Phone: Jasmine Robinson 216/832-0356
	Vendor No.: T27043424
	NV Business ID: NV20191112255

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 %	X Other funding	100.00 % Various Agencies

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 **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 333 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 arrangement services.

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?

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	06/30/2020 10:54:42 AM
Division Approval	jthom17	06/30/2020 10:54:49 AM
Department Approval	ldeloach	06/30/2020 11:42:45 AM
Contract Manager Approval	rvradenb	06/30/2020 11:55:16 AM
Budget Analyst Approval	stilley	07/16/2020 14:07:57 PM
BOE Agenda Approval	hfield	07/16/2020 17:11:59 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23307**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	MEDTRANS RENO CASAL, PLLC DBA WELL CARE MEDICAL & BEHAVIORAL
Agency Code:	MSA	Contractor Name:	MEDTRANS RENO CASAL, PLLC DBA WELL CARE MEDICAL & BEHAVIORAL
Appropriation Unit:	9999 - All Categories	Address:	850 Mill Street, Suite 100
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89502
If "No" please explain:	Not Applicable	Contact/Phone:	FRANCES MALINIS 775-538-6700
		Vendor No.:	T29041867B
		NV Business ID:	NV20161605049
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 %	X Other funding	100.00 % Various Agencies

Agency Reference #: S107-RV

2. Contract start date:

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

Anticipated BOE meeting date 08/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **1 year and 333 days**4. Type of contract: **MSA**Contract description: **Medical Provider**

5. Purpose of contract:

This is a new contract to provide ongoing clinical and behavioral health 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-S107 for Medical & Related based services.

d. Last bid date: 03/30/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	06/30/2020 10:59:27 AM
Division Approval	jthom17	06/30/2020 10:59:32 AM
Department Approval	ldeloach	06/30/2020 11:40:21 AM
Contract Manager Approval	rvradenb	07/16/2020 09:01:50 AM
Budget Analyst Approval	stilley	07/16/2020 11:04:59 AM
BOE Agenda Approval	hfield	07/16/2020 16:37:57 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: **23317**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Robyn E. Davis
Agency Code: MSA	Contractor Name: Robyn E. Davis
Appropriation Unit: 9999 - All Categories	Address: 1205 Silver Crest Cir.
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89523
If "No" please explain: Not Applicable	Contact/Phone: Robyn Davis 775-722-9446
	Vendor No.: T29043157
	NV Business ID: NV20171382089

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 %	X Other funding	100.00 % Various Agencies

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 **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 333 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide ongoing marriage and family 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 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	jthom17	06/30/2020 11:09:06 AM
Division Approval	jthom17	06/30/2020 11:09:09 AM
Department Approval	ldeloach	06/30/2020 11:45:18 AM
Contract Manager Approval	rvradenb	06/30/2020 11:54:42 AM
Budget Analyst Approval	stilley	07/16/2020 14:04:42 PM
BOE Agenda Approval	hfield	07/16/2020 17:15:48 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: **23381**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: WELLSKY CORPORATION
Agency Code: MSA	Contractor Name: WELLSKY CORPORATION
Appropriation Unit: 9999 - All Categories	Address: 11711 W 79TH ST
Is budget authority available?: Yes	City/State/Zip: LENEXA, KS 66214-1497
If "No" please explain: Not Applicable	Contact/Phone: VINCE VECCHIARELLI 913-307-1162
	Vendor No.: PUR0004339
	NV Business ID: NV20141224633

To what State Fiscal Year(s) will the contract be charged? **2021-2027**

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

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

Agency Reference #: **AR3110**

2. Contract start date:

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

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/08/2026**

Contract term: **6 years and 39 days**

4. Type of contract: **MSA**

Contract description: **Cloud Services**

5. Purpose of contract:

This is a new Participating Addendum to provide cloud services solutions, allowing state agencies or political subdivisions the ability to purchase cloud services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

Other basis for payment: As invoiced and approved, in accordance with each work plan; individual purchases require an approved work plan and when applicable, a Technology Investment Notice (TIN), prior to the start of services.

II. JUSTIFICATION

7. What conditions require that this work be done?

Multiple State agencies and political subdivisions require access to cloud solutions to support the needs of their agencies.

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

Agencies do not have the technical expertise or ability to implement various cloud computing solutions.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

NASPO ValuePoint Contract for Cloud Solutions was awarded to multiple vendors. State Purchasing is signing a PA with this vendor awarded under the NASPO contract that will provide service to state agencies and political subdivisions who have expressed a need.

d. Last bid date: 12/21/2015 Anticipated re-bid date: 12/01/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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	jthom17	06/30/2020 11:11:46 AM
Division Approval	jthom17	06/30/2020 11:11:50 AM
Department Approval	ldeloach	06/30/2020 11:50:48 AM
Contract Manager Approval	rvradenb	06/30/2020 12:09:43 PM
Budget Analyst Approval	stilley	07/16/2020 16:40:32 PM
BOE Agenda Approval	hfield	07/16/2020 17:54:25 PM
BOE Final Approval	Pending	

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	040	SECRETARY OF STATE'S OFFICE	SHI INTERNATIONAL CORPORATION	GENERAL	\$21,840	
	Contract Description:	This is a new contract to provide remote services and support for security sensors on equipment and software.				
		Term of Contract:	06/30/2020 - 06/30/2021	Contract # 23349		
2.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - NON-EXEC	CORE CONSTRUCTION SERVICES OF NEVADA, INC.	GENERAL 50% OTHER: UNIVERSITY SYSTEM RECEIPTS/BALANCE FORWARD 50%	(\$30,405)	
	Contract Description:	This is the first amendment to the original contract which provides owner Construction Manager at Risk pre-construction services for the University of Nevada, Las Vegas College of Engineering Academic and Research Building CIP Project, to include design, subcontractor procurement, guaranteed maximum price preparation and contracting services: CIP Project No. 17-P09; SPWD Contract No. 111559. This amendment decreases the maximum amount from \$202,700 to \$172,295 due to budget reductions approved in accordance with Senate Bill 1 of the 31 st Special Session.				
		Term of Contract:	12/12/2017 - 06/30/2021	Contract # 19454		
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS NON-EXEC	JVC ASSOCIATES, INC.	BONDS	(\$21,510)	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Caliente Youth Center - Flooring Replacement CIP project, to include design, construction and bid documents and construction administration services to replace flooring in the Multi-Purpose Building, install new bleachers, and paint the interior of the gymnasium: CIP Project No. 19-M20; SPWD Contract No. 113049. This amendment decreases the maximum amount from \$71,700 to \$50,190 due to budget reductions approved in accordance with Senate Bill 1 of the 31 st Special Session.				
		Term of Contract:	01/14/2020 - 06/30/2023	Contract # 22596		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	HARRIS CONSULTING ENGINEERS, LLC	BONDS	(\$24,800)	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Southern Desert Correctional Center - Plumbing Fixture Water Control Renovations CIP project, to include design, construction and bid documents, as well as construction administration services required to replace the water controls systems for housing Units 1-4: CIP Project No. 17-M66; SPWD Contract No. 111802. This amendment decreases the maximum amount from \$108,000 to \$83,200 due to budget reductions approved in accordance with Senate Bill 1 of the 31 st Special Session.				
		Term of Contract:	02/13/2018 - 06/30/2021	Contract # 19636		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	HOUGHLAND PILS, INC. DBA HPA CONSULTING ENGINEERS	GENERAL	(\$10,720)	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Casa Grande Transitional Housing - Surveillance System Replacement CIP project, to include design and bid documents to replace and expand the existing surveillance system that includes approximately 110 fixed and 20 pan-tilt-zoom cameras, digital storage and three monitoring stations: SPWD Project No. 19-M24; Contract No. 112935. This amendment decreases the maximum amount from \$54,400 to \$43,680 due to budget reductions approved in accordance with Senate Bill 1 of the 31 st Special Session.				
		Term of Contract:	11/12/2019 - 06/30/2023	Contract # 22482		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	O'CONNOR CONSTRUCTION	GENERAL 91% FEDERAL 9%	\$18,460	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Statewide Advanced Planning Program CIP project, to include cost estimating services and a market study analyzing construction demands, current and forecasted construction escalation costs to northern, southern and eastern Nevada: SPWD Project No. 19-S04; Contract No. 113587.				
		Term of Contract:	07/15/2020 - 06/30/2023	Contract # 23393		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	JENSEN ENGINEERING, INC.	BONDS	\$23,200	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for various state buildings - Electrical Coordination Studies project, to include electrical drawings, specifications and cost estimates for the completion of short-circuit, arc-flash and overcurrent protection device coordination studies at the Bryan, EICON, Capitol and Nevada State Library and Archives buildings: CIP Project No. 19-M51; SPWD Contract No. 113574.				
		Term of Contract:	07/16/2020 - 06/30/2023	Contract # 23369		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	PURCELL ELECTRICAL PROFESSIONAL CORPORATION	HIGHWAY	\$8,000	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Department of Motor Vehicles and Nevada Highway Patrol facilities managed by Buildings and Ground Lighting Upgrades project; CIP project No. 17-M63; SPWD Contract No. 111439. This amendment increases the maximum amount from \$32,400 to \$40,400 due to the revised drawing needed to support rebidding the project.				
		Term of Contract:	10/19/2017 - 06/30/2021	Contract # 19386		
9.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	SRI INTERNATIONAL	GENERAL	\$20,000	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides the coordination and development of a new statewide economic development plan. This amendment extends the termination date from June 30, 2020 to August 31, 2020 and increases the maximum amount from \$150,000 to \$170,000 due to the continued need for these services.				
		Term of Contract:	02/11/2020 - 08/31/2020	Contract # 22741		
10.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	THE FERRARO GROUP	GENERAL	\$28,500	
	Contract Description:	This is the second amendment to the original contract which provides ongoing public relations services. This amendment extends the termination date from June 30, 2020 to June 30, 2021 and increases the maximum amount from \$170,076 to \$198,576 due to the continued need for these services.				
		Term of Contract:	09/12/2017 - 06/30/2021	Contract # 18986		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT - NEVADA MAIN STREET PROGRAM	NATIONAL MAIN STREET CENTER, INC.	GENERAL	(\$18,550)	Sole Source
	Contract Description:	This is the third amendment to the original contract which provides training, technical assistance and program facilitation for the Nevada Main Street Program. This amendment extends the termination date from June 30, 2020 to June 30, 2021 due to the continued need for these services and reduces the maximum amount from \$179,048 to \$160,498 due to service level below original estimates.				
		Term of Contract:	08/25/2017 - 06/30/2021	Contract # 19080		
12.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - APPLICATION SUPPORT	GARTNER, INC.	FEES	\$31,617	
	Contract Description:	This is a new work plan under master service agreement #18964 which provides research and advisory services related to information technology. This work plan is for the Gartner IT Leaders service which provides various deliverables to advise and assist IT leaders and advisors.				
		Term of Contract:	07/14/2020 - 06/30/2021	Contract # 23363		
13.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	ABACUSRX PHARMACY, LLC	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$48,500	
	Contract Description:	This is the second amendment to the original contract which provides ongoing pharmaceutical services. This amendment extends the termination date from June 30, 2020 to August 31, 2020 and increases the maximum amount from \$1,550,000 to \$1,598,500 due to the continued need for these services.				
		Term of Contract:	05/10/2016 - 08/31/2020	Contract # 17594		
14.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	BEHAVIORAL HEALTH SOLUTIONS, LLC	OTHER: COUNTY/PRIVATE 35% FEDERAL 65%	\$32,000	
	Contract Description:	This is a new contract to provide ongoing telehealth behavioral services to residents.				
		Term of Contract:	06/26/2020 - 05/30/2022	Contract # 23193		
15.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	ALAN POCHOWSKI	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$32,000	
	Contract Description:	This is a new contract to provide physician assistant service to residents.				
		Term of Contract:	06/26/2020 - 03/31/2022	Contract # 22997		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	ROBERT FRANK NYCEK	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$12,960	Sole Source
	Contract Description:	This is the first amendment to the original contract to provide ongoing chaplain services to residents. This amendment increases the maximum amount from \$105,000 to \$117,960 due to an increased need for these services.				
		Term of Contract:	08/01/2016 - 07/31/2020	Contract # 17829		
17.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	SILVER REEF BIOMEDICAL SERVICES, INC.	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$20,000	
	Contract Description:	This is a new contract to provide ongoing maintenance to medical equipment.				
		Term of Contract:	06/26/2020 - 04/30/2024	Contract # 23177		
18.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	ANDREA ROGERS BARRY	FEE: SPONSORSHIP	\$24,999	
	Contract Description:	This is a new contract to provide an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of Charter Schools.				
		Term of Contract:	07/20/2020 - 06/30/2024	Contract # 23362		
19.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	ELIZABETH M. WOODCOCK	FEE: SPONSORSHIP	\$24,999	
	Contract Description:	This is a new contract to provide an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of Charter Schools.				
		Term of Contract:	07/20/2020 - 06/30/2024	Contract # 23361		
20.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	KRISTEN VANDAWALKER	FEE: SPONSORSHIP	\$24,999	
	Contract Description:	This is a new contract to provide an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of Charter Schools.				
		Term of Contract:	07/20/2020 - 06/30/2024	Contract # 23360		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	EUREKA COUNTY	OTHER: REVENUE	\$39,467	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services.				
	Term of Contract:	07/01/2019 - 06/30/2021	Contract # 22062			
22.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	STOREY COUNTY	OTHER: REVENUE	\$42,623	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services.				
	Term of Contract:	07/01/2019 - 06/30/2021	Contract # 22072			
23.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	BOMBARD ELECTRIC	GENERAL	\$25,000	
	Contract Description:	This is a new contract to provide ongoing electrical system maintenance services on the southern Nevada campus.				
	Term of Contract:	07/10/2020 - 02/28/2022	Contract # 22693			
24.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	BOMBARD MECHANICAL	GENERAL	\$49,560	
	Contract Description:	This is a new contract to provide ongoing plumbing maintenance services on the southern Nevada campus.				
	Term of Contract:	01/01/2020 - 12/31/2023	Contract # 22396			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	NEVADA CONTRACT CARPET, INC.	GENERAL	\$25,000	
	Contract Description:	This is a new contract to provide ongoing flooring installation and repair services for all buildings on the southern Nevada campus.				
		Term of Contract:	06/26/2020 - 03/31/2022	Contract # 22749		
26.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	NOTE ABLE MUSIC THERAPY SERVICES	GENERAL	\$49,500	
	Contract Description:	This is a new contract to provide ongoing music therapy at the Dini-Townsend Hospital.				
		Term of Contract:	07/10/2020 - 06/30/2022	Contract # 22877		
27.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	RELIANT ELECTRIC, LLC	GENERAL	\$37,000	
	Contract Description:	This is a new contract to provide ongoing electrical services and/or repairs for the northern Nevada campus.				
		Term of Contract:	07/08/2020 - 06/30/2024	Contract # 22845		
28.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	SIERRA PEST CONTROL, INC.	GENERAL	\$30,000	
	Contract Description:	This is a new contract to provide ongoing pest control at the northern Nevada campus.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22864		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - HEALTH CARE FACILITIES REGULATION	BIO-ONE LAS VEGAS	FEE: LICENSURE	\$19,000	
	Contract Description:	This is a new contract to provide cleaning of nursing homes identified to have COVID-19 cases in southern Nevada.				
		Term of Contract:	03/27/2020 - 07/15/2020	Contract # 23232		
30.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - HEALTH CARE FACILITIES REGULATION	CARING BIOHAZARD CLEANUP, INC.	FEE: LICENSURE	\$27,000	
	Contract Description:	This is a new contract to provide cleaning for nursing homes identified to have COVID-19 cases in northern Nevada.				
		Term of Contract:	03/27/2020 - 07/15/2020	Contract # 23231		
31.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - HEALTH CARE FACILITIES REGULATION	CRIME SCENE AND HOARDING CLEANING	FEE: LICENSURE	\$17,000	
	Contract Description:	This is a new contract to provide cleaning of nursing homes identified to have COVID-19 cases in southern Nevada.				
		Term of Contract:	03/27/2020 - 07/15/2020	Contract # 23224		
32.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	A NEW WORLD CHILD PLACEMENT AGENCY	GENERAL 64% FEDERAL 36%	\$24,000	
	Contract Description:	This is a new contract to provide federally mandated monthly visits for a child or children placed outside of Nevada in a residential facility.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 23266		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	LIGHTHOUSE BEHAVIORAL HEALTH & WELLNESS CENTER	GENERAL 64% FEDERAL 36%	\$24,000	
	Contract Description:	This is a new contract to provide ongoing federally mandated monthly visits for a child or children placed outside of Nevada in a residential facility.				
		Term of Contract:	07/15/2020 - 06/30/2024	Contract # 23306		
34.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES	GARDNER MECHANICAL SERVICES, INC.	GENERAL 72.4% FEDERAL 27.6%	\$36,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing heating, ventilation and air conditioning maintenance and repairs on an as-needed basis. This amendment increases the maximum amount from \$12,000 to \$48,000 due to an increased need for these services.				
		Term of Contract:	07/22/2019 - 06/30/2023	Contract # 22083		
35.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	GIDDENS MEMORIAL CHAPEL	GENERAL	\$24,000	
	Contract Description:	This is a new contract to provide transportation of deceased inmates from Ely State Prison, Ely Conservation Camp and Wells Conservation Camp to the Clark County Office of the Coroner Medical Examiner to conduct the required autopsy.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 23314		
36.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	SCROLL K. VAAD HAKASHRUS OF DENVER	GENERAL	\$27,114	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides ongoing kosher certification of Common Fare kitchens and rabbinical supervision of kosher food preparation at the department facilities. This amendment increases the maximum amount from \$393,824 to \$420,938 and extends the termination date from June 30, 2020 to September 30, 2020 due to the continued need for these services.				
		Term of Contract:	07/01/2016 - 09/30/2020	Contract # 17433		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
37.	440	DEPARTMENT OF CORRECTIONS - CORRECTIONAL PROGRAMS	PERSHING COUNTY SCHOOL DISTRICT	FEDERAL	\$35,574	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides ongoing educational and/or vocational services for youthful offenders incarcerated at Lovelock Correctional Center and enabling inmates the ability to obtain a high school equivalency certificates or high school diplomas. This amendment increases the maximum amount from \$96,450.30 to \$132,024.49 to provide faculty training, upgraded English Language Arts books/materials and computer-based learning system enhanced youth offender training.				
	Term of Contract:	07/01/2019 - 09/30/2020	Contract # 22422			
38.	440	DEPARTMENT OF CORRECTIONS - PRISON DAIRY	WSRP, LLC FKA. WISAN, SMITH, RACKER & PRESCOTT, LLC	FEDERAL	\$14,300	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides for a certified public accounting firm to perform a program-specific audit of the Nevada Wild Horse and Burrow maintenance and training facility. This amendment extends the current termination date from June 30, 2020 to June 30, 2021 and increases the maximum amount from \$27,250 to \$41,550 to continue required services to provide Federally required program-specific audit.				
	Term of Contract:	10/09/2018 - 06/30/2021	Contract # 21153			
39.	440	DEPARTMENT OF CORRECTIONS - LOVELOCK CORRECTIONAL CENTER	ACE FIRE SYSTEMS, INC.	GENERAL	\$11,685	
	Contract Description:	This is a new contract to provide an annual fire system inspection.				
	Term of Contract:	06/15/2020 - 06/30/2020	Contract # 23327			
40.	440	DEPARTMENT OF CORRECTIONS - INMATE WELFARE ACCOUNT	INTEGRITY NV FUNERAL SERVICE	GENERAL 13% OTHER: INMATE WELFARE ACCOUNT 87%	\$49,950	
	Contract Description:	This is a new contract to provide ongoing cremation services for inmates incarcerated at various correctional facilities in Northern Nevada.				
	Term of Contract:	07/01/2020 - 06/30/2024	Contract # 23310			
41.	550	DEPARTMENT OF AGRICULTURE - NUTRITION EDUCATION PROGRAMS	EIDE BAILLY, LLP	FEDERAL	\$32,400	
	Contract Description:	This is a new contract to provide ongoing audit services.				
	Term of Contract:	07/01/2020 - 09/01/2020	Contract # 23391			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
42.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	ADVANCED WEIGHING SYSTEMS	HIGHWAY 70% FEDERAL 30%	\$10,000	
	Contract Description: This is a new contract to provide ongoing certifications, repair and calibration on semi-portable, portable and Weigh-In-Motion scales utilized to weigh commercially rated vehicles, such as semi-trucks for compliance with the weight limits on Nevada roads. Term of Contract: 07/02/2020 - 06/30/2024 Contract # 23336					
43.	655	DEPARTMENT OF PUBLIC SAFETY - RECORDS, COMMUNICATIONS AND COMPLIANCE	GOSERCO, INC.	OTHER: COST ALLOCATION	\$1,956	
	Contract Description: This is the fourth amendment to the original contract which provides digital records system installation services and related maintenance for the Carson City and Las Vegas dispatch centers. This amendment increases the maximum amount from \$503,353.99 to \$505,309.83 due to the need to complete a server upgrade and consolidation from a server that will no longer be supported. Term of Contract: 05/13/2014 - 06/30/2022 Contract # 15478					
44.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	ADVENTURE SCUBA CENTER	OTHER: REVENUE	\$10,000	
	Contract Description: This is a new revenue contract to provide scuba diving classes and tours at Lake Tahoe Nevada State Park - Sand Harbor. Term of Contract: 06/30/2020 - 04/30/2021 Contract # 23319					
45.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	SUNDANCE HELICOPTERS, INC.	OTHER: REVENUE	\$12,000	
	Contract Description: This is a new revenue contract to provide wedding ceremonies and group events at authorized landing sites at the Valley of Fire State Park. Term of Contract: 07/14/2020 - 07/15/2022 Contract # 23386					
46.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - MATERIALS MNGMT & CORRCTV ACTN	NATIONAL MOVING & STORAGE	FEE: 76% FEDERAL 24%	\$10,680	
	Contract Description: This is a new contract to provide moving services to relocate the Las Vegas office. Term of Contract: 06/25/2020 - 07/09/2020 Contract # 23311					

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
47.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - EDUCATION AND RESEARCH	KEEGAN LAW, LLC	OTHER: REAL ESTATE RECOVERY FUND TRANSFER	\$15,000	
	Contract Description:	This is a new contract to provide legal services to revise and update the Nevada Law and Reference Guide publication.				
		Term of Contract:	06/25/2020 - 08/31/2020	Contract # 23186		
48.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	WESTERN COMMERCIAL SERVICES	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$20,000	
	Contract Description:	This a new contract to provide ongoing maintenance and repair of fire suppression systems, Gaylord Quencher Systems, hood cleaning services, and undertake annual ANhydrous SULfur dioxide certifications at existing Business Enterprises of Nevada site locations across southern Nevada.				
		Term of Contract:	07/20/2020 - 06/30/2022	Contract # 23379		
49.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNIVERSITY OF NEVADA, RENO	GENERAL 21.3% FEDERAL 78.7%	\$45,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing employment training opportunities for eligible clients who have written Individual Plans of Employment specifying the need for supported or customized employment.				
		Term of Contract:	07/20/2020 - 06/30/2022	Contract # 23330		
50.	B011	LICENSING BOARDS AND COMMISSIONS - CONTRACTORS	INTERIM PUBLIC MANAGEMENT, LLC	FEE: LICENSURE	\$37,755	Sole Source
	Contract Description:	This is a new contract to provide a guide in reducing work processes and implement a paperless work environment.				
		Term of Contract:	07/06/2020 - 09/04/2020	Contract # 23333		
51.	B021	LICENSING BOARDS AND COMMISSIONS - ORIENTAL MEDICINE	THE ADVANTAGE GROUP	FEE: LICENSURE	\$25,000	
	Contract Description:	This is a new contract to provide investigation services.				
		Term of Contract:	06/30/2020 - 06/30/2021	Contract # 23373		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
52.	B022	LICENSING BOARDS AND COMMISSIONS - PHARMACY	KAEMPFER CROWELL	FEE: LICENSURE	\$48,000	
Contract Description:		This is a new contract to provide government affairs and regulation development assistance.				
		Term of Contract:	03/01/2020 - 02/28/2022	Contract # 23345		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23349**

Agency Name: **SECRETARY OF STATE'S OFFICE**
 Agency Code: **040**
 Appropriation Unit: **1050-26**
 Is budget authority available?: **Yes**
 If "No" please explain: **Not Applicable**

Legal Entity Name: **SHI International Corp**
 Contractor Name: **SHI International Corp**
 Address: **1125 17th Street ste 730**
 City/State/Zip: **Denver, CO 80202**
 Contact/Phone: **Amelia Jakubczyk 303-723-5256**
 Vendor No.: **PUR0001595**
 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	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/30/2020**
 Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year**

4. Type of contract: **Contract**

Contract description: **Services and support**

5. Purpose of contract:

This is a new contract to provide remote services and support for security sensors on equipment and software.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,840.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

We have little visibility into our infrastructure on a deep security level. During the 2018 General Election, The DHS HIRT team visited our facility and performed a HUNT for indications of compromise. They gave us numerous improvement recommendations, including more ability to find potential security anomalies in our systems through deep monitoring. We are following these recommendations.

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 type of service and support

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):

SHI International Corp
 CDW-G
 Taborda solutions

b. Solicitation Waiver: **Not Applicable**

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

The sensors we have chosen run majority of the same monitoring tools that the DHS HIRT team was using. The DHS HIRT team offered to share intel with us, so mirroring these tools became an objective for SOS. The vendor providing the support is the creator of these sensors and has the most expertise in deployment and support, since these sensors are their software / code that combines all of the previous mentioned monitoring tools. The Reseller was chosen after an informal bid to three channel partners that have a contract with the State of Nevada in place.

d. Last bid date: 03/24/2020 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:

Several...we have been very happy with their services, but we have not contracted with them before. Only direct purchases

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

No If "Yes", please provide details of the litigation 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	06/23/2020 10:34:53 AM
Division Approval	shudder	06/23/2020 10:34:57 AM
Department Approval	shudder	06/23/2020 10:35:02 AM
Contract Manager Approval	shudder	06/30/2020 10:50:14 AM
Budget Analyst Approval	hfield	06/30/2020 12:51:09 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19454** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **CORE CONSTRUCTION SERVICES OF NEVADA, INC.**

Agency Code: **082** Contractor Name: **CORE CONSTRUCTION SERVICES OF NEVADA, INC.**

Appropriation Unit: **1510-72** Address: **NEVADA INC**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89128-0455**

If "No" please explain: **Not Applicable** Contact/Phone: **702/794-0550**

Vendor No.: **T81092744**

NV Business ID: **NV19861002524**

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

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

<input checked="" type="checkbox"/>	General Funds	50.00 %	Fees	0.00 %	
	Federal Funds	0.00 %	Bonds	0.00 %	
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	50.00 %	UNIVERSITY SYSTEM RECEPITS/BALANCE FORWARD

Agency Reference #: **111559**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/12/2017**

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 200 days**

4. Type of contract: **Contract**

Contract description: **CMAR Pre-Con**

5. Purpose of contract:

This is the first amendment to the original contract which provides owner Construction Manager at Risk (CMAR) pre-construction services for the University of Nevada, Las Vegas College of Engineering Academic and Research Building CIP Project, to include design, subcontractor procurement, guaranteed maximum price preparation and contracting services: CIP Project No. 17-P09; SPWD Contract No. 111559. This amendment decreases the maximum amount from \$202,700.00 to \$172,295.00 due to insufficient available funding and shifting state priorities.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$202,700.00	\$202,700.00	\$202,700.00	Yes - Action
2. Amount of current amendment (#1):	-\$30,405.00	-\$30,405.00	-\$30,405.00	Yes - Info
3. New maximum contract amount:	\$172,295.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP.

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	07/15/2020 15:36:16 PM
Division Approval	lwildes	07/15/2020 15:36:22 PM
Department Approval	lwildes	07/15/2020 15:36:29 PM
Contract Manager Approval	lwildes	07/15/2020 15:36:36 PM
Budget Analyst Approval	nkephart	07/20/2020 12:59:52 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22596** Amendment Number: **1**
 Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **JVC ASSOCIATES, INC.**
 Agency Code: **082** Contractor Name: **JVC ASSOCIATES, INC.**
 Appropriation Unit: **1535-47** Address: **dba JVC ARCHITECTS**
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89118-6257**
 If "No" please explain: **Not Applicable** Contact/Phone: **702-871-3416**
 Vendor No.: **T27007825**
 NV Business ID: **NV19931066659**

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

Agency Reference #: **113049**

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/14/2020**
 Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2023**
 Contract term: **3 years and 167 days**

4. Type of contract: **Contract**
 Contract description: **Arch / End**

5. Purpose of contract:
This is the first amendment to the original contract which provides professional architectural/engineering services for the Caliente Youth Center - Flooring Replacement CIP project, to include design, construction and bid documents and construction administration services to replace flooring in the Multi-Purpose Building, install new bleachers, and paint the interior of the gymnasium; CIP Project No. 19-M20; SPWD Contract No. 113049. This amendment decreases the maximum amount from \$71,700 to \$50,190.00 due to insufficient available funding and shifting of state priorities.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$71,700.00	\$71,700.00	\$71,700.00	Yes - Action
2. Amount of current amendment (#1):	-\$21,510.00	-\$21,510.00	-\$21,510.00	Yes - Info
3. New maximum contract amount:	\$50,190.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2019 leg. approved CIP

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	07/15/2020 14:47:48 PM
Division Approval	lwildes	07/15/2020 14:47:54 PM
Department Approval	lwildes	07/15/2020 14:47:58 PM
Contract Manager Approval	lwildes	07/15/2020 14:48:02 PM
Budget Analyst Approval	nkephart	07/20/2020 13:10:12 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19636** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **HARRIS CONSULTING ENGINEERS, LLC**

Agency Code: **082** Contractor Name: **HARRIS CONSULTING ENGINEERS, LLC**

Appropriation Unit: **1550-71** Address: **680 PILOT RD. SUITE A**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89119-9015**

If "No" please explain: **Not Applicable** Contact/Phone: **702-269-1575**

Vendor No.: **T27003439**

NV Business ID: **NV20011085889**

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

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

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

Agency Reference #: **111802**

2. Contract start date:

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

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

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

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Southern Desert Correctional Center - Plumbing Fixture Water Control Renovations CIP project, to include design, construction and bid documents, as well as construction administration services required to replace the water controls systems for housing Units 1-4: CIP Project No. 17-M66; SPWD Contract No. 111802. This amendment decreases the maximum amount from \$108,000. to \$83,200 due to insufficient available funding and shifting of state priorities.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$108,000.00	\$108,000.00	\$108,000.00	Yes - Action
2. Amount of current amendment (#1):	-\$24,800.00	-\$24,800.00	-\$24,800.00	Yes - Info
3. New maximum contract amount:	\$83,200.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Agency CIP.

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	07/15/2020 15:58:48 PM
Division Approval	lwildes	07/15/2020 15:58:53 PM
Department Approval	lwildes	07/15/2020 15:58:59 PM
Contract Manager Approval	lwildes	07/15/2020 15:59:03 PM
Budget Analyst Approval	nkephart	07/20/2020 13:17:16 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: **22482** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **HOUGHLAND PILS, INC. DBA HPA CONSULTING ENGINEERS**

Agency Code: **082** Contractor Name: **HOUGHLAND PILS, INC. DBA HPA CONSULTING ENGINEERS**

Appropriation Unit: **1550-81** Address: **6280 S VALLEY VIEW BLVD SUITE #416**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89118-3892**

If "No" please explain: **Not Applicable** Contact/Phone: **702-685-0136**

Vendor No.: **T29039677**

NV Business ID: **NV20121298770**

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.

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

Agency Reference #: **112935**

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 **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 230 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Casa Grande Transitional Housing - Surveillance System Replacement CIP project, to include design and 20 documents to replace and expand the existing surveillance system that includes approximately 110 fixed and 20 pan-tilt-zoom cameras, digital storage and three monitoring stations: SPWD Project No. 19-M24; Contract No. 112935. This amendment decreases the maximum amount from \$54,400. to \$43,680 due to insufficient available funding and shifting of state priorities.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$54,400.00	\$54,400.00	\$54,400.00	Yes - Action
2. Amount of current amendment (#1):	-\$10,720.00	-\$10,720.00	-\$10,720.00	Yes - Info
3. New maximum contract amount:	\$43,680.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Leg. Approved CIP

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

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering 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?

Yes

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

Yes

18. 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	07/15/2020 13:28:39 PM
Division Approval	lwildes	07/15/2020 13:28:43 PM
Department Approval	lwildes	07/15/2020 13:28:48 PM
Contract Manager Approval	lwildes	07/15/2020 13:29:19 PM
Budget Analyst Approval	nkephart	07/20/2020 09:39:40 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: **23393**

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

Agency Code: **082**

Appropriation Unit: **1585-58**

Is budget authority available? **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **OCONNOR CONSTRUCTION**

Contractor Name: **OCONNOR CONSTRUCTION**

Address: **MANAGEMENT INC
2470 STREET ROSE PRKWAY STE 209**

City/State/Zip: **HENDERSON, NV 89012-3132**

Contact/Phone: **702-896-6926**

Vendor No.: **T29038293A**

NV Business ID: **NV19961073455**

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

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.

<input checked="" type="checkbox"/>	General Funds	91.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	9.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **113587**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2020**

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 350 days**

4. Type of contract: **Contract**

Contract description: **MISCELLANEOUS**

5. Purpose of contract:

This is an original contract which provides professional architectural/engineering services for the Statewide Advanced Planning Program CIP project, to include cost estimating services and a market study analyzing construction demands, current and forecasted construction escalation costs to Northern, Southern and Eastern Nevada: SPWD Project No. 19-S04; Contract No. 113587.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,460.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2019 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 Commissioning, Surveying, and Miscellaneous Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

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

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

19. Agency Field Contract Monitor:
Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	07/06/2020 10:15:05 AM
Division Approval	lwildes	07/06/2020 10:15:08 AM
Department Approval	lwildes	07/06/2020 10:15:11 AM
Contract Manager Approval	lwildes	07/06/2020 10:15:14 AM
Budget Analyst Approval	nkephart	07/15/2020 08:20:53 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23369**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: JENSEN ENGINEERING INC
Agency Code: 082	Contractor Name: JENSEN ENGINEERING INC
Appropriation Unit: 1590-21	Address: 9655 GATEWAY DR., STE A
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521-2968
If "No" please explain: Not Applicable	Contact/Phone: 775-852-2288
	Vendor No.: T27007578
	NV Business ID: NV19921070456
To what State Fiscal Year(s) will the contract be charged?	2021-2023

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 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 113574

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/16/2020**
Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 349 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 Various State Buildings - Electrical Coordination Studies project, to include electrical drawings, specifications and cost estimates for the completion of short-circuit, arc-flash, and overcurrent protection device coordination studies at the Bryan, EICON, Capitol, and Nevada State Library and Archives buildings: CIP Project No. 19-M51; SPWD Contract No. 113574

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,200.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2019 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?
Yes

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

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

19. Agency Field Contract Monitor:
Aviles, Jason, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	06/25/2020 12:31:46 PM
Division Approval	lwildes	06/25/2020 12:31:50 PM
Department Approval	lwildes	06/25/2020 12:31:54 PM
Contract Manager Approval	lwildes	06/25/2020 12:31:56 PM
Budget Analyst Approval	nkephart	07/15/2020 09:10:28 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: **19386** Amendment Number: **2**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **PURCELL ELECTRICAL PROFESSIONAL CORPORATION**

Agency Code: **082** Contractor Name: **PURCELL ELECTRICAL PROFESSIONAL CORPORATION**

Appropriation Unit: **1590-84** Address: **dba PK ELECTRICAL, INC. 681 SIERRA ROSE DR., STE B RENO, NV 89511-2060**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89511-2060**

If "No" please explain: **Not Applicable** Contact/Phone: **775-826-9010**

Vendor No.: **T81016802**

NV Business ID: **NV19961128650**

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
X Highway Funds	100.00 %	Other funding	0.00 %
Agency Reference #:	111439		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/19/2017**

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 255 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the second amendment to the original contract which provides professional architectural/engineering services for the Department of Motor (DMV) Vehicles and Nevada Highway Patrol facilities managed by Buildings and Ground Lighting Upgrades project; CIP project No. 17-M63; SPWD Contract No. 111439. This amendment increases the maximum amount from \$32,400 to \$40,400 due to revised drawing need to support rebidding the project.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,000.00	\$30,000.00	\$30,000.00	Yes - Info
a. Amendment 1:	\$2,400.00	\$2,400.00	\$32,400.00	No
2. Amount of current amendment (#2):	\$8,000.00	\$10,400.00	\$40,400.00	Yes - Info
3. New maximum contract amount:	\$40,400.00			

II. JUSTIFICATION

7. What conditions require that this work be done?
2017 Agency CIP.

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	07/08/2020 12:32:20 PM
Division Approval	lwildes	07/08/2020 12:32:25 PM
Department Approval	lwildes	07/08/2020 12:32:29 PM
Contract Manager Approval	lwildes	07/08/2020 12:32:34 PM
Budget Analyst Approval	nkephart	07/15/2020 08:30:47 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22741** Amendment Number: **1**
 Agency Name: **GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT** Legal Entity Name: **SRI INTERNATIONAL**
 Agency Code: **102** Contractor Name: **SRI INTERNATIONAL**
 Appropriation Unit: **1526-24** Address: **333 RAVENSWOOD AVENUE**
 Is budget authority available?: **Yes** City/State/Zip: **MENLO PARK, CA 94026-2767**
 If "No" please explain: **Not Applicable** Contact/Phone: **CAROL FOREMAN 650/859-2000**
 Vendor No.: **T29040825A**
 NV Business ID: **NV20021209683**

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

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/11/2020**
 Anticipated BOE meeting date **08/2020**
 Retroactive? **No**

If "Yes", please explain
Not Applicable

3. Previously Approved Termination Date: **06/30/2020**
 Contract term: **201 days**

4. Type of contract: **Contract**
 Contract description: **ECON DEV STATE PLAN**

5. Purpose of contract:
This is the first amendment to the original contract which provides the coordination and development of a new statewide economic development plan. This amendment extends the termination date from June 30, 2020 to August 31, 2020 and increases the maximum amount from \$150,000 to \$170,000.

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):	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$170,000.00 08/31/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 231.053, the Executive Director shall develop and periodically revise a State Plan for Economic Development. This contract will provide a new state plan and will replace the current plan which was developed in 2012. In addition, the amendment will provide for the development of an economic recovery plan for the state.

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

The agency does not have the staff needed to develop a new state plan.

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 #: 190702

Approval Date: 07/08/2019

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

N/A

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 Secretary of State's Office has contracted with this vendor in state fiscal year 2011 and the work was satisfactory. This agency contracted with this vendor in 2018 and the work was satisfactory.

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

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

Not Applicable

15. The contractor is 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	bvale1	06/01/2020 12:48:21 PM
Division Approval	bvale1	06/01/2020 12:48:35 PM
Department Approval	bvale1	06/01/2020 12:48:38 PM

Contract Manager Approval
Budget Analyst Approval

bvale1
stilley

06/01/2020 13:45:01 PM
06/24/2020 17:04:55 PM

State of Nevada
Department of Administration

Purchasing Division

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



Steve Sisolak
Governor

Deonne E. Contine
Director

Kevin D. Doty
Acting Administrator

Purchasing Use Only:	
Approval#:	190702

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:	Governor's Office of Economic Development (GOED)	
	Contact Name and Title	Phone Number	Email Address
	Bob Potts, Deputy Director	775-687-9907	bpotts@diversifynevada.com
	Bonnie Long, Director of Administration	775-687-9910	blong@diversifynevada.com

Vendor Information:	
Identify Vendor:	SRI International
Contact Name:	Contractual: Carol Foreman Technical: Dr. Roland Stephen
Address:	1100 Wilson Boulevard, Suite 2800, Arlington, VA 22209-2268
Telephone Number:	Carol: 703-247-8626 Dr. Stephen: 703-247-8552
Email Address:	carol.foreman@sri.com roland.stephen@sri.com

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

Contract Information:				
1d	Is this a new Contract?	Yes	X	No
	Amendment:	N/A		
	CETS:	N/A		

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	Upon Approval	End Date: June 30, 2020

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

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	Not to exceed: \$150,000.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>This is a new contract to develop a new and comprehensive 10-year strategic state plan for Economic Development. This plan will be built on the rigorous economic development assessment of the state recently conducted in SFY19. The plan will begin with convergence of a vision for Nevada and the related mission for GOED. This will be achieved through a high-level, facilitated process that begins with GOED and the Governor's office, and draws in other key stakeholders as needed. The vision will focus on high value economic activity, highly-skilled employment and high quality of life. The mission will focus on technology, small and medium sized business, and workforce, with tasks developed to implement/coordinate/steer policy around those three key components. The plan will also outline measurable milestones, metrics, resources, and outcomes.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>This vendor was contracted by GOED in SFY19 to conduct a new study for a state-wide economic assessment and growth agenda for Nevada, which will be used when developing the new 10-year state plan. Prior to this, the vendor had been contracted by the Secretary of State's Office in 2011 to conduct the baseline study for a state-wide economic growth agenda for Nevada, which was utilized to develop the original 10-year state plan.</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>Contracting with the same vendor leverages their extensive understanding of Nevada's economy soon after completing their rigorous economic development assessment of the state and will be more cohesive as the new study becomes a 2.0 version of the original plan. The agency anticipates receiving another quality study that will be used to move Nevada forward in diversifying and strengthening the state's economy.</i> <i>The vendor possesses the proven expertise, along with their knowledge of the state of Nevada at the local and state level, that will allow them to develop a new thorough and comprehensive state plan.</i>

5	Were alternative services or commodities evaluated? Check One. Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>
	b. <i>If not, why were alternatives not evaluated?</i> <i>The knowledge gained by the vendor who conducted the updated study will be most beneficial to the state in the form of cost effectiveness, fiscal responsibility, and very importantly will provide the needed continuity and consistency with the development of the state plan by using like methodologies with research and analysis.</i>

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
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<i>this request.</i>				
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>Although GOED did not contract with this vendor in the past, the Secretary of State's Office contracted with them in 2011 for the initial economic development study.</i>				
<i>6/14/11</i>	<i>12/31/11</i>	<i>\$200,000</i>	<i>State-wide economic development agenda</i>	<i>Professional Service exemption</i>
<i>8/14/18</i>	<i>12/31/18</i>	<i>\$106,028</i>	<i>Updated state-wide economic development agenda</i>	<i>Professional Service exemption</i>

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>The agency, and the Governor, is hopeful that there will be a new state plan in place prior to the end of the current calendar year. Approval of this request will help the agency to achieve this goal. In addition, utilizing another vendor for these services would require the agency to start from scratch and the initial investment of the first two contracts would be wasted.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>This is the vendor who performed the initial study for the State of Nevada. The State has a significant investment in this original study and will realize a cost savings by continuing with this vendor. Therefore, it is more fiscally responsible to remain with the vendor who conducted and compiled the study that will be utilized for the development of the new state plan.</i>

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:	X	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i> <i>There is the possibility that the agency may require subsequent or follow up services from this vendor if the economic development study/report or the state plan were to require additional updates in the future.</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.

Bonnie Long
Agency Representative Initiating Request

Bonnie Long
Print Name of Agency Representative Initiating Request

6/19/19
Date

[Signature]
Signature of Agency Head Authorizing Request

Robert D Potts
Print Name of Agency Head Authorizing Request

6/19/19
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:

Klein D. Doty
Administrator, Purchasing Division or Designee

7/8/19
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: **18986** Amendment Number: **2**

Agency Name: **GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT** Legal Entity Name: **The Ferraro Group**

Agency Code: **102** Contractor Name: **The Ferraro Group**

Appropriation Unit: **1526-11** Address: **165 W. Liberty Street Suite 210**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89501**

If "No" please explain: **Not Applicable** Contact/Phone: **Greg Ferraro 775-331-4555**

Vendor No.: **T27023338**

NV Business ID: **NV20041598724**

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/12/2017**

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **3 years and 292 days**

4. Type of contract: **Contract**

Contract description: **Public Relations**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing public relations services. This amendment extends the termination date from June 30, 2020 to June 30, 2021 and increases the maximum amount from \$170,076 to \$198,576 due to continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$100,800.00	\$100,800.00	\$100,800.00	Yes - Action
a. Amendment 1:	\$69,276.00	\$69,276.00	\$69,276.00	Yes - Action
2. Amount of current amendment (#2):	\$28,500.00	\$28,500.00	\$28,500.00	Yes - Info
3. New maximum contract amount:	\$198,576.00			
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?

NRS Chapter 231 requires the Governor's Office of Economic Development to promote and market the State of Nevada to attract businesses and economic development. Public relations is an essential component of that effort. In addition, the Governor has charged GOED with authoring an 18 to 24 month economic recovery plan. The Ferraro Group will be a contributor to the economic recovery plan statewide by assisting with content development of outreach materials to communicate out the recovery plan. Such materials include quarterly newsletters and an annual report.

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

The agency does not have the expertise to perform the work associated with this contract.

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?

Pursuant to RFP #3457, 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: 05/22/2017 Anticipated re-bid date: 03/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Governor's Office of Economic Development - 7/14/09 - Current
Nevada State Contractor's Board - 5/1/14 - 8/30/18
Nevada Secretary of State - 12/2009 - 04/2010
They have been confirmed to be satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	bvale1	05/20/2020 16:50:49 PM
Division Approval	bvale1	05/20/2020 16:50:52 PM
Department Approval	bvale1	05/20/2020 16:50:56 PM
Contract Manager Approval	bvale1	05/26/2020 14:55:57 PM
Budget Analyst Approval	stilley	06/25/2020 17:27:59 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19080** Amendment Number: **3**

Agency Name: **GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT** Legal Entity Name: **National Main Street Center, Inc.**

Agency Code: **102** Contractor Name: **National Main Street Center, Inc.**

Appropriation Unit: **1532-11** Address: **53 West Jackson Blvd. Suite 350**

Is budget authority available?: **Yes** City/State/Zip: **Chicago, IL 60604**

If "No" please explain: **Not Applicable** Contact/Phone: **Patrice Frey 312-610-5617**

Vendor No.:
NV Business ID: **NV20161444620**

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

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

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

2. Contract start date:
a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/25/2017**

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **3 years and 310 days**

4. Type of contract: **Contract**

Contract description: **Program Facilitation**

5. Purpose of contract:

This is the third amendment to the original contract which provides training, technical assistance and program facilitation for the Nevada Main Street Program. This amendment extends the termination date from June 30, 2020 to June 30, 2021 and reduces the maximum amount from \$179,048 to \$160,498 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:	\$49,810.00	\$49,810.00	\$49,810.00	Yes - Info
a. Amendment 1:	\$94,160.00	\$94,160.00	\$143,970.00	Yes - Action
b. Amendment 2:	\$35,078.00	\$35,078.00	\$35,078.00	Yes - Info
2. Amount of current amendment (#3):	-\$18,550.00	-\$18,550.00	\$16,528.00	Yes - Info
3. New maximum contract amount:	\$160,498.00			
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?

This work is being performed in compliance with AB417 of the 2017 Legislature.

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

This program will continue as established and requires training and other assistance that is being provided to all participating states through the Department of Housing and Urban Development and the National Trust for Historic Preservation. There are no state employees with the knowledge and expertise to provide this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

Approval #: 17081

Approval Date: 08/22/2017

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

This vendor is a non-profit corporation and subsidiary of the National Trust for Historic Preservation and the only entity administering the Main Street America program nationwide and the only organization the State can partner with to implement the Nevada Main Street Program.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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 contracting with the Governor's Office of Economic Development since SFY18 and the work has been satisfactory.

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

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

Not Applicable

15. The contractor is 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

bvale1

06/29/2020 09:32:42 AM

Division Approval	bvale1	06/29/2020 09:32:47 AM
Department Approval	bvale1	06/29/2020 09:32:52 AM
Contract Manager Approval	bvale1	06/29/2020 09:32:57 AM
Budget Analyst Approval	stilley	06/30/2020 12:00:08 PM

State of Nevada
Department of Administration

Purchasing Division

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



Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:	
Approval#:	170801

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:			
State Agency: <i>Governor's Office of Economic Development ("GOED")</i>			
1a	Contact Name and Title	Phone Number	Email Address
	<i>Steve Woodbury, ASO</i>	<i>775-687-9909</i>	<i>scwoodbury@diversifynevada.com</i>

Vendor Information:	
Identify Vendor:	<i>National Main Street Center ("Center")</i>
Contact Name:	<i>Kathy La Plante, Director of Coordinating Program Services</i>
Address:	<i>53 W. Jackson Blvd., Suite 350, Chicago IL</i>
Telephone Number:	<i>202-297-2893</i>
Email Address:	<i>klaplante@savingplaces.org</i>

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

Contract Information:			
1d	Is this a new Contract?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Amendment:	#	
	CETS:	<i>#19080</i>	

Term: (*NOTE: as indicated in #9 below, this contract will likely be extended 1-2 additional years.)			
1e	One (1) Time Purchase:	<input type="checkbox"/>	
	Contract:	Start Date: <i>Upon Approval</i>	End Date: <i>June 30, 2018*</i>

Funding:		
1f	State Appropriated:	<i>X (Per AB417, 2017 Legislature)</i>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	<i>\$44,845 (*This amount is for year one; if extended, the value will be increased by approx. \$50K per year.)</i>

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>The Center will provide orientations, training, application workshops, inaugural visits, and other assistance related to the Nevada Main Street Program, created by the 2017 Legislature (per AB417) and in connection with the National Trust for Historic Preservation.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>The Center is the only provider for this program and is part of the National Main Street Center, Inc., a subsidiary of the National Trust for Historic Preservation, which is under Housing and Urban Development. AB417 references that this entity will be utilized to carry out the Nevada Main Street Program.</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>(See above.)</i>

5	Were alternative services or commodities evaluated? Check One. Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>
	b. <i>If not, why were alternatives not evaluated?</i> <i>There are no feasible alternatives.</i>

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers <u>MUST</u> accompany this request. Yes: <input type="checkbox"/> No: <input type="checkbox"/> X																								
	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>																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Term Start and End Dates</th> <th style="width: 15%;">Value</th> <th style="width: 45%;">Short Description</th> <th style="width: 25%;">Type of Procurement (RFP#, RFO#, Waiver #)</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="text-align: center;">\$</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: center;">\$</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: center;">\$</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: center;">\$</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: center;">\$</td> <td> </td> <td> </td> </tr> </tbody> </table>	Term Start and End Dates	Value	Short Description	Type of Procurement (RFP#, RFO#, Waiver #)		\$				\$				\$				\$				\$		
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7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>If this waiver were denied, GOED would be unable to comply with the provisions set forth in AB417.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>GOED has reviewed the budget and pricing and determined that the costs are fair and reasonable.</i>

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	<i>The initial contract is for one year, but it will likely be extended an additional 1-2 years. (There is current Legislative funding through the current biennium.)</i>				

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


Agency Representative Initiating Request

STEVE WOODS
Print Name of Agency Representative Initiating Request 8/3/17
Date


Signature of Agency Head Authorizing Request

Bonnie Long
Print Name of Agency Head Authorizing Request 8/3/17
Date

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

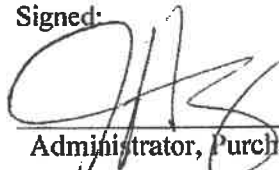
~~Name of agency or entity who provided information or review:~~

~~Representative Providing Review~~

~~Print Name of Representative Providing Review Date~~

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

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

Signed: 
Administrator, Purchasing Division or Designee 8-22-2017
Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23363**

Agency Name: **ADMIN - ENTERPRISE IT SERVICES**
Agency Code: **180**
Appropriation Unit: **1365-26**
Is budget authority available?: **Yes**
If "No" please explain: **Not Applicable**

Legal Entity Name: **GARTNER INC**
Contractor Name: **GARTNER INC**
Address: **PO BOX 911319**
City/State/Zip: **DALLAS, TX 75391-1319**
Contact/Phone: **Jay Friedman 480-283-8933**
Vendor No.: **T80976121A**
NV Business ID: **NV19941112701**

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/14/2020**
Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **351 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **IT Advisory Services**

5. Purpose of contract:

This is a new work plan under master service agreement #18964 which provides research and advisory services related to information technology. This work plan is for the Gartner IT Leaders service which provides various deliverables to advise and assist IT leaders and advisors.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,617.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Enterprise IT Services (ITS) continues to pursue Information Technology (IT) advancements that will have statewide benefits. To ensure EITS stays current with rapidly advancing IT changes, Gartner has been identified as a leading resource of expertise on IT advancement in both government and private sectors. Gartner's breadth of expertise will continue to avoid false starts as the State implements cloud-based services, document production, commences development of mobile applications, contemplates replacement of key enterprise software, and considers the most efficient design of future networks.

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

State employees do not have the expertise.

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

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

Work Plan to existing no cost MSA #18964

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

EITS 2014 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	ddav12	06/25/2020 08:45:17 AM
Division Approval	ddav12	06/25/2020 08:45:20 AM
Department Approval	ddav12	06/25/2020 08:45:23 AM
Contract Manager Approval	ddav12	06/25/2020 08:45:27 AM
Budget Analyst Approval	dlenzner	07/14/2020 11:22:00 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: **17594** Amendment Number: **2**
 Agency Name: **DEPARTMENT OF VETERANS SERVICES** Legal Entity Name: **AbacusRX Pharmacy, LLC**
 Agency Code: **240** Contractor Name: **AbacusRX Pharmacy, LLC**
 Appropriation Unit: **2561-04** Address: **1516 W. Warm Springs Road**
 Is budget authority available?: **Yes** City/State/Zip: **Henderson , NV 89014**
 If "No" please explain: **Not Applicable** Contact/Phone: **Kristine Carlton 702-475-8609**
 Vendor No.: **T32003966**
 NV Business ID: **NV20141548460**

To what State Fiscal Year(s) will the contract be charged? **2016-2021**

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

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

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2016**
 Anticipated BOE meeting date **06/2020**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**
 Contract term: **4 years and 114 days**

4. Type of contract: **Contract**
 Contract description: **Pharmacy Services**

5. Purpose of contract:
This is the second amendment to the original contract which provides ongoing pharmaceutical services. This amendment extends the termination date from June 30, 2020 to August 31, 2020 and increases the maximum amount from \$1,550,000 to \$1,598,500 due to continued need for this service.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$800,000.00	\$800,000.00	\$800,000.00	Yes - Action
a. Amendment 1:	\$750,000.00	\$750,000.00	\$750,000.00	Yes - Action
2. Amount of current amendment (#2):	\$48,500.00	\$48,500.00	\$48,500.00	Yes - Info
3. New maximum contract amount:	\$1,598,500.00			
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 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):

AbacusRX
KBHP Pharmacy
Progressive Medical
Omnicare

b. Solicitation Waiver: **Not Applicable**

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

Contractor was the highest scored in technical merits and cost factors combined.

d. Last bid date: 12/15/2015 Anticipated re-bid date: 12/15/2019

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Contractor is currently providing these service to NDVS and the 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:

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	dgree6	06/19/2020 09:33:54 AM
Division Approval	dgree6	06/19/2020 09:34:19 AM
Department Approval	dgree6	06/19/2020 09:34:26 AM

Contract Manager Approval
Budget Analyst Approval

jtheil1
afrantz

06/19/2020 09:36:45 AM
06/25/2020 10:39:07 AM



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

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

<i>Purchasing Use Only:</i>	
Approval #:	311

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information – Note: Approved copy will be sent to only the contact(s) listed below:			
	State Agency Name:	<i>Nevada Department of Veterans Services</i>		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		<i>Amy Garland, Executive Officer</i>	<i>775-825-9750</i>	<i>garlanda@veterans.nv.gov</i>
		<i>Joseph Theile, Deputy CFO</i>	<i>775-825-9752</i>	<i>theilej@veterans.nv.gov</i>
	<i>Shayne Powell, MAII</i>	<i>775-825-9763</i>	<i>powells@veterans.nv.gov</i>	

2	Contractor Information:	
	Contractor:	<i>AbacusRX Pharmacy</i>
	Contact Name:	<i>Kristen Carlton</i>
	Complete Address:	<i>1516 W. Warm Springs Road; Henderson, NV 89014</i>
	Phone Number:	<i>702-475-8609</i>
	Email Address:	<i>kbcarlton@abacusrxnv.com</i>

3	List <u>all previous</u> Contract Information:			
	Solicitation Type, if applicable:	<i>RFP</i>	#:	<i>3222</i>
	CETS #:	<i>17594</i>		
	Contract Amount:	<i>\$800,000.00</i>		
	Contract Term:	Start Date:	<i>May 10, 2016</i>	End Date:

Purchasing Use Only:

Approval #: 811

Current Contract Information:			
Solicitation Type, if applicable:		#:	
4	CETS #:	#	
	Initial Contract Amount:	\$	
	Contract Term:	Start Date:	End Date:

Amendment Information – List <u>all previously</u> approved amendments:				
	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
5	1	<i>Increased Contract Authority</i>	<i>\$1,550,000.00</i>	<i>None</i>

<u>Proposed</u> Amendment Information:				
	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
6	2	<i>Extend the end date of the contract and increase overall authority to cover the extension. This will allow adequate time for the RFP process to be completed and new contract to be submitted to the July BOE for consideration.</i>	<i>\$12,400.00</i>	<i>July 31, 2020</i>

7 **What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?**
NDVS is working with State Purchasing to proceed for with a new RFP for these services. NDVS was preparing for the RFP process when the COVID-19 pandemic and the resulting actions taken by the State were implemented. This resulted in a shift of priorities, such as locating and purchasing of vital PPE equipment for our Veterans Homes. This has consumed much of the staff in our small agency. In addition, communication has been difficult with staff within the state working remotely causing delays in in response times that normally would not be experienced. This request is for an additional month, through July 31, 2020 to be able to conduct and complete and thorough RFP and select a ne vendor for these critical services.

8 **What are the potential consequences to the State if the contract extension request is denied?**
The Southern Nevada State Veterans Home is responsible for providing 24-hour pharmaceutical services. Potential consequences if this extension is not approved could include relocation of residents to other facilities; loss of licensure for the Home from the State, VA, and/or CMS; or it

could result in the death of a resident who does not receive their medication on time.

Purchasing Use Only:

Approval #:

311

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct.



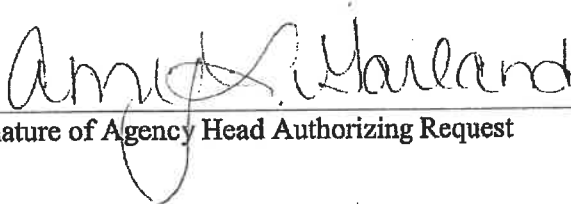
Signature of Agency Representative Initiating Request

Joseph Theile

Print Name of Agency Representative Initiating Request

4/7/2020

Date



Signature of Agency Head Authorizing Request

Amy Garland

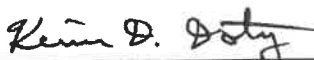
Print Name of Agency Head Authorizing Request

4/7/2020

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Signed:



Administrator, Purchasing Division or Designee

4/9/2020

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: **23193**

Agency Name: **DEPARTMENT OF VETERANS SERVICES**

Agency Code: **240**

Appropriation Unit: **2561-13**

Is budget authority available?: **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **Behavioral Health Solutions, LLC**

Contractor Name: **Behavioral Health Solutions, LLC**

Address: **2831 Saint Rose Pkwy, Ste. 121**

City/State/Zip: **Henderson, NV 89052-4840**

Contact/Phone: **Bill Treese 805-807-4140**

Vendor No.: **T32009788**

NV Business ID: **NV20171816384**

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/26/2020**

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/30/2022**

Contract term: **1 year and 338 days**

4. Type of contract: **Contract**

Contract description: **Behavioral Health**

5. Purpose of contract:

This is a new contract to provide ongoing telehealth behavioral services to the residents of the Southern Nevada State Veterans Home.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,000.00**

Payment for services will be made at the rate of \$200.00 per resident per visit

Other basis for payment: **Monthly, upon approved submitted invoices.**

II. JUSTIFICATION

7. What conditions require that this work be done?

The launch of such services is necessary due to the prolonged isolation requirement of the Pandemic and the emotional toll it is taking on our veteran residents. Since CDC and CMS are strongly suggesting this isolation and restricted visits are maintained in Skilled Nursing Facilities behavioral and psychological disturbances are increasing.

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

The are no state employees with the credentials and skillset required to provide these services to the veteran residents

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 provides servies via telehealth and a fair price.

d. Last bid date: 04/01/2020 Anticipated re-bid date: 01/02/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	agarland	05/12/2020 08:30:29 AM
Division Approval	agarland	05/12/2020 08:30:32 AM
Department Approval	agarland	05/12/2020 08:30:36 AM
Contract Manager Approval	agarland	05/12/2020 08:30:40 AM
Budget Analyst Approval	afrantz	06/26/2020 11:16:59 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: **22997**

Agency Name: DEPARTMENT OF VETERANS SERVICES	Legal Entity Name: Pochowski, Alan
Agency Code: 240	Contractor Name: Pochowski, Alan
Appropriation Unit: 2561-13	Address: 8738 PINLEY SPRING ST 8738
Is budget authority available? Yes	City/State/Zip: LAS VEGAS, NV 89113
If "No" please explain: Not Applicable	Contact/Phone: Alan Pochowski 702-338-8942
	Vendor No.: T32009657
	NV Business ID: NV20001396722

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/26/2020**
Anticipated BOE meeting date **05/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2022**
Contract term: **1 year and 278 days**

4. Type of contract: **Contract**
Contract description: **Physician Assistant**

5. Purpose of contract:
This is a new contract to provide physician assistant service to residents of the Southern Nevada home.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$32,000.00**
Payment for services will be made at the rate of \$2,000.00 per month
Other basis for payment: Payable upon submission of approved invoice

II. JUSTIFICATION

7. What conditions require that this work be done?
NAC 449.74521(1) A facility for skilled nursing shall employ full time, part time, or as consultants such health care professionals as are necessary to provide adequate care for each patient in the facility and to carry out the provisions of NAC 449.774 to NAC 449.74549, inclusive.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
There are no State employees that provide 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):

Matthew McGauran - LV
Alan Pochowski - LV
Robert Lynn - N. LV

b. Solicitation Waiver: **Not Applicable**

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

Vendor has worked with the facilities Medical Director and has the knowledge and skills needed to perform the work required

d. Last bid date: 01/01/2020 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:
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	03/13/2020 13:01:47 PM
Division Approval	agarland	03/13/2020 13:01:49 PM
Department Approval	agarland	03/13/2020 13:01:52 PM
Contract Manager Approval	agarland	03/13/2020 13:01:57 PM
Budget Analyst Approval	afrantz	06/26/2020 11:23:41 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: **17829** Amendment Number: **1**
 Agency Name: **DEPARTMENT OF VETERANS SERVICES** Legal Entity Name: **ROBERT FRANK NYCEK**
 Agency Code: **240** Contractor Name: **ROBERT FRANK NYCEK**
 Appropriation Unit: **2561-04** Address: **1309 MARITA DR**
 Is budget authority available?: **Yes** City/State/Zip: **BOULDER CITY, NV 89005-3309**
 If "No" please explain: **Not Applicable** Contact/Phone: **702/294-1428**
 Vendor No.: **T27030756**
 NV Business ID: **N/A**

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

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

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

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2016**
 Anticipated BOE meeting date **08/2020**
 Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/31/2020**
 Contract term: **4 years**

4. Type of contract: **Contract**
 Contract description: **Chaplain Services**

5. Purpose of contract:
This is the first amendment to the original contract to provide ongoing chaplain services to the residents of the Southern Nevada State Veterans Home. This amendment increases the maximum amount from \$105,000 to \$117,960 due to the continued need for this service.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$105,000.00	\$105,000.00	\$105,000.00	Yes - Action
2. Amount of current amendment (#1):	\$12,960.00	\$12,960.00	\$12,960.00	Yes - Info
3. New maximum contract amount:	\$117,960.00			

II. JUSTIFICATION

7. What conditions require that this work be done?
The Chaplain position provides counseling for the psychological needs for the residents.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
There are no State employees available who can 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):

[Empty text box]

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 200402
Approval Date: 04/14/2020

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

His knowledge and experience with veterans issue and his familiarity with the Nevada State Veterans Home, residents, and staff.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with the Nevada Department of Veterans Services. Services performed 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Contractor name is same as legal entity name.

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

Yes

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

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

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Contractor is affiliated with a non-profit, religious organization and therefore qualified for a tax exempt status. (USC 501 (C)).

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

No b. If "NO", please explain.

Contractor is affiliated with a non-profit, religious organization and therefore qualified for a tax exempt status. (USC 501 (C)).

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	agarland	04/24/2020 15:58:11 PM
Division Approval	agarland	04/24/2020 15:58:14 PM
Department Approval	agarland	04/24/2020 15:58:17 PM

Contract Manager Approval
Budget Analyst Approval

agarland
afrantz

04/24/2020 15:58:19 PM
06/26/2020 12:27:27 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

Purchasing Use Only:	
Approval#:	2004020

Revision

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: Veteran's Services – NSVH		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Joseph Theile, MA III	775-825-9752	garlanda@veterans.nv.gov
	Amy Garland, Executive Officer	775-825-9750	theilej@veterans.nv.gov

1b	Vendor Information:	
	Identify Vendor:	T27030756
	Contact Name:	Robert F. Nycek
	Complete Address:	1309 Morita Drive., Boulder City, NV 89005
	Telephone Number:	702-293-1428
	Email Address:	Nycekb@novs.state.nv.us

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

1d	Contract Information:			
	Is this a new Contract?	Yes	No	X
	Amendment:	#1		
	CETS:	#17829		

1e	Term:				
	One (1) Time Purchase:				
	Contract:	Start Date:	08/01/2016	End Date:	07/31/2020

1f	Funding:	
	State Appropriated:	
	Federal Funds:	65%
	Grant Funds:	0
	Other (Explain):	35% Private/County

Purchasing Use Only:	
Approval #:	200401 @

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	<i>\$117,960 overall; \$12,600 for Amendment #1</i>

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Provide Chaplain Services to the residents in the Southern Nevada State Veterans Home (SNSVH) in Boulder City Nevada.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>A Chaplain for the SNSVH must be qualified to provide counseling and spiritual assistance for the residents. Chaplain Nycek has an advanced understanding of the operations and processes of the SNSVH developed over time.</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>SNSVH has a previously established long term working spiritual relationship with Chaplain Nycek. Chaplain Nycek has a unique understanding of SNSVH procedures and operations and has developed professional relationships with staff and established a significant continuity of spiritual care with our veteran residents. The Chaplain position is a personal services position that requires an individual of a spiritual nature who can assist Veterans with their psychosocial needs.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	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?				
	<i>SNSVH has a previously established long term working spiritual relationship with Chaplain Nycek. Chaplain Nycek has a unique understanding of SNSVH procedures and operations and has developed professional relationships with staff and established a significant continuity of spiritual care with our veteran residents. The Chaplain position is a personal services position that requires an individual of a spiritual nature who can assist Veterans with their psychosocial needs.</i>				

Purchasing Use Only:

Approval #:

2004020

<p>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.</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>							
Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)			
6	08/01/2016	07/31/2020	\$105,000.00	Personal Spiritual Services to Veteran residents in the SNSVH.		160401	
	07/19/2012	07/31/2016	\$105,000.00	Personal Spiritual Services to Veteran residents in the SNSVH.		#120703C	
			\$				
			\$				
			\$				

<p>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</p>	
7	<p>Full impact unknown. The services provided are of such a personal nature and require a person who can form a spiritual bond with the veteran residents that they are not adapted to competitive selection. Such a process would result in a break of the continuity of care for the SNSVH residents that may have serious implications to the psychosocial well-being of some or all of the residents.</p>

<p>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</p>	
8	<p>Robert Nycek was recommended by the previous Chaplain who had to leave do to health considerations. A committee from the SNSVH met and discussed the position with him, and recommended his hire. He is well known and respected in the Boulder City community and he is a veteran. He has significant experience in the SNSVH having previously worked as a volunteer. We believe his hourly rate is well within that of other "professional" contractors.</p>

<p>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.</p>				Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
<p>a. If yes, please provide details regarding future obligations or needs.</p>							
9	<p>Our intent is to maintain the continuity of care provided by Chaplain Nycek. The psychosocial and spiritual well-being care is a vital component of the care we provide to our veteran residents. Chaplain Nycek is well versed in the obstacles many veterans face and has developed a long-term working relationship with our residents and staff.</p>						

Purchasing Use Only:	
Approval #:	200402 (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.

Joseph Theile
 Agency Representative Initiating Request

Joseph Theile, MAIII
 Print Name of Agency Representative Initiating Request

4/3/2020
 Date

Amy Garland
 Signature of Agency Head Authorizing Request

Amy Garland, Executive Officer
 Print Name of Agency Head Authorizing Request

4/3/2020
 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:

Kevin D. Doty
 Administrator, Purchasing Division or Designee

4/14/2020
 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: **23177**

Agency Name: **DEPARTMENT OF VETERANS SERVICES**

Agency Code: **240**

Appropriation Unit: **2561-13**

Is budget authority available? **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **Silver Reef Biomedical Services, INC.**

Contractor Name: **Silver Reef Biomedical Services, INC.**

Address: **6285 S Mojave Rd., Suite E.**

City/State/Zip: **Las Vegas, NV 89120-2720**

Contact/Phone: **Scott D. Wyatt 888-780-9179**

Vendor No.: **T27043084**

NV Business ID: **NV20121355756**

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/26/2020**

Anticipated BOE meeting date **06/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2024**

Contract term: **3 years and 309 days**

4. Type of contract: **Contract**

Contract description: **Electrical Maint.**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance to medical equipment in the Southern Nevada State Veterans Home.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Payment for services will be made at the rate of \$5,000.00 per year

Other basis for payment: Upon submission of approved invoice and satisfactory completion of services. Items above 5% threshold will be billed at \$75.00 per item.

II. JUSTIFICATION

7. What conditions require that this work be done?

Inspections and clairbrations are required as part of the CMS MDS assessment.

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

Noi State employees are certified to do 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):

Silver Reef Biomedical Services
Medical Electronics
State Medical

b. Solicitation Waiver: **Not Applicable**

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

Vender presented with the qualifications and knowledge of needs at teh best price.

d. Last bid date: 03/01/2020 Anticipated re-bid date: 02/01/2024

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:
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	04/30/2020 16:04:34 PM
Division Approval	agarland	04/30/2020 16:04:37 PM
Department Approval	agarland	04/30/2020 16:04:40 PM
Contract Manager Approval	agarland	04/30/2020 16:04:56 PM
Budget Analyst Approval	afrantz	06/26/2020 11:12:05 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: **23362**

Agency Name: STATE PUBLIC CHARTER SCHOOL AUTHORITY	Legal Entity Name: Andrea Rogers Barry
Agency Code: 315	Contractor Name: Andrea Rogers Barry
Appropriation Unit: 2711-04	Address: 6 Dorchester St
Is budget authority available?: Yes	City/State/Zip: Clifton Park, NY 12065
If "No" please explain: Not Applicable	Contact/Phone: Andrea Rogers Barry 518-847-2388
	Vendor No.: T27041241
	NV Business ID: NV20171032435

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/20/2020**

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 346 days**

4. Type of contract: **Contract**

Contract description: **External Reviewer**

5. Purpose of contract:

This is a new contract to provide for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**

Payment for services will be made at the rate of \$999.00 per application or other charter document

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Public Charter School Authority is seeking to establish a pool of qualified peer reviewers to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

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

The agency does not have the staff necessary to conduct the review of these charter school documents.

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):

Brenna Copeland
Kirsten Pochop
Andrea Rogers Barry

b. Solicitation Waiver: **Not Applicable**

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

The vendor meets the general minimum qualifications required in the informal solicitation.

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 Public Charter School Authority - services were satisfactory

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

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

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office 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	ablackwe	07/14/2020 10:47:30 AM
Division Approval	ablackwe	07/14/2020 10:47:33 AM
Department Approval	dbowma1	07/14/2020 13:08:23 PM
Contract Manager Approval	ablackwe	07/14/2020 13:56:03 PM
Budget Analyst Approval	dbaughn	07/20/2020 08:56:33 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: **23361**

Agency Name: STATE PUBLIC CHARTER SCHOOL AUTHORITY	Legal Entity Name: Elizabeth M Woodcock
Agency Code: 315	Contractor Name: Elizabeth M Woodcock
Appropriation Unit: 2711-04	Address: 71 Stonewall
Is budget authority available?: Yes	City/State/Zip: Memphis, TN 38104
If "No" please explain: Not Applicable	Contact/Phone: Elizabeth M Woodcock 908-803-9132
	Vendor No.: T29038204
	NV Business ID: NV20161588953

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/20/2020**

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 346 days**

4. Type of contract: **Contract**

Contract description: **External Reviewer**

5. Purpose of contract:

This is a new contract to provide for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**

Payment for services will be made at the rate of \$999.00 per application or other charter document

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Public Charter School Authority is seeking to establish a pool of qualified peer reviewers to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

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

The agency does not have the staff necessary to conduct the review of these charter school documents.

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):

Brenna Copeland
Kirsten Pochop
Elizabeth M Woodcock

b. Solicitation Waiver: **Not Applicable**

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

The vendor meets the general minimum qualifications required in the informal solicitation.

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 Public Charter School Authority - services were satisfactory

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

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

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office 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	ablackwe	07/14/2020 10:46:45 AM
Division Approval	ablackwe	07/14/2020 10:46:48 AM
Department Approval	dbowma1	07/14/2020 13:07:42 PM
Contract Manager Approval	ablackwe	07/14/2020 13:57:29 PM
Budget Analyst Approval	dbaughn	07/20/2020 08:42:49 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: **23360**

Agency Name: STATE PUBLIC CHARTER SCHOOL AUTHORITY	Legal Entity Name: Kristen Vandawalker
Agency Code: 315	Contractor Name: Kristen Vandawalker
Appropriation Unit: 2711-04	Address: 2232 N Kenneth Ave
Is budget authority available?: Yes	City/State/Zip: Chicago , IL 60639
If "No" please explain: Not Applicable	Contact/Phone: Kristen Vandawalker 773-368-0392
	Vendor No.: T27039914
	NV Business ID: NV20161529701

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/20/2020**

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 346 days**

4. Type of contract: **Contract**

Contract description: **External Reviewer**

5. Purpose of contract:

This is a new contract to provide for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**

Payment for services will be made at the rate of \$999.00 per application or other charter document

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Public Charter School Authority is seeking to establish a pool of qualified peer reviewers to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

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

The agency does not have the staff necessary to conduct the review of these charter school documents.

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):

**Brenna Copeland
Kirsten Pochop
Kristen Vandawalker**

b. Solicitation Waiver: **Not Applicable**

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

The vendor meets the general minimum qualifications required in the informal solicitation.

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 Public Charter School Authority - services were satisfactory

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

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

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office 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	ablackwe	07/14/2020 10:47:12 AM
Division Approval	ablackwe	07/14/2020 10:47:15 AM
Department Approval	dbowma1	07/14/2020 13:06:56 PM
Contract Manager Approval	ablackwe	07/14/2020 13:56:48 PM
Budget Analyst Approval	dbaughn	07/20/2020 08:29:17 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22062**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: EUREKA COUNTY
Agency Code: 403	Contractor Name: EUREKA COUNTY
Appropriation Unit: 3243-00	Address: PO Box 241
Is budget authority available?: Yes	City/State/Zip: Eureka, NV 89316
If "No" please explain: Not Applicable	Contact/Phone: 775-237-5597
	Vendor No.:
	NV Business ID: Governmental Entity

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 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date **06/2020**

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the State to collect revenue from the County for the non-federal share of medical care of indigent persons. This contract was delayed due to biennial legislative changes which impacted the scope of this contract, therefore DHCFP could not start this contract until the Legislative Session ended.

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

Contract term: **2 years**

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

Contract description: **County Match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$39,466.72**

Other basis for payment: Not to exceed \$0.08 per \$100 of assessed valuation of taxable property; FY20: \$17,549.31, FY21: \$21,917.41

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County Match Program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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

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

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

Not Applicable

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

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

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Contractor previously contracted DHCFP from July 2017 to June 2019 for the same services and the quality of services were found to be satisfactory.

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

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

Not Applicable

15. The contractor is 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	nrezaie	05/26/2020 10:57:03 AM
Division Approval	rmille8	05/26/2020 14:07:55 PM
Department Approval	mwinebar	05/26/2020 18:13:05 PM
Contract Manager Approval	rmille8	05/27/2020 13:15:13 PM
Budget Analyst Approval	laaron	06/22/2020 10:43:38 AM

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Care Financing and Policy
Helping people. It's who we are and what we do.



Suzanne Bierman, JD, MPH
Administrator

MEMORANDUM

DATE: May 22, 2020
TO: Lynette Aaron, GFO
FROM: Ronda Miller, DHCFP
RE: Eureka County Match #22062

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2019.

Historically, this contract is retroactive due to the fact it falls in line with the approved Biennial budget and the Counties need to be aware of the funding approved in the Legislatively Approved Budget. The original contracts were sent to the counties in July 2019 for signature.

Once received, the Division of Health Care Financing and Policy (DHCFP) and the counties discussed various language changes. The most substantial change was a request by Clark County to replace the Business Associate Addendum (BAA) with a Confidentiality Addendum in early December 2019. As part of the monthly invoicing process for this program, information subject to the Health Insurance Portability and Accountability Act (HIPAA) is transferred to each county. The historical BAA had strict HIPAA requirements that were not attainable by the counties. As a result, the DHCFP, the Attorney General's Office, the Nevada Association of Counties (NACO) and the counties agreed to draft a confidentiality agreement with the necessary HIPAA requirements that allowed the counties to remain HIPAA compliant. Additionally, on December 30, 2019, the DHCFP received a request to include a not to exceed amount within each individual contract. The draft Confidentiality Addendum was completed by DHCFP on December 31, 2019 and Clark County approved it January 6, 2020. The revised contract language, with the Confidentiality Addendum was sent to the counties and NACO on January 7, 2020 for review. Upon approval by NACO and the counties in late February, new contracts were sent to each county on February 20, 2020.

While the contract requires a retroactive start date to allow the State to collect revenue from the Counties for the non-federal share of medical care of indigent persons, the counties are statutorily required to pay the non-federal share of these expenses per NRS 428.85.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22072**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: STOREY COUNTY
Agency Code: 403	Contractor Name: STOREY COUNTY
Appropriation Unit: 3243-00	Address: PO Box 176
Is budget authority available?: Yes	City/State/Zip: Virginia City, NV 89440
If "No" please explain: Not Applicable	Contact/Phone: 775-847-0968
	Vendor No.:
	NV Business ID: Governmental Entity
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 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**
Anticipated BOE meeting date **12/2019**

Retroactive? **Yes**

If "Yes", please explain

The contract requires a retroactive start date to allow the State to collect revenue from the County for the non-federal share of medical care of indigent persons. This contract was delayed due to biennial legislative changes which impacted the scope of this contract, therefore DHCFF could not start this contract until the Legislative Session ended.

3. Termination Date: **06/30/2021**
Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**
Contract description: **County Match**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,622.61**
Other basis for payment: Not to exceed \$0.08 per \$100 of assessed valuation of taxable property; FY20: \$19,287.96, FY21: \$23,334.65

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County Match Program. DHCFF pays providers and the counties reimburse the State for the non-federal share.

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

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

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

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

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

No

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

No

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

No If "Yes", please explain

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

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:

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

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

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	05/26/2020 11:03:42 AM
Division Approval	rmille8	05/26/2020 14:07:11 PM
Department Approval	mwinebar	05/27/2020 08:11:20 AM
Contract Manager Approval	rmille8	05/27/2020 13:17:26 PM
Budget Analyst Approval	laaron	06/22/2020 10:44:57 AM

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Health Care Financing and Policy
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Suzanne Bierman, JD, MPH
Administrator

MEMORANDUM

DATE: May 22, 2020
TO: Lynette Aaron, GFO
FROM: Ronda Miller, DHCFP
RE: Storey County Match #22072

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2019.

Historically, this contract is retroactive due to the fact it falls in line with the approved Biennial budget and the Counties need to be aware of the funding approved in the Legislatively Approved Budget. The original contracts were sent to the counties in July 2019 for signature.

Once received, the Division of Health Care Financing and Policy (DHCFP) and the counties discussed various language changes. The most substantial change was a request by Clark County to replace the Business Associate Addendum (BAA) with a Confidentiality Addendum in early December 2019. As part of the monthly invoicing process for this program, information subject to the Health Insurance Portability and Accountability Act (HIPAA) is transferred to each county. The historical BAA had strict HIPAA requirements that were not attainable by the counties. As a result, the DHCFP, the Attorney General's Office, the Nevada Association of Counties (NACO) and the counties agreed to draft a confidentiality agreement with the necessary HIPAA requirements that allowed the counties to remain HIPAA compliant. Additionally, on December 30, 2019, the DHCFP received a request to include a not to exceed amount within each individual contract. The draft Confidentiality Addendum was completed by DHCFP on December 31, 2019 and Clark County approved it January 6, 2020. The revised contract language, with the Confidentiality Addendum was sent to the counties and NACO on January 7, 2020 for review. Upon approval by NACO and the counties in late February, new contracts were sent to each county on February 20, 2020.

While the contract requires a retroactive start date to allow the State to collect revenue from the Counties for the non-federal share of medical care of indigent persons, the counties are statutorily required to pay the non-federal share of these expenses per NRS 428.85.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22693**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: BOMBARD ELECTRIC
Agency Code: 406	Contractor Name: BOMBARD ELECTRIC
Appropriation Unit: 3161-07	Address: 3570 W POST RD
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: Mike Klug 702/263-3570
	Vendor No.: T27020126
	NV Business ID: NV20051306419

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.

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

Agency Reference #: **C 17544**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/10/2020**

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2022**

Contract term: **1 year and 233 days**

4. Type of contract: **Contract**

Contract description: **Electrical services**

5. Purpose of contract:

This is a new contract to provide ongoing electrical system maintenance services on the Southern Nevada campus.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: **\$ 98.00 Hourly Labor Rate \$196.00 Weekends and Holiday Rate**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to Joint Commission Accreditation Standards, facility maintenance is required and the campus needs continuous maintenance services available when a problem arises with the electrical systems both at the Rawson-Neal Psychiatric Hospital and the other SNAMHS campus buildings.

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

The Division does not currently have FTE staff available with the training, equipment or 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):

Callidus Electric
Wheeler's Electric
Bombard Electric

b. Solicitation Waiver: **Not Applicable**

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

In accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 11/22/2019 Anticipated re-bid date: 11/22/2021

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:

Since 2013 Dept. of Health and Human Services - Satisfactory

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

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

Not Applicable

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

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:

Brett Phillips, Facility Manager Ph: 702-486-5135

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ttilto1	07/06/2020 10:26:11 AM
Division Approval	ttilto1	07/06/2020 10:28:13 AM
Department Approval	mwinebar	07/06/2020 16:39:45 PM
Contract Manager Approval	tgrundy	07/07/2020 10:08:37 AM
Budget Analyst Approval	bwooldri	07/10/2020 11:55:15 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22396**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: BOMBARD MECHANICAL
Agency Code: 406	Contractor Name: BOMBARD MECHANICAL
Appropriation Unit: 3161-07	Address: 3933 W ALI BABA LN
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: BEN POST 702/940-4822
	Vendor No.: T29015796
	NV Business ID: NV20021056016
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.	
<input checked="" type="checkbox"/> General Funds 100.00 %	Fees 0.00 %
<input type="checkbox"/> Federal Funds 0.00 %	Bonds 0.00 %
<input type="checkbox"/> Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: C17469	

2. Contract start date:

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

Retroactive? **Yes**

If "Yes", please explain

This contract was initially drafted 9/19. During the review process, questions arose that determined the need for additional negotiations between the program and vendor. Multiple rewrites further delayed the approval process. The need for these services prompted this retroactive request.

3. Termination Date: **12/31/2023**

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 maintenance services on the Southern Nevada campus

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,560.00**

Payment for services will be made at the rate of \$105.00 per Hour

Other basis for payment: Up to 118 hrs per year

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to Joint Commission Standards, facilities must be regularly maintained and kept in operating order. Many different inspection procedures need to be performed annually as well as having these services available for on-call emergencies.

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

Currently the agency has no licensed plumbers on staff and there are no available FTE employees with the training, knowledge or equipment to perform these duties.

9. Were quotes or proposals solicited? **Yes**

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

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

Lange Plumbing
Precision Plumbing
Bombard Mechanical

b. Solicitation Waiver: **Not Applicable**

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

In accordance with NRS 333, the vendor was chosen by an informal selection committee and cost.

d. Last bid date: 08/01/2019 Anticipated re-bid date: 08/01/2023

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?

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:

July 2015 - Southern Nevada Adult Mental Health; 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:

Brett Phillips, Facility Manager Ph: 702-486-5135

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	01/24/2020 09:14:14 AM
Division Approval	ttilto1	07/06/2020 08:21:27 AM
Department Approval	mwinebar	07/06/2020 16:45:32 PM
Contract Manager Approval	ttilto1	07/16/2020 09:17:24 AM
Budget Analyst Approval	bwooldri	07/16/2020 10:04:14 AM

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public and Behavioral Health
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Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

DATE: July 13, 2020

MEMORANDUM

TO: Aaron Frantz
*Budget Officer
Governor's Finance Office*

THROUGH: Christina Hadwick
*Administrative Services Officer IV
Division of Public and Behavioral Health*

FROM: Paul Ripple
*Administrative Services Officer III
Southern Nevada Adult Mental Health Services*

SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT –Bombard Mechanical (CETS #22396)

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Vendor: **Bombard Mechanical, LLC**
- Services to be provided: **General plumbing maintenance and services for the SNAMHS campus.**
- Funding source and expenditure category: **BA 3161 - CAT 07; GFUND**
- Requested start date of work: **January 1, 2020**
- Expected execution date of agreement: **July 2020**
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely:
 - **This contract was initially drafted in September 2019. During the review process, questions arose that determined the need for additional negotiations between the program and the vendor; multiple rewrites further delayed the approval process. However, the biggest delay was due to changes in the DPBH Contract Unit causing the contract to be overlooked at the Division level. The Contract Unit experienced staffing changes including an extended period without a Contract Manager from Mid-October to Mid-November due to a medical emergency, again in late-January thru most of February due to a vacancy, and from Mid-March to present due to another medical situation stemming from COVID-19, which resulted in internal tracking issues. These issues were further compounded by staffing shortages due to COVID-19. Additionally, this was further delayed due to COVID-19 priorities.**
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **Without these services the agency would not be able to maintain the facility to adhere to federal, state and local regulations pertaining to clean water, sewer, and plumbing.**
 - Explain how the program/bureau will prevent future retroactive requests: **The agency will strive to improve on the performance of vendor negotiations to reduce or eliminate the need for corrections. The division is currently actively seeking a new Contract Manger as the previous incumbent has given notice. Additionally, DPBH has a high volume of contracts without a contract management system and must manually track each document. The division is striving to improve internal processes to track contractual agreements until such time a contract management system can be purchased (anticipated to be included in the 22-23 budget request).**

If you have any questions, please contact Menyone Thomas at (702) 486-4252 or mthomas@health.nv.gov .

cc: Contract Unit, Division of Public and Behavioral Health

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22749**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: NEVADA CONTRACT CARPET INC
Agency Code: 406	Contractor Name: NEVADA CONTRACT CARPET INC
Appropriation Unit: 3161-07	Address: 6840 W. PATRICK LANE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: Bill Bozoian 702.362.3033
	Vendor No.: PUR0002902A
	NV Business ID: NV19871038330

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

Agency Reference #: **17547**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/26/2020**

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2022**

Contract term: **1 year and 278 days**

4. Type of contract: **Contract**

Contract description: **Floor maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing flooring installation and repair services for all buildings on the southern campus to include carpeting, sheet vinyl, vinyl composition tile, tile repair and replacement as needed.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$12,500.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

It is necessary to keep flooring surfaces in good repair and condition for the safety and well being of staff, clients, and visitors and to meet Joint Commission life safety and environment of care standards. Expenditures for maintenance and repair are authorized per NRS 331.080.

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

Currently there are no available full-time employees with the training, knowledge or equipment necessary to perform these functions.

9. Were quotes or proposals solicited? **Yes**

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

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

Vegas Flooring Outlet
Nevada Contract Carpet
Show U Carpet

b. Solicitation Waiver: **Not Applicable**

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

In accordance with NRS 333, the vendor was chosen by an informal selection committee.

d. Last bid date: 12/20/2019 Anticipated re-bid date: 12/20/2021

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:

DPBH - Southern Nevada Adult Mental Health Services since 2013 - satisfactory.

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

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

Not Applicable

15. The contractor is 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	ttilto1	04/09/2020 11:28:01 AM
Division Approval	chadwic1	06/13/2020 16:25:02 PM
Department Approval	mwinebar	06/25/2020 08:37:33 AM
Contract Manager Approval	ttilto1	06/26/2020 12:51:19 PM
Budget Analyst Approval	afrantz	06/26/2020 12:52:58 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22877**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	NOTE ABLE MUSIC THERAPY SERVICES
Agency Code:	406	Contractor Name:	NOTE ABLE MUSIC THERAPY SERVICES
Appropriation Unit:	3162-04	Address:	925 RIVERSIDE DR STE 1
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89503-5575
If "No" please explain:	Not Applicable	Contact/Phone:	Manal Toppozada 775/324-5521
		Vendor No.:	T27004592
		NV Business ID:	NV20031300094

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.

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

Agency Reference #: C 17553

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/10/2020**

Anticipated BOE meeting date 08/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 355 days**

4. Type of contract: **Contract**

Contract description: **Music Therapy**

5. Purpose of contract:

This is a new contract to provide ongoing music therapy at the Dini-Townsend Hospital.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,500.00**

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

Other basis for payment: \$75.00 per band performance

II. JUSTIFICATION

7. What conditions require that this work be done?

In accordance with NRS 640D.060(7), the use of music therapy is for psychological, neuropsychological, psychometric assessment or clinical tests designed to identify or classify abnormal or pathological human behavior or to determine intelligence, personality, aptitude, interests or addictions. Group sessions will be overseen by a professional board certified and state licensed music therapist per NRS 640D.110.

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

Music therapists must be licensed and certified. Currently, no employees have this certification or 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):

Note Able Music Therapy
Sierra Music Therapy Clinic
Olive Branch Therapeutic Services

b. Solicitation Waiver: **Not Applicable**

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

Per NRS 333.300, vendor submitted the highest quality bid at the lowest price.

d. Last bid date: 02/05/2020 Anticipated re-bid date: 01/03/2022

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?

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:

Northern Nevada Adult Mental Health Services - January 2016 to 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:
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:

Tony Zapata, Director of Nursing Ph: 775-688-2013

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ttlto1	04/09/2020 14:00:36 PM
Division Approval	ttlto1	07/06/2020 11:41:26 AM
Department Approval	mwinebar	07/06/2020 17:11:20 PM
Contract Manager Approval	tgrundy	07/07/2020 10:07:35 AM
Budget Analyst Approval	bwooldri	07/10/2020 12:08:04 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: **22845**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: Reliant Electric LLC
Agency Code: 406	Contractor Name: Reliant Electric LLC
Appropriation Unit: 3162-07	Address: 685 Edison Way
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Matt Cottom 775/342-2900
	Vendor No.: T29033216
	NV Business ID: NV20061203512

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.

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

Agency Reference #: **C 17549**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/08/2020**
Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 358 days**

4. Type of contract: **Contract**

Contract description: **Electrical Services**

5. Purpose of contract:

This is a new contract to provide ongoing electrical services and/or repairs for northern campus.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,000.00**

Payment for services will be made at the rate of \$90.00 per hour

Other basis for payment: 95.00 per hour as of 1/1/2022 100.00 per hour as of 1/1/2024

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 333.700, NAC 333.150 and SAM 333.0 contracting for services to maintain building and grounds is required for the safety and well-being of consumers, staff and visitors.

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

Current staff does not have the specialized equipment, tools or expertise to perform these services.

9. Were quotes or proposals solicited? **Yes**

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

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

Complete Electrical
Reliant Electric
The Electric Company

b. Solicitation Waiver: **Not Applicable**

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

Vendor submitted the highest quality bid at the lowest costs per NRS 333.

d. Last bid date: 02/02/2018 Anticipated re-bid date: 01/02/2024

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:

Since 6/2015 with Division of Public and Behavioral Health. 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:

Holcomb, Gregory, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ttilto1	04/09/2020 13:15:49 PM
Division Approval	ttilto1	07/06/2020 14:54:48 PM
Department Approval	mwinebar	07/06/2020 17:16:45 PM
Contract Manager Approval	tgrundy	07/07/2020 10:07:04 AM
Budget Analyst Approval	afrantz	07/08/2020 15:40:26 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22864**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**

Agency Code: **406**

Appropriation Unit: **3162-07**

Is budget authority available? **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **SIERRA PEST CONTROL, INC**

Contractor Name: **SIERRA PEST CONTROL, INC**

Address: **2100 El Rancho Dr**

City/State/Zip: **Sparks, NV 89431-2091**

Contact/Phone: **Sherry Kornahrens 775/331-2869**

Vendor No.: **T29031169A**

NV Business ID: **NV20111060207**

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.

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

Agency Reference #: **C 17552**

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 **08/2020**

Retroactive? **Yes**

If "Yes", please explain

Contract negotiation began 1/2/2020 and signed vendor copy was submitted to the contract unit on 4/7/2020. Because of COVID-19 and limited staff in the Division Office the contracts were not able to be completed by the due date.

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Pest control service**

5. Purpose of contract:

This is a new contract to provide ongoing pest control at the Northern Nevada campus.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Payment for services will be made at the rate of \$89.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

Pest control maintenance is required for the health and safety of consumers, staff and visitors to Northern Nevada Adult Mental Health Services and Lake's Crossing Center.

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

State personnel lack the licensing, equipment and materials required for 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):

Bonanza Pest Control
Sierra Pest Control
Clark Pest Control

- b. Solicitation Waiver: **Not Applicable**
- c. Why was this contractor chosen in preference to other?

In accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an evaluation committee.

d. Last bid date: 01/07/2020 Anticipated re-bid date: 01/02/2024

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:
June 2016 to present, work 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:
Holcomb, Greg, Facility Supervisor Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ttlto1	04/09/2020 13:42:11 PM
Division Approval	ttlto1	06/29/2020 08:58:57 AM
Department Approval	mwinebar	07/01/2020 10:31:24 AM
Contract Manager Approval	tgrundy	07/01/2020 16:17:57 PM
Budget Analyst Approval	bwooldri	07/10/2020 15:32:37 PM

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsen Azzam, Ph.D., M.D.
Chief Medical Officer

DATE: 6/30/2020

MEMORANDUM

TO: Aaron Frantz
Budget Officer
Governor's Finance Office

THROUGH: Christina Hadwick
Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: Christina Brooks
Agency Manager
Northern Nevada Adult Mental Health Services

SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT –C 17552 (CETS #22864)

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Vendor: **Sierra Pest Control, Inc.**
- Services to be provided: **Pest Control**
- Funding source and expenditure category: **BA# 3162, 3645 - CAT 07; GFUND**
- Requested start date of work: **7/1/2020**
- Expected execution date of agreement (IFC approvals): **7/16/2020**
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely:
Contract negotiation began 1/2/2020 and signed vendor copy was submitted to the contract unit on 4/7/2020. Because of COVID-19 and limited staff in the Division Office the contracts were not able to be completed by the due date.
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **No pest control service will be available for NNAMHS or Lake's Crossing Center.**
 - Explain how the program/bureau will prevent future retroactive requests: **Because this retroactive request is due to COVID-19 and short staff at the Division office, it is not anticipated retroactive requests will be needed in the future.**

If you have any questions, please contact Joseph Vojtek at (775) 688-2031 or jvojtek@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23232**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: BIO-ONE LAS VEGAS
Agency Code: 406	Contractor Name: BIO-ONE LAS VEGAS
Appropriation Unit: 3216-04	Address: 10040 W. Cheyenne Ave 170-77
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89129
If "No" please explain: Not Applicable	Contact/Phone: James Herold 702 403-4242
	Vendor No.: T29043061
	NV Business ID: NV20131360321

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

Agency Reference #: **C17638**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/27/2020**

Anticipated BOE meeting date **08/2020**

Retroactive? **Yes**

If "Yes", please explain

This is an emergency contract in response to the COVID-19 emergency approved by State Purchasing after nursing homes within Southern Nevada reported positive COVID-19 cases.

3. Termination Date: **07/15/2020**

Contract term: **110 days**

4. Type of contract: **Contract**

Contract description: **Biohazard Cleanup**

5. Purpose of contract:

This is a new contract to provide disinfection cleaning of nursing homes identified to have COVID-19 cases in Southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,000.00**

Payment for services will be made at the rate of \$285.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Emergency need for bio-hazard cleaning services for nursing homes in response to COVID-19.

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 or equipment to complete this request.

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?

[Empty text box]

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	kquinter	07/01/2020 06:31:42 AM
Division Approval	kquinter	07/01/2020 06:31:46 AM
Department Approval	mwinebar	07/01/2020 13:36:30 PM
Contract Manager Approval	ttilto1	07/06/2020 09:11:35 AM
Budget Analyst Approval	bwooldri	07/10/2020 16:01:45 PM

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
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Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

DATE: May 8, 2020

MEMORANDUM

TO: Aaron Frantz
*Budget Officer
Governor's Finance Office*

THROUGH: Christina Hadwick
*Administrative Services Officer IV
Division of Public and Behavioral Health*

FROM: Kelli Quintero
*Administrative Services Officer III
Division of Public and Behavioral Health*

SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT – BIO-ONE: Henderson (CETS #23224), Reno (CETS #23231), and Las Vegas (CETS #23232),

This memorandum requests that the following contracts be approved for a retroactive start.

The following information is required:

- Name of Vendor: **BIO-ONE: Henderson (T27043465), BIO-ONE Reno (T32009727), and BIO-ONE Las Vegas (T29043061).**
- Services to be provided: **These are new contracts to provide bio-hazard clean-up in response to the COVID-19 Pandemic in Nevada Nursing Homes.**
- Funding source and expenditure category: **BA 3216 - CAT 18 Coronavirus**
- Requested start date of work: **March 16, 2020**
- Expected execution date of agreement: **June 30, 2020**
- Detailed explanation as to why retroactive agreements were necessary, including:
 - Reason(s) why these agreements were not submitted timely: **These are emergency contracts in response to the COVID-19 emergency. It was necessary to immediately clean nursing homes that had reported COVID19 cases. Also, BIO-ONE is a franchise with three different owners and vendor I.D.'s that requires three different contracts.**
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **If this contract was not approved immediately, the State could have seen increased numbers of COVID-19 cases in nursing homes and possible deaths.**
 - Explain how the program/bureau will prevent future retroactive requests: **The agency is utilizing all resources during this emergency and prioritizing work and contracts as dictated.**

If you have any questions, please contact Kelli Quintero at (775) 684-4207 or kquintero@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

Kelli Quintero

From: Kevin D. Doty
Sent: Friday, March 27, 2020 1:05 PM
To: Kelli Quintero
Cc: Debi Reynolds; Ryan Vradenburg
Subject: Re: Emergency Services.

Hi Kelli,

You have my permission to proceed. I am copying Ryan Vradenburg of our office. Ryan has an RFQ on the street where vendors are signing up with the State to do deep cleaning of buildings.

Kevin

Sent from my iPhone

On Mar 27, 2020, at 12:59 PM, Kelli Quintero <kquintero@health.nv.gov> wrote:

Mr. Doty.

I need to provide emergency bio-hazard cleaning services to nursing facilities in response to COVID19.
Do I have your permission to proceed?

Thanking you in advance.

Kelli Quintero

Administrative Services Officer III
Nevada Department of Health and Human Services
Division of Public and Behavioral Health | Contracts and Grants
4150 Technology Way | Carson City, Nevada 89706
T: (775) 684-4207 | F: (775) 684-4211 | E: kquintero@health.nv.gov
www.dhhs.nv.gov | <http://dph.nv.gov>

<image002.jpg>

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CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23231**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: CARING BIOHAZARD CLEANUP INC
Agency Code: 406	Contractor Name: CARING BIOHAZARD CLEANUP INC
Appropriation Unit: 3216-04	Address: DBA: BIO-ONE RENO 6790 TALMEDGE CIR Sparks, NV 89736
Is budget authority available?: Yes	City/State/Zip: Sparks, NV 89736
If "No" please explain: Not Applicable	Contact/Phone: Terry Haufler 775-449-5304
	Vendor No.: T32009727
	NV Business ID: NV20171768811

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 %	X	Fees	100.00 % LICENSE
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 **03/27/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **Yes**

If "Yes", please explain

This is an emergency contract in response to the COVID-19 Emergency approved by State Purchasing after nursing homes within Northern Nevada reported positive COVID-19 cases.

3. Termination Date: **07/15/2020**

Contract term: **110 days**

4. Type of contract: **Contract**

Contract description: **Biohazard Cleanup**

5. Purpose of contract:

This is a new contract to provide disinfection cleaning for nursing homes identified to have COVID-19 cases in Northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,000.00**

Payment for services will be made at the rate of \$285.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Emergency need for bio-hazard cleaning services for nursing homes in response to COVID-19.

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 or equipment to complete this request.

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?

[Empty text box]

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	kquinter	06/29/2020 17:40:08 PM
Division Approval	kquinter	07/01/2020 06:31:17 AM
Department Approval	mwinebar	07/01/2020 13:32:58 PM
Contract Manager Approval	tilto1	07/15/2020 09:09:12 AM
Budget Analyst Approval	bwooldri	07/16/2020 10:09:17 AM

Steve Sisolak
Governor

Richard Whitley, MS
Director



DEPARTMENT OF
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Division of Public and Behavioral Health
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Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

DATE: May 8, 2020

MEMORANDUM

TO: Aaron Frantz
Budget Officer
Governor's Finance Office

THROUGH: Christina Hadwick
Administrative Services Officer IV
Division of Public and Behavioral Health

FROM: Kelli Quintero
Administrative Services Officer III
Division of Public and Behavioral Health

SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT – BIO-ONE: Henderson (CETS #23224), Reno (CETS #23231), and Las Vegas (CETS #23232),

This memorandum requests that the following contracts be approved for a retroactive start.

The following information is required:

- Name of Vendor: **BIO-ONE: Henderson (T27043465), BIO-ONE Reno (T32009727), and BIO-ONE Las Vegas (T29043061).**
- Services to be provided: **These are new contracts to provide bio-hazard clean-up in response to the COVID-19 Pandemic in Nevada Nursing Homes.**
- Funding source and expenditure category: **BA 3216 - CAT 18 Coronavirus**
- Requested start date of work: **March 16, 2020**
- Expected execution date of agreement: **June 30, 2020**
- Detailed explanation as to why retroactive agreements were necessary, including:
 - Reason(s) why these agreements were not submitted timely: **These are emergency contracts in response to the COVID-19 emergency. It was necessary to immediately clean nursing homes that had reported COVID19 cases. Also, BIO-ONE is a franchise with three different owners and vendor I.D.'s that requires three different contracts.**
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **If this contract was not approved immediately, the State could have seen increased numbers of COVID-19 cases in nursing homes and possible deaths.**
 - Explain how the program/bureau will prevent future retroactive requests: **The agency is utilizing all resources during this emergency and prioritizing work and contracts as dictated.**

If you have any questions, please contact Kelli Quintero at (775) 684-4207 or kquintero@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

Kelli Quintero

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Cc: Debi Reynolds; Ryan Vradenburg
Subject: Re: Emergency Services.

Hi Kelli,

You have my permission to proceed. I am copying Ryan Vradenburg of our office. Ryan has an RFQ on the street where vendors are signing up with the State to do deep cleaning of buildings.

Kevin

Sent from my iPhone

On Mar 27, 2020, at 12:59 PM, Kelli Quintero <kquintero@health.nv.gov> wrote:

Mr. Doty.

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Do I have your permission to proceed?

Thanking you in advance.

Kelli Quintero

Administrative Services Officer III
Nevada Department of Health and Human Services
Division of Public and Behavioral Health | Contracts and Grants
4150 Technology Way | Carson City, Nevada 89706
T: (775) 684-4207 | F: (775) 684-4211 | E: kquintero@health.nv.gov
www.dhhs.nv.gov | <http://dpbh.nv.gov>

<image002.jpg>

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CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23224**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: CRIME SCENE AND HOARDING CLEANING
Agency Code: 406	Contractor Name: CRIME SCENE AND HOARDING CLEANING
Appropriation Unit: 3216-04	Address: DBA: BIO-ONE HENDERSON 2764 N. Green Valley Pkwy 176 Henderson, NV 89014
Is budget authority available?: Yes	City/State/Zip: Henderson, NV 89014
If "No" please explain: Not Applicable	Contact/Phone: Tom Maiello 702 704-3724
	Vendor No.: T27043465
	NV Business ID: NV20171535675

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

Agency Reference #: **C17636**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/27/2020**

Anticipated BOE meeting date **08/2020**

Retroactive? **Yes**

If "Yes", please explain

This is an emergency contract in response to the COVID-19 emergency approved by State Purchasing after nursing homes within Southern Nevada reported positive COVID-19 cases.

3. Termination Date: **07/15/2020**

Contract term: **110 days**

4. Type of contract: **Contract**

Contract description: **Biohazard Cleaning**

5. Purpose of contract:

This is a new contract to provide disinfection cleaning of nursing homes identified to have COVID-19 cases in Southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,000.00**

Payment for services will be made at the rate of \$285.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Emergency need for bio-hazard cleaning services for nursing homes in response to COVID-19.

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 or equipment to complete this request.

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?

[Empty text box]

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	ttilto1	06/30/2020 13:20:49 PM
Division Approval	kquinter	07/01/2020 06:32:28 AM
Department Approval	mwinebar	07/01/2020 13:40:58 PM
Contract Manager Approval	ttilto1	07/15/2020 08:12:00 AM
Budget Analyst Approval	bwooldri	07/17/2020 09:07:15 AM

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
Division of Public and Behavioral Health
Helping people. It's who we are and what we do.



Lisa Sherych
Administrator

Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer

DATE: May 8, 2020

MEMORANDUM

TO: Aaron Frantz
*Budget Officer
Governor's Finance Office*

THROUGH: Christina Hadwick
*Administrative Services Officer IV
Division of Public and Behavioral Health*

FROM: Kelli Quintero
*Administrative Services Officer III
Division of Public and Behavioral Health*

SUBJECT: **REQUEST FOR RETROACTIVE START DATE OF CONTRACT – BIO-ONE: Henderson (CETS #23224), Reno (CETS #23231), and Las Vegas (CETS #23232),**

This memorandum requests that the following contracts be approved for a retroactive start.

The following information is required:

- Name of Vendor: **BIO-ONE: Henderson (T27043465), BIO-ONE Reno (T32009727), and BIO-ONE Las Vegas (T29043061).**
- Services to be provided: **These are new contracts to provide bio-hazard clean-up in response to the COVID-19 Pandemic in Nevada Nursing Homes.**
- Funding source and expenditure category: **BA 3216 - CAT 18 Coronavirus**
- Requested start date of work: **March 16, 2020**
- Expected execution date of agreement: **June 30, 2020**
- Detailed explanation as to why retroactive agreements were necessary, including:
 - Reason(s) why these agreements were not submitted timely: **These are emergency contracts in response to the COVID-19 emergency. It was necessary to immediately clean nursing homes that had reported COVID19 cases. Also, BIO-ONE is a franchise with three different owners and vendor I.D.'s that requires three different contracts.**
 - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **If this contract was not approved immediately, the State could have seen increased numbers of COVID-19 cases in nursing homes and possible deaths.**
 - Explain how the program/bureau will prevent future retroactive requests: **The agency is utilizing all resources during this emergency and prioritizing work and contracts as dictated.**

If you have any questions, please contact Kelli Quintero at (775) 684-4207 or kquintero@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

Kelli Quintero

From: Kevin D. Doty
Sent: Friday, March 27, 2020 1:05 PM
To: Kelli Quintero
Cc: Debi Reynolds; Ryan Vradenburg
Subject: Re: Emergency Services.

Hi Kelli,

You have my permission to proceed. I am copying Ryan Vradenburg of our office. Ryan has an RFQ on the street where vendors are signing up with the State to do deep cleaning of buildings.

Kevin

Sent from my iPhone

On Mar 27, 2020, at 12:59 PM, Kelli Quintero <kquintero@health.nv.gov> wrote:

Mr. Doty.

I need to provide emergency bio-hazard cleaning services to nursing facilities in response to COVID19.
Do I have your permission to proceed?

Thanking you in advance.

Kelli Quintero

Administrative Services Officer III
Nevada Department of Health and Human Services
Division of Public and Behavioral Health | Contracts and Grants
4150 Technology Way | Carson City, Nevada 89706
T: (775) 684-4207 | F: (775) 684-4211 | E: kquintero@health.nv.gov
www.dhhs.nv.gov | <http://dpbh.nv.gov>

<image002.jpg>

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CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23266**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**

Agency Code: **409**

Appropriation Unit: **3229-13**

Is budget authority available?: **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **A New World Child Placement Agency**

Contractor Name: **A New World Child Placement Agency**

Address: **15200 E Girard Ave., Ste 3450**

City/State/Zip: **AURORA, CO 80014**

Contact/Phone: **CHRISTA JORDAN 719-985-1642**

Vendor No.: **T29043178**

NV Business ID: **Out of State Vendor**

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.

<input checked="" type="checkbox"/>	General Funds	64.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	36.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

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: **Out of State Visits**

5. Purpose of contract:

This is a new contract to provide federally mandated monthly visits for a child (or children) placed outside of Nevada in a residential facility.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$500.00 per month

Other basis for payment: **Upon receipt and approval of invoice(s)**

II. JUSTIFICATION

7. What conditions require that this work be done?

Per federal mandate, a contract worker must have face-to-face visitation with children placed in out-of-state residential facilities. These visits must be completed every calendar month and the Division must receive a completed monthly report no later than the 3rd of the month following the visit.

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

The State does not have positions that perform these specific duties for children placed in Colorado.

9. Were quotes or proposals solicited? **Yes**

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

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

A New World Child Placement Agency
Bridges Child Placement Agency
Kairos Family Services
Kids Crossing

b. Solicitation Waiver: **Not Applicable**

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

A New World Child Placement Agency was the vendor to respond and agree to our visitation scope of work and its terms.

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 as a:

Non-profit Corporation

All services will be provided outside of the State of Nevada. The vendor is registered in Colorado, Business License #CO 20121157067.

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?

No b. If "NO", please explain.

All services will be provided outside of the State of Nevada.

19. Agency Field Contract Monitor:

Maria Hickey, Social Services Program Specialist Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	05/28/2020 09:38:13 AM
Division Approval	knielsen	06/17/2020 05:38:14 AM
Department Approval	mwinebar	06/23/2020 10:37:42 AM
Contract Manager Approval	sknigge	06/24/2020 09:47:23 AM
Budget Analyst Approval	jyou23	07/01/2020 13:01:23 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: **23306**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES**

Agency Code: **409**

Appropriation Unit: **3229-13**

Is budget authority available?: **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **Lighthouse Behavioral Health & Wellness Center**

Contractor Name: **Lighthouse Behavioral Health & Wellness Center**

Address: **301 West 4th Street**

City/State/Zip: **Ada, OK 74820**

Contact/Phone: **Shelly Schwake 508/436-2690**

Vendor No.: **T32009899**

NV Business ID: **OK 2100311060**

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.

<input checked="" type="checkbox"/>	General Funds	64.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	36.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2020**

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 351 days**

4. Type of contract: **Contract**

Contract description: **Out Of State Visits**

5. Purpose of contract:

This is a new contract to provide ongoing federally mandated monthly visits for a child (or children) placed outside of Nevada in a residential facility.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$500.00 per per month

Other basis for payment: Upon receipt and approval of invoice(s)

II. JUSTIFICATION

7. What conditions require that this work be done?

Per federal mandate, a contract worker must have face-to-face visitation with children placed in out-of-state residential facilities. A portion of each visit must be with the child alone and then a portion with the placement provider. These visits must be completed every calendar month and the Division must receive a completed monthly report no later than the 3rd of the month following the visit.

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

The State does not have positions that perform these specific duties for children placed in Oklahoma.

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):

Wesleyan Youth Inc,
Lighthouse Behavioral Health & Wellness Center
Lilyfield
Eastern Oklahoma Youth Services

b. Solicitation Waiver: **Not Applicable**

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

Lighthouse Behavior Health & Wellness Center was the vendor to respond and agree to our visitation scope of work and its terms.

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 as a:

Non-profit Corporation

All services will be provided outside of the State of Nevada.

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

Yes

17. Not Applicable

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

No b. If "NO", please explain.

All services will be provided outside of the State of Nevada.

19. Agency Field Contract Monitor:

Maria Hickey, Social Services Program Specialist Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	06/26/2020 12:41:23 PM
Division Approval	knielsen	06/27/2020 09:43:35 AM
Department Approval	mwinebar	07/01/2020 09:08:54 AM
Contract Manager Approval	sknigge	07/06/2020 11:22:06 AM
Budget Analyst Approval	jyou23	07/15/2020 15:33:58 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22083** Amendment Number: **1**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **GARDNER MECHANICAL SERVICES, INC.**

Agency Code: **409** Contractor Name: **GARDNER MECHANICAL SERVICES, INC.**

Appropriation Unit: **3281-07** Address: **270 EAST PARR BLVD.**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89512**

If "No" please explain: **Not Applicable** Contact/Phone: **Scott Wagner 775-329-4133**

Vendor No.: **T32005641A**

NV Business ID: **NV19871014001**

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.

<input checked="" type="checkbox"/> General Funds	72.40 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	27.60 %	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 **07/22/2019**

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 344 days**

4. Type of contract: **Contract**

Contract description: **HVAC Repair**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing heating, ventilation and air conditioning maintenance and repairs on an as needed basis. This amendment increases the maximum amount from \$12,000 to \$48,000 due to an increased need for repairs.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$12,000.00	\$12,000.00	\$12,000.00	Yes - Info
2. Amount of current amendment (#1):	\$36,000.00	\$36,000.00	\$48,000.00	Yes - Info
3. New maximum contract amount:	\$48,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?
Routine preventative maintenance services are required to ensure the equipment remains in good working condition.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
No State employees have the needed expertise and no 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):

Horizon Mechanical
Gardner Mechanical
RHP Mechanical
Westernaire
Mt Rose Heating and Air

b. Solicitation Waiver: **Not Applicable**

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

The vendor selected was the only bidder.

d. Last bid date: 05/01/2019 Anticipated re-bid date: 05/01/2023

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?

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:

Northern Nevada Child and Adolescent Services, service satisfactory

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	ihyman	05/28/2020 16:53:00 PM
Division Approval	knielsen	05/29/2020 14:11:02 PM
Department Approval	mwinebar	06/23/2020 10:30:50 AM
Contract Manager Approval	sknigge	06/24/2020 09:33:39 AM
Budget Analyst Approval	jyou23	07/07/2020 16:18:24 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: **23314**

Agency Name: **DEPARTMENT OF CORRECTIONS**
 Agency Code: **440**
 Appropriation Unit: **3706-50**
 Is budget authority available?: **Yes**
 If "No" please explain: **Not Applicable**

Legal Entity Name: **Giddens Memorial Chapel**
 Contractor Name: **Giddens Memorial Chapel**
 Address: **2980 Meade Avenue**
 City/State/Zip: **Las Vegas, NV 89102-0729**
 Contact/Phone: **Raymond Giddens Jr. 702-982-8670**
 Vendor No.: **T29043215**
 NV Business ID: **NV20171720758**

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.

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

Agency Reference #: **440**

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: **Deceased Inmates**

5. Purpose of contract:

This is a new contract to transport the remains of deceased inmates from Ely State Prison, Ely Conservation Camp and Wells Conservation Camp to the Clark County Office of the Coroner/Medical Examiner to conduct required autopsy.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Public Health and NRS require proper disposition of deceased inmates. To ensure the Department is in compliance the NRS 451.400 which requires the unclaimed body of a deceased person be buried at public expense and Administrative Regulation 420 relating to the proper disposition, handling and cremation of deceased inmates.

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

No Agency employees have the required licensing to transport or process the remains of a deceased person. No other State agency offers 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):

Waltons Funeral Home
Hites Funeral Home
Giddens Memorial Chapel
Kharon Inc

b. Solicitation Waiver: **Not Applicable**

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

This vendor provided the lowest and most responsive bid.

d. Last bid date: 05/19/2020 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	ralfano	06/10/2020 08:53:46 AM
Division Approval	jbauer	06/10/2020 17:37:18 PM
Department Approval	sewart	06/11/2020 16:37:20 PM
Contract Manager Approval	aroma2	06/18/2020 13:25:41 PM
Budget Analyst Approval	bmacke1	06/26/2020 16:25:21 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: **17433** Amendment Number: **2**
 Agency Name: **DEPARTMENT OF CORRECTIONS** Legal Entity Name: **Scroll K Vaad Hakashrus of Denver**
 Agency Code: **440** Contractor Name: **Scroll K Vaad Hakashrus of Denver**
 Appropriation Unit: **3710-04** Address: **245 S. Benton Street**
 Is budget authority available?: **Yes** City/State/Zip: **Lakewood, CO 80226-2453**
 If "No" please explain: **Not Applicable** Contact/Phone: **Rabbi Yisroel Rosskamm 303/949-0673**
 Vendor No.: **T29030602**
 NV Business ID: **NV20141581429**

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

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**
 Anticipated BOE meeting date **08/2020**
 Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**
 Contract term: **4 years and 92 days**
 4. Type of contract: **Contract**
 Contract description: **Kosher Food Cert.**

5. Purpose of contract:
This is the second amendment to the original contract which provides ongoing kosher certification of Common Fare kitchens and rabbinical supervision of kosher food preparation at the department facilities. This amendment increases the maximum amount from \$393,824.00 to \$420,938.00 and extends the termination date from June 30, 2020 to September 30, 2020 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:	\$393,824.00	\$393,824.00	\$393,824.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$27,114.00	\$27,114.00	\$27,114.00	Yes - Info
3. New maximum contract amount:	\$420,938.00			
and/or the termination date of the original contract has changed to:	09/30/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

As a result of a court case involving inmates being provided certified kosher food for religious purposes, the department made a decision on good faith to proactively implement kosher kitchens in various institutions, and employ a court recommended rabbinic food certifying organization to provide the inmates with a degree of confidence in the kosher food being served to department inmates.

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

The department does not have a certified Jewish food oversight Rabbi on staff to provide the required rabbinical supervision and certification of the Common Fare Menu diet and all required regular inspections to ensure the department continues to meet Kosher standards. No other State agency offers 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 160403

Approval Date: 04/22/2016

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

This vendor was authorized for this service for the department by the U.S. Court case Ackerman v. State, Department of Corrections.

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:

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

Other

Foreign Nonprofit 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	amonro1	06/10/2020 13:59:16 PM
Division Approval	sewart	06/10/2020 14:51:53 PM
Department Approval	sewart	06/10/2020 14:51:58 PM
Contract Manager Approval	aroma2	06/17/2020 13:55:25 PM
Budget Analyst Approval	bmacke1	06/30/2020 16:30:07 PM

State of Nevada
Department of Administration

Purchasing Division

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



Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:	
Approval#:	160403

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:			
	State Agency:	Nevada Department of Corrections (NDOC)		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		<i>Dawn Rosenberg, Chief of Purchasing/Inmate Services</i>	<i>775/887-3219</i>	<i>drosenberg@doc.nv.gov</i>
		<i>Janet Hardy, Contracts Manager</i>	<i>775/887-3333</i>	<i>jahardy@doc.nv.gov</i>

1b	Vendor Information:	
	Identify Vendor:	Scroll K/Vaad Hakashrus of Denver
	Contact Name:	Rabbi Yisroel Rosskamm, Rabbinical Administrator
	Address:	1350 Vrain St., Denver, CO 80204
	Telephone Number:	303/949-0673
	Email Address:	yrosskamm@scrollk.org

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

1d	Contract Information:			
	Is this a new Contract?	Yes	X	No
	Amendment:			
	CETS:			

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	07/01/2016	End Date: 06/30/2020

1f	Funding:	
	State Appropriated:	BA 3710 CAT 04
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	\$393,824.00

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

As a result of a court case involving inmates being provided certified kosher food for religious purposes, the Department made a decision on good faith to proactively implement kosher kitchens in various institutions, and employ a court recommended rabbinic food certifying organization to provide the inmates with a degree of confidence in the kosher food being served to Department inmates.

2 *In the process of the certification of Kosher compliance, Scroll K was to implement and maintain certification for the purpose of providing a reasonable defense to further Kosher diets compliance with Kashrut.*

Scroll K/Vaad Hakashrus of Denver currently provides rabbinical supervision of kosher food preparation, and certification of the Common Fare diet at the following NDOC facilities: Northern Nevada Correctional Center, Lovelock Correctional Center, Ely State Prison, High Desert State Prison, Southern Desert Correctional Center and Florence McCure Women's Correctional Center. Certification requires 24/7 video monitoring of the kitchens, inspections by Skroll K/Vaad Hakashrus of Denver, menu and food usage approvals.

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

As a result of a court negotiated settlement (U.S. District Court – Case No. 2:11-cv-00883-GMN-PAL Howard Ackerman vs. Department of Corrections), the parties jointly agreed that Scroll K/Vaad Hakashrus, currently under contract with the Colorado Department of Corrections, met the requirements of Orthodox Kosher food law as well as having correctional experience.

3 *A year after the Department implemented the kosher program with Scroll K, the judge dismissed the class action as well as Ackerman's case. (The case is moving through the appeal process). The Department has successfully established a kosher certified program to provide inmates with food that meets the requirements of Kashrut and the inmates trust Rabbi Rosskamm and Scroll K. To find another rabbinical food oversight organization could possible effect the outcome of the court case appeal and may create trust issues with inmates leading to further litigation.*

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

It was agreed to by both parties in the legal case that Scroll K was the best to provide the rabbinic certification of the Departments Kosher Kitchens

4 *For the Good of the State and the Department it would not to the State's benefit to hire a new Rabbi service should the inmate win the appeal and the Department would be forced to re-hire Scroll K for this service.*

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				
	<i>It was agreed to by both parties in the legal case that Scroll K was the best to provide the rabbinic certification of the Departments Kosher Kitchens.</i>				


6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL</u> previous waivers must accompany this request.			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, RFQ, Waiver)</i>	
	7/23/2012	6/30/2016	\$387,308.41	Kosher Food Cert		Waiver #120614	
			\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>If another vendor was employed by the Department and the inmate should win the appeal, it would be costly for the Department to go back to the agreed upon Scroll K for rabbinic certification of our kitchen facilities preparing and serving kosher meals to inmates.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>During the process of a court settlement, it was agreed to by both parties that Scroll K was the vendor of choice for this contract.</i>

9	Will this purchase obligate the State to this vendor for future purchases? Check One.			Yes:	X	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i>						
	<i>It is the intent of the Department to enter into a four (4) year contract with an option to renew annually thereafter. Rabbinic certification as required by the law of Kashrut will be an ongoing requirement for the Department as long as there are religious requirement regarding common fare/kosher meals for inmates.</i>						

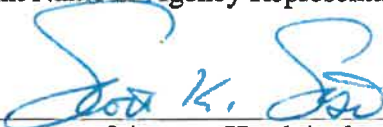
By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.



Agency Representative Initiating Request

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

²¹ 04/22/2016
Date



Signature of Agency Head Authorizing Request

Scott K. Sisco, Deputy Director Support Services
Print Name of Agency Head Authorizing Request

4/21/2016
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:

N/A

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Signed:



Administrator, Purchasing Division or Designee

4-22-2016
Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22422** Amendment Number: **1**

Agency Name: **DEPARTMENT OF CORRECTIONS** Legal Entity Name: **PERSHING COUNTY SCHOOL DISTRICT**

Agency Code: **440** Contractor Name: **PERSHING COUNTY SCHOOL DISTRICT**

Appropriation Unit: **3711-21** Address: **PO BOX 389**

Is budget authority available?: **Yes** City/State/Zip: **LOVELOCK, NV 89419**

If "No" please explain: **Not Applicable** Contact/Phone: **Neil Gallagher, Principal 775-273-4215**

Vendor No.: **T40234400**

NV Business ID: **Government Agency**

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

Agency Reference #: **440**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date **05/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 92 days**

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

Contract description: **Re-Entry Programs**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement to provide ongoing educational and/or vocational services for youthful offenders incarcerated at Lovelock Correctional Center and enabling inmates the ability to obtain a high school equivalency certificates or high school diplomas. This amendment increases the contract amount from \$96,450.30 to \$132,024.49 to provide faculty training, upgraded English Language Arts (ELA) books/materials and computer based learning system enhanced youth offender training.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$96,450.30	\$96,450.30	\$96,450.30	Yes - Action
2. Amount of current amendment (#1):	\$35,574.19	\$35,574.19	\$35,574.19	Yes - Info
3. New maximum contract amount:	\$132,024.49			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department houses over 2,400 inmates from the ages 16-26. The vast majority of these inmates have not obtained a High School Equivalency or High School Diploma. This contract will provide the necessary education and tools for employment upon release from incarceration.

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

The Department is contracting with Pershing County School District to obtain the teachers required to provide educational services to the youthful offenders. No other state agency offers 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?

The Nevada Department of Education awarded the Department with the Title I-Part D Grant program funds to be used for the purpose of this contract.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This agency has been in contract with NDOC for these services since July 1, 2017 through YOP Federal grant. Services have been verified as performed satisfactorily.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dmartine	05/18/2020 13:51:52 PM
Division Approval	amonro1	05/18/2020 14:58:40 PM
Department Approval	sewart	05/19/2020 08:32:47 AM
Contract Manager Approval	aroma2	05/26/2020 11:50:23 AM
Budget Analyst Approval	bmacke1	06/26/2020 16:11:16 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: **21153** Amendment Number: **1**

Agency Name: **DEPARTMENT OF CORRECTIONS** Legal Entity Name: **WSRP, LLC FKA. Wisan, Smith, Racker & Prescott, LLC**

Agency Code: **440** Contractor Name: **WSRP, LLC FKA. Wisan, Smith, Racker & Prescott, LLC**

Appropriation Unit: **3727-35** Address: **155 N. 400 W. Ste. 400**

Is budget authority available?: **Yes** City/State/Zip: **SALT LAKE CITY, UT 84103-1150**

If "No" please explain: **Not Applicable** Contact/Phone: **Doug Myers, CPA 801-931-3838**

Vendor No.: **T29031692**

NV Business ID: **NV20201811898**

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/09/2018**

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 265 days**

4. Type of contract: **Contract**

Contract description: **CPA Audit services**

5. Purpose of contract:

This is the first amendment to the original contract to provide for a certified public accounting firm to perform a program specific audit of the Nevada Wild Horse and Burrow maintenance and training facility. This amendment extends the current termination date from June 30, 2020 to June 30, 2021 and increases the maximum amount from \$27,250.00 to \$41,550.00 to continue required services to provide Federally required program-specific audit.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$27,250.00	\$27,250.00	\$27,250.00	Yes - Info
2. Amount of current amendment (#1):	\$14,300.00	\$14,300.00	\$41,550.00	Yes - Info
3. New maximum contract amount:	\$41,550.00			
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?

Federal regulations require that non-federal entities that expend \$750,000.00 or more in federal assistance during a year shall have a program specific audit conducted for that year in accordance with OMB Circular A-133 Uniform Guidance.

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

Federal regulations require program specific audits be performed by Certified Public Accountants that have the expertise in federally funded programs.

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?

WSRP, LLC has the experience and depth of knowledge in financial statement audits, compliance audits, A-133 recipients, and governmental auditing and accounting.

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:

DOC - Prison ranch and audit services were satisfactory.

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	ddastal	06/05/2020 10:52:14 AM
Division Approval	amonro1	06/11/2020 08:56:44 AM
Department Approval	sewart	06/11/2020 09:59:05 AM
Contract Manager Approval	aroma2	06/19/2020 09:46:43 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: **23327**

Agency Name: **DEPARTMENT OF CORRECTIONS**
 Agency Code: **440**
 Appropriation Unit: **3759-09**
 Is budget authority available?: **Yes**
 If "No" please explain: **Not Applicable**

Legal Entity Name: **ACE FIRE SYSTEMS INC**
 Contractor Name: **ACE FIRE SYSTEMS INC**
 Address: **2620 WESTERN AVE**
 City/State/Zip: **LAS VEGAS, NV 89109-1112**
 Contact/Phone: **Wendy Partida 702-384-2932**
 Vendor No.: **T80975068**
 NV Business ID: **NV19931069414**

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

Agency Reference #: **440**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/15/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **Yes**

If "Yes", please explain

NDOC just received approval on 6/10/20 to contract with an alternate vendor, given that the approved contractors for State Contract 3407 are not able to complete this work within the fiscal year, which would cause this facility to no longer be in compliance.

3. Termination Date: **06/30/2020**

Contract term: **15 days**

4. Type of contract: **Contract**

Contract description: **Fire Inspection**

5. Purpose of contract:

This is a new contract for annual fire system inspection at Lovelock Correctional Center, as approved by State Purchasing.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,685.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Annual fire inspection services are required for inmate and employee safety.

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

No agency employees are trained or licensed for this service. No other State agency performs 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 vendor provided the lowest and most responsive service.

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 performed work on behalf of the State and currently through agency contract #22918. Work 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbretche	06/12/2020 11:07:45 AM
Division Approval	amonro1	06/16/2020 10:41:50 AM
Department Approval	sewart	06/17/2020 08:21:25 AM
Contract Manager Approval	aroma2	06/17/2020 14:22:31 PM
Budget Analyst Approval	bmacke1	06/23/2020 10:49:37 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23310**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: INTEGRITY NV FUNERAL SERVICE
Agency Code: 440	Contractor Name: INTEGRITY NV FUNERAL SERVICE
Appropriation Unit: 3763-55	Address: WALTONS FUNERALS & CREMATIONS
Is budget authority available?: Yes	230 VINE ST
If "No" please explain: Not Applicable	City/State/Zip: RENO, NV 89505-3479
	Contact/Phone: Rick Noel 775-686-0367
	Vendor No.: T27043270
	NV Business ID: NV20191581597

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.

<input checked="" type="checkbox"/> General Funds	13.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	87.00 % Inmate Welfare Account

Agency Reference #: **440**

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: **Inmate Cremation**

5. Purpose of contract:

This is a new contract to provide ongoing cremation services for inmates incarcerated at the following correctional facilities located in Northern Nevada: Carlin Conservation Camp, Humboldt Conservation Camp, Lovelock Correctional Center, Northern Nevada Correctional Center, Northern Nevada Transitional House, Stewart Conservation Camp, Tonopah Conservation Camp, Warm Springs Correctional Center. In the event the family of a deceased inmate declines to claim an inmate's body, the department is required to pay for cremation costs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,950.00**

Other basis for payment: BA 3763, CAT 55, GL 7060 - Cremation and Administrative Costs; BA 3706, CAT 50, GL 7075 - Transportation Costs

II. JUSTIFICATION

7. What conditions require that this work be done?

Public health and Nevada Statutes require proper disposition of deceased individuals.

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 personnel expertise or equipment required to perform this type of service. No other State agency offers 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):

FitzHenry Funeral Home
La Paloma Funeral Services
Integrity NV Funeral Services

Nevada Funeral Sevices
Truckee Meadows Cremation
Simple Cremations
Mountian View Mortuary
Cremation Society of Nevada
Autumn Funerals
Neptune Society

b. Solicitation Waiver: **Not Applicable**

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

This vendor was the lowest responsible bidder. NDOC has had satisfactory service from this vendor on previous contracts.

d. Last bid date: 04/20/2020 Anticipated re-bid date: 02/01/2024

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:

FY08 to current with Nevada Department of Corrections. Service has been verified as satisfactory.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dmartine	06/12/2020 16:28:23 PM
Division Approval	amonro1	06/16/2020 10:33:03 AM
Department Approval	sewart	06/17/2020 08:19:52 AM
Contract Manager Approval	hedmonds	06/18/2020 15:57:06 PM
Budget Analyst Approval	bmacke1	06/30/2020 14:32:27 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23391**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: EIDE BAILLY LLP
Agency Code: 550	Contractor Name: EIDE BAILLY LLP
Appropriation Unit: 2691-04	Address: 5441 Kietzke Ln, Ste 150
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89511-2094
If "No" please explain: Not Applicable	Contact/Phone: Jason Olson 208/344-7150
	Vendor No.: T29026023D
	NV Business ID: NV20001000409

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

2. Contract start date:

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

Anticipated BOE meeting date **07/2020**

Retroactive? **Yes**

If "Yes", please explain

During the audit meeting with Eide Bailly and our management team on 6/17/20, it was determined that the Eide Bailly audit team was not prepared to complete the grant audit by the contract expiration date of 6/30/20. NDA immediately completed and signed hard copy amendment documents which were sent via interdepartmental mail to our DAG in Las Vegas on 6/22/20. The DAG's office was not able to approve contract #22545 prior to its expiration date of 6/30/20.

3. Termination Date: **09/01/2020**

Contract term: **62 days**

4. Type of contract: **Contract**

Contract description: **Grant Audit**

5. Purpose of contract:

This is a new contract to provide ongoing audit services for the Food and Nutrition grants. This is an extension of contract #22545.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,400.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Forensic accounting/audit services are required to determine what caused the shortfall/overages in two grant funded budget accounts.

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

Forensic auditing is outside the scope of performance standards for administrative staff. Staff do not have that 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):

Strategic Progress
Grant Thornton
My Office Staff

eCivis

b. Solicitation Waiver: **Not Applicable**

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

NAC 333.150 (2.) (b) (5.)

d. Last bid date: 09/25/2019 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:

2020-Department of Agriculture-quality of service was satisfactory.
2015-2019 Department of Transportation, Industrial Relations, Higher Education Tuition

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

No If "Yes", please provide details of the litigation 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	bbel1	07/02/2020 15:58:56 PM
Division Approval	bbel1	07/02/2020 15:59:02 PM
Department Approval	bbel1	07/02/2020 15:59:05 PM
Contract Manager Approval	melli2	07/07/2020 10:15:18 AM
Budget Analyst Approval	mlynn	07/15/2020 19:43:44 PM

STEVE SISOLAK
Governor

Las Vegas Office:
2300 East St. Louis Ave.
Las Vegas, NV 89104
Telephone (702) 668-4590
Fax (702) 668-4567



JENNIFER OTT
Director

Elko Office:
4780 East Idaho St.
Elko, NV 89801-4672
Telephone (775) 738-8076
Fax (775) 738-2693

STATE OF NEVADA
DEPARTMENT OF AGRICULTURE

405 South 21st St.
Sparks, Nevada 89431-5557
Telephone (775) 353-3601 Fax (775) 353-3661
agri.nv.gov

July 7, 2020

RE: Request for Retroactive Start Date, Contract #23391, Eide Bailly, LLP

During the audit meeting with Eide Bailly and our management team on June 17, 2020, it was determined that the Eide Bailly audit team was not prepared to complete the grant audit by the expiration date of Contract #22454, which was June 30, 2020.

NDA immediately completed and signed hard copy amendment documents, intended to extend the term of the contract to September 1, 2020 with no increase in contract amount. The amendment documents were sent in hard copy via interdepartmental mail to our DAG in Las Vegas on 6/22/20.

The amendment documents were not signed by the DAG until July 1, 2020, at which time the original contract had expired. NDA has therefore found it necessary to prepare a new contract, for the period July 1 through September 1, 2020, in order to complete the audit work. The amount of the contract is the difference between the original amount of Contract #22454 and the amount paid to the contractor to date. There is, in effect, no increase in the amount to be paid to the contractor.

NDA desires Eide Bailly to complete the audit work prior to SFY 2020 year-end close. On July 1, 2020, NDA requested that Eide Bailly temporarily curtail work on this contract pending approval of the new contract, and no work has been done since that date, but it is critical that the work resume as soon as possible. NDA therefore respectfully requests the approval of this retroactive start date request to July 1, 2020.

Sincerely,

A handwritten signature in blue ink, appearing to read "Andre Urruty".

Andre Urruty
Fiscal Administrator

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23336**

Agency Name: **DPS-HIGHWAY PATROL**
 Agency Code: **651**
 Appropriation Unit: **4713-04**
 Is budget authority available?: **Yes**
 If "No" please explain: **Not Applicable**

Legal Entity Name: **Advanced Weighing Systems**
 Contractor Name: **Advanced Weighing Systems**
 Address: **4790 East Desert Inn Road**
 City/State/Zip: **Las Vegas, NV 89121**
 Contact/Phone: **Robert Whalen 702-456-5169**
 Vendor No.: **T27008460**
 NV Business ID: **NV20101147965**

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 %
X Federal Funds	30.00 %	Bonds	0.00 %
X Highway Funds	70.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/02/2020**
 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 364 days**

4. Type of contract: **Contract**
 Contract description: **Scale Certification**

5. Purpose of contract:
This is a new contract to provide ongoing certifications, repair, and calibration on semi portable, portable and Weigh-In Motion scales utilized to weigh commercially rated vehicles, such as semi-trucks for compliance with the weight limits on Nevada roads.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$10,000.00**
 Payment for services will be made at the rate of \$95.00 per system (includes 4 platforms)
 Other basis for payment: \$85.00 per hour (2 sets of Haenni model WIM WL110) plus cost of parts, materials, and shipping as needed for repairs.

II. JUSTIFICATION

7. What conditions require that this work be done?
Scales used by Nevada Highway Patrol need to be maintained, repaired, and re-calibrated for annual inspections by the Nevada Bureau of Weights and Measures.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
There are no state employees qualified to perform this service.

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

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

ADVANCED WEIGHING SYSTEMS
MICHELLI
D&G SCALE, INC.
AW TX GLOBAL

b. Solicitation Waiver: **Not Applicable**

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

ADVANCED WEIGHING SYSTEMS HOURLY RATE WERE LOWER THAN THE OTHER VENDORS.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The vendor has been under contract with Highway Patrol and services have been satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Roxana Gifford, NHP Contract Manager Ph: 7756844467

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdefe1	06/17/2020 15:28:52 PM
Division Approval	lgallow1	06/17/2020 16:29:07 PM
Department Approval	cboegle	06/18/2020 13:43:56 PM
Contract Manager Approval	cboegle	06/18/2020 13:43:59 PM
Budget Analyst Approval	jrodrig9	07/01/2020 12:53:10 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15478** Amendment Number: **4**
 Agency Name: **DPS-RECORDS & TECHNOLOGY** Legal Entity Name: **Goserco, Inc.**
 Agency Code: **655** Contractor Name: **Goserco, Inc.**
 Appropriation Unit: **4702-50** Address: **7165 East University Drive #180**
 Is budget authority available?: **Yes** City/State/Zip: **Mesa, AZ 85207**
 If "No" please explain: **Not Applicable** Contact/Phone: **Shawn Andrews 480-964-8911**
 Vendor No.: **PUR0005456**
 NV Business ID: **NV20021411265**

To what State Fiscal Year(s) will the contract be charged? **2014-2022**
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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

Agency Reference #: **RFP #3097**

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/13/2014**
 Anticipated BOE meeting date **07/2020**
 Retroactive? **No**
 If "Yes", please explain
Not Applicable

3. Previously Approved Termination Date: **06/30/2022**
 Contract term: **8 years and 50 days**

4. Type of contract: **Contract**
 Contract description: **Dispatch Digital Rec**

5. Purpose of contract:
This is the fourth amendment to the original contract which provides digital records system installation services and related maintenance for the Carson City and Las Vegas dispatch centers. This amendment increases the contract amount from \$503,353.99 to \$505,309.83 due to the need to complete a server upgrade and consolidation from a server that will no longer be supported.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$262,637.56	\$262,637.56	\$262,637.56	Yes - Action
a. Amendment 1:	\$18,113.20	\$18,113.20	\$18,113.20	Yes - Info
b. Amendment 2:	\$214,251.59	\$214,251.59	\$232,364.79	Yes - Action
c. Amendment 3:	\$8,351.64	\$8,351.64	\$8,351.64	No
2. Amount of current amendment (#4):	\$1,955.84	\$10,307.48	\$10,307.48	Yes - Info
3. New maximum contract amount:	\$505,309.83			

II. JUSTIFICATION

7. What conditions require that this work be done?

The current analog Dispatch Recording System has reached its anticipated shelf life and cannot be repaired. A new digital system is required to ensure accurate and complete the recordings of telephone and radio transmissions for the three DPS Dispatch Centers for public safety purposes.

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 or capacity to provide hardware, software, installation, ongoing maintenance and 24/7 support for the provision of a Dispatch Digital Recording System.

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 #3097, 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: 01/01/2014 Anticipated re-bid date: 01/01/2018

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	Igallow1	06/29/2020 16:59:47 PM
Division Approval	Igallow1	06/29/2020 17:00:01 PM
Department Approval	cboegle	06/30/2020 08:45:01 AM

Contract Manager Approval
EITS Approval
Budget Analyst Approval

cboegle
tgalluzi
jrodrig9

06/30/2020 08:45:07 AM
06/30/2020 09:07:04 AM
07/08/2020 15:58:30 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23319**

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: **Adventure Scuba Center**
Contractor Name: **Adventure Scuba Center**
Address: **1137 Gator Way**
City/State/Zip: **Sparks, NV 89431**
Contact/Phone: **Scott and Amy Hagen 7758265322**
Vendor No.:
NV Business ID: **NV2014235912**

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 %	X Other funding	100.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/30/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2021**

Contract term: **304 days**

4. Type of contract: **Revenue Contract**

Contract description: **Scuba classes, tours**

5. Purpose of contract:

This is a new revenue contract to provide scuba diving classes and tours within Lake Tahoe Nevada State Park-Sand Harbor.

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?

Commercial operation using state park facilities.

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 accomplish.

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:

Kevin Fromherz, Park Ranger Ph: 775-831-0494 x 222

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jidema	06/10/2020 10:22:27 AM
Division Approval	jidema	06/10/2020 10:22:29 AM
Department Approval	jidema	06/23/2020 08:17:17 AM
Contract Manager Approval	jidema	06/30/2020 08:23:44 AM
Budget Analyst Approval	rjacob3	06/30/2020 08:30:07 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: **23386**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: Sundance Helicopters Inc
Agency Code: 704	Contractor Name: Sundance Helicopters Inc
Appropriation Unit: 4162-00	Address: 5596 Haven Street
Is budget authority available?: Yes	City/State/Zip: Las Vegas , NV 89119
If "No" please explain: Not Applicable	Contact/Phone: Mark Schlaefli 702-736-0606
	Vendor No.:
	NV Business ID: NV19851007058
To what State Fiscal Year(s) will the contract be charged?	2021-2023
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds	0.00 % X Fees 100.00 %
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 **07/14/2020**

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/15/2022**

Contract term: **2 years and 1 day**

4. Type of contract: **Revenue Contract**

Contract description: **Helicopter weddings**

5. Purpose of contract:

This is a new revenue contract to provide wedding ceremonies and group events at authorized landing sites withing the Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000.00**

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 withing Valley of Fire State Parks.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees are not certified for this type of service.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Division of State Parks/Valley of Fire (May 2009 to present). The contractor has complied satisfactorily with all regulations and rules.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	06/30/2020 15:30:17 PM
Division Approval	jidema	06/30/2020 15:30:19 PM
Department Approval	jidema	06/30/2020 15:30:22 PM
Contract Manager Approval	jidema	07/14/2020 13:38:56 PM
Budget Analyst Approval	rjacob3	07/14/2020 15:35:40 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: **23311**

Agency Name: **DCNR - ENVIRONMENTAL PROTECTION**

Agency Code: **709**

Appropriation Unit: **3187-75**

Is budget authority available?: **Yes**

If "No" please explain: **Not Applicable**

Legal Entity Name: **BEKINS A1 MOVERS**

Contractor Name: **NATIONAL MOVING & STORAGE**

Address: **4210 SOBB AVE**

City/State/Zip: **LAS VEGAS, NV 89113-1949**

Contact/Phone: **Jeff Gogerty 702-798-5561**

Vendor No.: **T27043634**

NV Business ID: **NV20001188398**

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 %	X	Fees	76.00 %
X Federal Funds	24.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **DEP20-076**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/25/2020**

Anticipated BOE meeting date **07/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/09/2020**

Contract term: **14 days**

4. Type of contract: **Contract**

Contract description: **Office Relocation**

5. Purpose of contract:

This is a new contract to provide moving services to relocate the Las Vegas office.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,680.00**

Other basis for payment: **As invoiced upon satisfactory completion of relocation services**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Las Vegas office is relocating as the building lease for the current office location is expiring and a new location has been acquired.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Las Vegas branch office in its entirety including cubicles, furniture and files etc. is being relocated. The agency does not have staff or resources to facilitate a move of this size.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

A Action Movers
Move 4 Less

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided the lowest estimate.

d. Last bid date: 06/08/2020 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?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

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:

Gail Tacket, Administrative Assistant Ph: 702-486-2850 x224

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kbradle1	06/23/2020 10:30:37 AM
Division Approval	vking	06/23/2020 10:42:25 AM
Department Approval	vking	06/23/2020 10:42:30 AM
Contract Manager Approval	ssimpso2	06/24/2020 12:36:16 PM
Budget Analyst Approval	laaron	06/24/2020 13:09:32 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: **23186**

Agency Name: **B&I - REAL ESTATE DIVISION**
 Agency Code: **748**
 Appropriation Unit: **3826-10**
 Is budget authority available?: **Yes**
 If "No" please explain: **Not Applicable**

Legal Entity Name: **Keegan Law LLC**
 Contractor Name: **Keegan Law LLC**
 Address: **2032 Regent St**
 City/State/Zip: **Reno, NV 89509**
 Contact/Phone: **Christal Park Keegan 7754762272**
 Vendor No.: **T29043183**
 NV Business ID: **NV20191381157**

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 %	X Other funding	100.00 % Real Estate Recovery Fund Transfer

Agency Reference #: **74BAI-S1118**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/25/2020**
 Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2020**

Contract term: **67 days**

4. Type of contract: **Contract**

Contract description: **NV Law & Ref Guide**

5. Purpose of contract:

This is a new contract to provide legal services to revise and update the Nevada Law and Reference Guide publication text issued by the Real Estate Division so that it contains current case law.

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 flat fee

Other basis for payment: as invoiced upon completion

II. JUSTIFICATION

7. What conditions require that this work be done?

Since 2014, Nevada Revised Statute NRS 645 has had several changes that affect the accuracy of the Nevada Law and Reference Guide. This guide is a legal resource used by over 20,000 real estate licensees. In 2019, additional legislative actions have made significant changes which will also affect Nevada Administrative Code NAC 645. The guide is also used by hundreds of state-legal advisors and attorneys who rely on the guide for case law reference and guidance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada Real Estate Division does not have staff attorneys or legal council at their disposal who have the time, knowledge or expertise to complete the task required.

9. Were quotes or proposals solicited? **Yes**
 Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Keegan Law LLC
Kaempfer Crowell
Fennemore Craig Jones Vargas
Vivik Sah Ph,D UNLV Lee Business School
Pitaro & Fumo, Chtd.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Bids were evaluated by staff and bid submitted by Keegan Law LLC received the higher overall score.

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:

Annalyn Carrillo, Education and Information Officer Ph: 702.486.0955

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	05/20/2020 09:04:52 AM
Division Approval	ghilgar	05/20/2020 09:06:06 AM
Department Approval	jhanse4	06/18/2020 16:38:54 PM
Contract Manager Approval	ghilgar	06/18/2020 16:39:19 PM
Budget Analyst Approval	stilley	06/25/2020 17:41:52 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23379**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: Western Commercial Services
Agency Code: 901	Contractor Name: Western Commercial Services
Appropriation Unit: 3253-10	Address: 2311 Industrial Road
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89102
If "No" please explain: Not Applicable	Contact/Phone: Eric Kral 702-384-7907
	Vendor No.: T81087616
	NV Business ID: NV19971049704

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 %	X Other funding	100.00 % Business Enterprise Set-Aside

Agency Reference #: **3438-22-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/20/2020**

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **1 year and 345 days**

4. Type of contract: **Contract**

Contract description: **Western Commercial**

5. Purpose of contract:

This a new contract that continues to provide ongoing maintenance and repair of fire suppression systems, Gaylord Quencher Systems, provide hood cleaning services and undertake annual ANSUL certification, at existing Business Enterprises of Nevada (BEN) site locations, across southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Fire Suppression Systems Inspection and Maintenance: \$120.00; Fire Suppression Systems Additional Tank (in conjunction with Inspection and Maintenance): \$55.00; Fire Suppression Systems Fusible Link: \$15.00; Hood & Filter Service All Sites Outside Hoover Dam Complex: \$500.00; Hood & Filter Service All Sites Inside Hoover Dam Complex: \$600.00; Gaylord Quencher System Service All Sites Outside Hoover Dam Complex: \$150.00; Gaylord Quencher System Service All Sites Inside Hoover Dam Complex: \$200.00. Parts and materials shall be listed on the estimate and invoiced at a cost not to exceed 20% above the Vendor's cost. Invoices will be processed only upon approval by authorized BEN personnel. Any reports must be submitted with the invoices, otherwise invoice payment will be delayed. Total cost of the contract not to exceed \$20,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Bureau of Services to the Blind and Visually Impaired/Business Enterprises of Nevada has facilities containing ANSUL system, Gaylord Quencher, oven/fire hood and fire extinguishers which require mandatory regular inspections and periodic maintenance and repairs.

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 necessary training or tools required to perform these services

9. Were quotes or proposals solicited? Yes
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Nelbud
 A-1 National
 Western Commercial
 Western Fire Prevention

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost vendor

d. Last bid date: 04/01/2020 Anticipated re-bid date: 04/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has provided satisfactory services to BEN and the Department of Corrections since 2001.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	mjohns43	07/06/2020 11:01:38 AM
Division Approval	kdesoci1	07/14/2020 08:37:26 AM
Department Approval	kdesoci1	07/14/2020 08:37:30 AM
Contract Manager Approval	aallen	07/20/2020 10:21:41 AM
Budget Analyst Approval	dbaughn	07/20/2020 10:21:54 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23330**

Agency Name: **DETR - REHABILITATION DIVISION**
 Agency Code: **901**
 Appropriation Unit: **3265-09**
 Is budget authority available?: **Yes**
 If "No" please explain: **Not Applicable**

Legal Entity Name: **Board of Regents - UNR**
 Contractor Name: **Board of Regents - UNR**
 Address: **Mail Stop 0124**
 City/State/Zip: **Reno, NV 89557-0124**
 Contact/Phone: **Mary Bryant 775-682-9057**
 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.

<input checked="" type="checkbox"/> General Funds	21.30 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3435-23-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/20/2020**

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 345 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **2020 P2I**

5. Purpose of contract:

This is a new interlocal agreement that continues to provide ongoing employment training opportunities for eligible clients who have written Individual Plans of Employment specifying the need for supported or customized employment. Participants must be eligible for Regional Center services and enrolled in the Path to Independence 2-year program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Costs are per client and payment(s) will be made upon approval of submitted detailed invoice(s). See Attachment BB - Fee Schedule for breakdown. The total contract amount shall not exceed \$45,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Vocational Rehabilitation clients typically lack the necessary job seeking skills to bridge their disability to the work force. UNR, as a partner in the community, is working with us to help bridge this gap for our clients. The Workforce Innovation and Opportunity Act (WIOA) which that at least 15% of Federal Rehabilitation Funding be directed to Pre-ETS programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the resources to tailor the class to the specific needs of persons with disabilities.

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 Board of Regents - UNR has been under contract with various State agencies since 2003 and have 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	06/16/2020 15:31:03 PM
Division Approval	kdesoci1	07/10/2020 11:38:44 AM
Department Approval	kdesoci1	07/10/2020 11:38:47 AM
Contract Manager Approval	aallen	07/10/2020 13:06:44 PM
Budget Analyst Approval	dbaughn	07/20/2020 08:56:46 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23333**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: INTERIM PUBLIC MANAGEMENT, LLC
Agency Code: BDC	Contractor Name: INTERIM PUBLIC MANAGEMENT, LLC
Appropriation Unit: B011 - All Categories	Address: 16868 North Stoneridge Court
Is budget authority available?: Yes	City/State/Zip: Fountain Hills, AZ 85268
If "No" please explain: Not Applicable	Contact/Phone: Timothy Pickering 480-577-0949
	Vendor No.:
	NV Business ID: Has been applied for

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 %	X	Fees	100.00 % Licensing Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/06/2020**

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/04/2020**

Contract term: **60 days**

4. Type of contract: **Contract**

Contract description: **Contract for Service**

5. Purpose of contract:

This is a new contract to provide a guide in reducing work processes and implement a paperless work environment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,755.00**

Payment for services will be made at the rate of \$4,195.00 per week

Other basis for payment: Biweekly as services are rendered.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board is seeking cost reducing solutions due to shut downs caused by Covid 19, Legislative audit requirements and required budget cuts.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Vendor has experience within the Construction and State Board field and was able to moved the Arizona State Board into a paperless forum and reduce their licensing and investigative process thus reducing their costs.

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 #: 200703

Approval Date: 07/06/2020

c. Why was this contractor chosen in preference to other?

Their is no other vendor with the experience this vendor has with State Contractors Boards.

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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

The vendor has applied and paid for his NV business license. Confirmation number 4T89X

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dlumbert	06/15/2020 11:30:07 AM
Division Approval	dlumbert	06/15/2020 11:30:11 AM
Department Approval	dlumbert	06/15/2020 11:30:14 AM
Contract Manager Approval	dlumbert	06/15/2020 11:30:19 AM
Budget Analyst Approval	hfield	07/06/2020 16:22:30 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

Purchasing Use Only:	
Approval#:	2007030

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:				
1a	State Agency Name:	<i>Nevada State Contractors Board</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>	
	<i>Margi Grein</i>	<i>702-486-1111</i>	<i>mgrein@nscb.state.nv.us</i>	

Vendor Information:	
1b	Identify Vendor: <i>Interim Public Management, LLC</i>
	Contact Name: <i>Timothy G. Pickering</i>
	Complete Address: <i>16868 North Stoneridge Court, Fountain Hills, AZ 85268</i>
	Telephone Number: <i>4801-577-0949</i>
	Email Address: <i>tim@interimpublicmanagement.com</i>

1c		Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<input checked="" type="checkbox"/>	
	Professional Service Exemption:		

1d				Contract Information:			
	Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>		
	Amendment:	#					
	CETS:	#23333					

1e				Term:			
	One (1) Time Purchase:						
	Contract:	Start Date:	<i>07/06/2020</i>	End Date:	<i>09/04/2020</i>		

1f		Funding:	
	State Appropriated:		
	Federal Funds:		
	Grant Funds:		
	Other (Explain):	<i>Board funded through Licensing Fees</i>	

Purchasing Use Only:

Approval #:

20071030

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$37,755.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Guide Board with reducing Licensing and Investigative processes in order to speed up processing time and reduce costs for both Board and Licensees per directive by Governor to reduce budget. This vendor will also guide board into a more paperless environment as per Legislative audit requirements.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>This Vendor has worked specifically for other State Contractors Licensing Boards in achieving the above listed tasks.</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>The Board is under a time crunch to reduce its budget and cut operating costs. Staff did a search and there is not another vendor that offers this service and has staff that actually worked for a State Contractor Licensing Board and has a comprehensive understand of the innerworkings of the Board.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input checked="" type="checkbox"/>	No:	<input 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>				
	<i>Staff consulted with other Licensing Boards and found that this vendor was the only vendor with the knowledge and experience with actual State Contractor Licensing Boards.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				

Purchasing Use Only:	
Approval #:	200903(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:		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:							
6	Term	Value	Short Description	Type of Procurement (RFP#, RFO#, Waiver #)			
	Start and End Dates						
		\$					
		\$					
		\$					
		\$					

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>It will delay needed cost savings cuts due to Governor's 14% requested budget reduction for FY 20-21.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>Staff consulted with other Boards and trade groups with similar working structure.</i>

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:		No:	X
9	a. If yes, please provide details regarding future obligations or needs.						

Purchasing Use Only:	
Approval #:	200903 @

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.

Deborah Lumbert
 Agency Representative Initiating Request

Deborah Lumbert 06/25/2020
 Print Name of Agency Representative Initiating Request Date

Margi Grein 6/25/2020
 Signature of Agency Head Authorizing Request Date

Margi Grein, Executive Officer 06/25/2020
 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 7/6/2020
 Administrator, Purchasing Division or Designee Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23373**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: The Advantage Group
Agency Code: BDC	Contractor Name: The Advantage Group
Appropriation Unit: B021 - All Categories	Address: 475 Hill Street, #B
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89501
If "No" please explain: Not Applicable	Contact/Phone: Taco Prins 775-829-1777
	Vendor No.: T80969642
	NV Business ID: NV19331023286

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 %	X	Fees	100.00 % Licensing Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **B021**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/30/2020**

Anticipated BOE meeting date **08/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **1 year**

4. Type of contract: **Contract**

Contract description: **Investigations**

5. Purpose of contract:

This is a new contract to provide an investigation group to investigate complaints from the public.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$65.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

An investigator is necessary to investigate complaints against licensees and the unauthorized practice of Oriental Medicine by non-licensees

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Executive Director is the only employee of the Board and she is untrained and has no experience in conducting investigations

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 Advantage Group worked with our Board previously and we would like to renew the contract. The work was thorough and professional. This vendor also works with other professional boards doing investigations.

d. Last bid date: 04/09/2019 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?

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	mlok	06/26/2020 13:37:56 PM
Division Approval	mlok	06/26/2020 13:38:04 PM
Department Approval	mlok	06/26/2020 13:38:10 PM
Contract Manager Approval	mlok	06/26/2020 13:38:16 PM
Budget Analyst Approval	hfield	06/30/2020 17:38:46 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: **23345**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: KAEMPFER CROWELL
Agency Code: BDC	Contractor Name: KAEMPFER CROWELL
Appropriation Unit: B022 - All Categories	Address: 50 West Liberty Street Suite 700
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89501
If "No" please explain: Not Applicable	Contact/Phone: 775/852-3900
	Vendor No.:
	NV Business ID: NV19941041279
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 %	X	Fees	100.00 % Licensing Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2020**
 Anticipated BOE meeting date **08/2020**

Retroactive? **Yes**

If "Yes", please explain

Contract is retroactive due to the need for immediate services related to the boards COVID-19 response and staffing issues related to the COVID-19 pandemic.

3. Termination Date: **02/28/2022**
 Contract term: **1 year and 364 days**

4. Type of contract: **Contract**
 Contract description: **Government Affairs**

5. Purpose of contract:
This is a new contract is to provide government affairs and regulation development assistance to the Board.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$48,000.00**
 Payment for services will be made at the rate of \$2,000.00 per Month
 Other basis for payment: Upon invoice

II. JUSTIFICATION

7. What conditions require that this work be done?
Changes in federal state and local law, as well as changes in industry practices can impact licensing and operational functions of the board. The contractor will act as a liaison between the board and various government and private sector stakeholders.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
There are no staff with the experience or qualifications to fulfill this role. Additionally, hiring a FTE would be less cost effective than contracting for these services.

9. Were quotes or proposals solicited? **Yes**
 Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Crowley and Ferrato
Ferraro Group

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only respondent

d. Last bid date: 05/27/2020 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:
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	cschon1	06/22/2020 07:39:14 AM
Division Approval	cschon1	06/22/2020 07:39:17 AM
Department Approval	cschon1	06/22/2020 07:39:19 AM
Contract Manager Approval	cschon1	06/22/2020 07:39:21 AM
Budget Analyst Approval	hfield	06/30/2020 16:46:33 PM

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: July 17, 2020
To: Susan Brown, Clerk of the Board
Governor's Finance Office
From: Lynnette Aaron, Executive Branch Budget Officer LA
Budget Division
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES –
DIVISION OF STATE LANDS**

Agenda Item Write-up:

Pursuant to NRS 321.5954, Subsection 4, the State Land Registrar is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. Pursuant to Chapter 355, Statutes of Nevada, 1993, at page 1153, the agency is to report quarterly on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. This submittal reports on program activities for the 4th quarter of fiscal year 2020.

Additional Information:

There was no activity under the Tahoe Basin Act and no land acquisitions under the Lake Tahoe Mitigation Program during this quarter. There were two transfers of interest resulting in 1,436 square feet of restored and potential land coverage and an increase to the Nevada Land Bank of \$6,042.

Statutory Authority:

NRS 321.5954

REVIEWED: <u>LA</u>
INFO ITEM: _____



Nevada Division of
STATE LANDS

STATE OF NEVADA
Department of Conservation & Natural Resources
Steve Sisolak, *Governor*
Bradley Crowell, *Director*
Charles Donohue, *Administrator*

Memorandum

Date: June 30, 2020 *SB*
To: Bradley Crowell, Director, Department of Conservation and Natural Resources
Through: Charles Donohue, Administrator, and State Lands Registrar
From: Sherri Barker, Land Agent II, Nevada Division of State Lands
Subject: Board of Examiners ("BOE") Quarterly Report for the BOE meeting to be held on August 11, 2020

Please review the enclosed BOE FY20 4th Quarter Report. If the report meets with your approval, please initial and forward via email to sbarker@lands.nv.gov

Your soonest attention to this matter is appreciated, as the BOE Quarterly Report must be received by the Governor's Finance Office no later than July 7th by 5pm.

Thank you for your time in this matter.



MEMORANDUM

DATE: June 30, 2020

TO: Susan Brown, Director
Governor's Finance Office

FROM: Charles Donohue, Administrator and
State Land Registrar, Nevada Division of State Lands

RE: **BOARD OF EXAMINERS QUARTERLY REPORT FOR THE NEVADA LAND
BANK PROGRAM – 4TH QUARTER FY 2020 BOARD OF EXAMINERS
MEETING DATE OF AUGUST 11, 2020**

Pursuant to NRS 321.5954, a quarterly report regarding the real property or interests in real property transferred by the Nevada Land Bank Program shall be reported quarterly to the State Board of Examiners.

Nevada Land Bank Program:

The Nevada Land Bank is a program housed in the Nevada Division of State Lands (NDSL) and operated by the Nevada Tahoe Resource Team on behalf of the Tahoe Regional Planning Agency (TRPA) through a Memorandum of Understanding and under the authority of Chapter 355, Statutes of Nevada 1993. The Nevada Land Bank acquires sensitive parcels and also mitigates the environmentally detrimental effects of land coverage in the Lake Tahoe Basin. Land coverage, such as impervious surfaces like parking lots, roads and roofs, is one element of the bundle of development rights required in the Lake Tahoe Basin to move forward with development or redevelopment projects. Allowable coverage is calculated by the sensitivity of a parcels land class: Class 1 through 3 are more environmentally sensitive lands; Class 4 through 7 are less sensitive lands. The Nevada Land Bank program works to transfer coverage from more to less environmentally-sensitive land. These activities contribute to the protection of the environment at Lake Tahoe. Land Bank activities are funded through mitigation fees collected by TRPA and forwarded to NDSL to carry out the program.

This memorandum is to report real property or interests in real property transferred under this program for the quarter ending June 30, 2020 (April 1 – June 30).

- There were no acquisitions of land during this quarter. However, two (2) transfers of interest in real property occurred during this quarter and are listed below:

On May 4, 2020, a transaction was finalized involving the sale of **94 square feet of Class 1a Restored** land coverage to Jarrod Trammell to provide the buyer additional coverage required as one

of the conditions for TRPA permit ERSP2019-1583 to authorize an exterior deck addition and driveway expansion. This transaction resulted in **\$4,700.00** in proceeds for the Nevada Land Bank. On **May 28, 2020**, a transaction was finalized involving the sale of **1,342 square feet of Class 6, Potential** land coverage to Incline Village General Improvement District to authorize construction of four new bocce ball courts, a granite walking path and Best Management Practices. This transaction resulted in **\$1,342.00** in proceeds for the Nevada Land Bank.

All proceeds from the above transactions were deposited in the respective budget accounts to carry out the intent of the Nevada Land Bank program.

In the event you have any questions or would like additional information please contact Sherri Barker, Land Agent II at 775-684-2735.

CD/sb

CC: Bradley Crowell, Director, Nevada Department of Conservation and Natural Resources




**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: July 14, 2020

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Natasha Kephart, Executive Branch Budget Officer 
Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

DEPARTMENT OF MOTOR VEHICLES – COMPLETE STREETS PROGRAM

Agenda Item Write-up:

Pursuant to NRS 482.1825, Subsection 2, the Department of Motor Vehicles (DMV) shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This is the third quarter of State Fiscal Year 2020 (FY20) report for the period beginning January 1, 2020 and ending March 31, 2020.

Additional Information:

The Nevada Complete Streets bill was designed to provide a local funding source for transportation improvements to make local streets "Complete Streets" – streets that are safe and inviting for people using all transportation modes – walkers, baby strollers, people using canes, people using wheelchairs, bicyclist, buses, trolleys – rather than just for cars and trucks.

During the 3rd quarter, the DMV collected a total of \$86,108.51 voluntary contributions for the Complete Streets Program. The following tables demonstrates the percent contributed by county alongside the previous 2nd quarter of this year and the same period last year:

Contributions

3rd Quarter			2nd Quarter			3rd Quarter		
FY 2020	Total Collected 3rd		FY 2020	Total 2nd Quarter		FY 2019	Total Collected 2nd	
By County	3rd Quarter	% of Total	By County	2nd Quarter	% of Total	By County	3rd Quarter	% of Total
Carson City	\$ 2,589.51	3.01%	Carson City	\$ 2,242.00	2.86%	Carson City	\$ 2,658.00	2.98%
Clark	\$ 67,705.00	78.63%	Clark	\$ 61,598.00	78.66%	Clark	\$ 70,298.00	78.82%
Douglas	\$ 2,266.00	2.63%	Douglas	\$ 2,140.00	2.73%	Douglas	\$ 2,232.00	2.50%
Washoe	\$ 13,548.00	15.73%	Washoe	\$ 12,334.00	15.75%	Washoe	\$ 13,998.00	15.70%
Total	\$ 86,108.51	100.00%	Total	\$ 78,314.00	100.00%	Total	\$ 89,186.00	100%

NRS 482.1825 subsection 3 authorizes the DMV to deduct and withhold 1% of the contributions collected to reimburse the Department for its expenses in collecting and distributing the contributions. After deducting \$861.09 for the 1% costs for DMV to administer the program, Clark County received \$67,027.95; Washoe County received \$13,412.52; Carson City received \$2,563.61; and Douglas County received \$2,243.34. The following tables demonstrates the percent of the DMV 1% commission by county alongside the previous 2nd quarter of this year and the same period last year:

DMV Commission (1%)

3rd Quarter			2nd Quarter			3rd Quarter		
FY 2020	Total DMV 1% 3rd		FY 2020	Total 2nd Quarter		FY 2019	1% DMV	
By County	3rd Quarter	% of Total	By County	2nd Quarter	% of Total	By County	3rd Quarter	% of Total
Carson City	\$ 25.90	3.01%	Carson City	\$ 22.42	2.86%	Carson City	\$ 26.58	2.98%
Clark	\$ 677.05	78.63%	Clark	\$ 615.98	78.66%	Clark	\$ 702.98	78.82%
Douglas	\$ 22.66	2.63%	Douglas	\$ 21.40	2.73%	Douglas	\$ 22.32	2.50%
Washoe	\$ 135.48	15.73%	Washoe	\$ 123.34	15.75%	Washoe	\$ 139.98	15.70%
Total	\$ 861.09	100.00%	Total	\$ 783.14	100.00%	Total	\$ 891.86	100%

As required by subsection 2 of NRS 482.1825, the tables below summarize the monthly reports for the voluntary Complete Streets contributions collected by quarter pursuant to subsection 11 of NRS 482.480 for each participating county by the Department of Motor Vehicles for the period beginning January 1, 2020 and ending March 31, 2020.

FY20 Total	Carson City	Clark	Douglas	Washoe
Donations	\$ 3,844	\$ 99,571	\$ 3,405	\$ 20,069
Registrations	\$ 30,792	\$ 651,756	\$ 34,813	\$ 180,146
% of Registrations that Donate	12.48%	15.28%	9.78%	11.14%

FY20 Total	Total FY20
Donations	\$ 126,889
Registrations	897,507
Average %	12.17%

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
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Date: July 14, 2020

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Natasha Kephart, Executive Branch Budget Officer *NK*
Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

DEPARTMENT OF MOTOR VEHICLES – COMPLETE STREETS PROGRAM

Agenda Item Write-up:

Pursuant to NRS 482.1825, Subsection 2, the Department of Motor Vehicles (DMV) shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This is the fourth quarter of State Fiscal Year 2020 (FY20) report for the period beginning April 1, 2020 and ending June 30, 2020.

Additional Information:

The Nevada Complete Streets bill was designed to provide a local funding source for transportation improvements to make local streets "Complete Streets" – streets that are safe and inviting for people using all transportation modes – walkers, baby strollers, people using canes, people using wheelchairs, bicyclist, buses, trolleys – rather than just for cars and trucks.

During the 4th quarter, the DMV collected a total of \$102,102 voluntary contributions for the Complete Streets Program. The following tables demonstrates the percent contributed by county alongside the previous 3rd quarter of this year and the same period last year:

Contributions

4th Quarter			3rd Quarter			4th Quarter		
FY 2020	Total Collected 4th		FY 2020	Total Collected 3rd		FY 2019	Total Collected 2nd	
By County	4th Quarter	% of Total	By County	3rd Quarter	% of Total	By County	4th Quarter	% of Total
Carson City	\$ 2,590.00	2.54%	Carson City	\$ 2,589.51	3.01%	Carson City	\$ 2,578.00	2.85%
Clark	\$ 77,642.00	76.04%	Clark	\$ 67,705.00	78.63%	Clark	\$ 71,644.00	79.08%
Douglas	\$ 3,016.00	2.95%	Douglas	\$ 2,266.00	2.63%	Douglas	\$ 2,502.00	2.76%
Washoe	\$ 18,854.00	18.47%	Washoe	\$ 13,548.00	15.73%	Washoe	\$ 13,870.00	15.31%
Total	\$ 102,102.00	100.00%	Total	\$ 86,108.51	100.00%	Total	\$ 90,594.00	100%

NRS 482.1825 subsection 3 authorizes the DMV to deduct and withhold 1% of the contributions collected to reimburse the Department for its expenses in collecting and distributing the contributions. After deducting \$1,021.02 for the 1% costs for DMV to administer the program, Clark County received \$76,865.58; Washoe County received \$18,665.46; Carson City received \$2,564.10; and Douglas County received \$2,985.84. The following tables demonstrates the percent of the DMV 1% commission by county alongside the previous 3rd quarter of this year and the same period last year:

DMV Commission (1%)

4th Quarter			3rd Quarter			4th Quarter		
FY 2020	Total DMV 1% 4th		FY 2020	Total DMV 1% 3rd		FY 2019	1% DMV	
By County	4th Quarter	% of Total	By County	3rd Quarter	% of Total	By County	4th Quarter	% of Total
Carson City	\$ 25.90	2.54%	Carson City	\$ 25.90	3.01%	Carson City	\$ 25.78	2.85%
Clark	\$ 776.42	76.04%	Clark	\$ 677.05	78.63%	Clark	\$ 716.44	79.08%
Douglas	\$ 30.16	2.95%	Douglas	\$ 22.66	2.63%	Douglas	\$ 25.02	2.76%
Washoe	\$ 188.54	18.47%	Washoe	\$ 135.48	15.73%	Washoe	\$ 138.70	15.31%
Total	\$ 1,021.02	100.00%	Total	\$ 861.09	100.00%	Total	\$ 905.94	100%

As required by subsection 2 of NRS 482.1825, the tables below summarize the monthly reports for the voluntary Complete Streets contributions collected by quarter pursuant to subsection 11 of NRS 482.480 for each participating county by the Department of Motor Vehicles for the period beginning April 1, 2020 and ending June 30, 2020..

FY20 Total	Carson City	Clark	Douglas	Washoe
Donations	\$ 5,139	\$ 138,392	\$ 4,913	\$ 29,496
Registrations	\$ 41,704	\$ 830,240	\$ 46,396	\$ 241,175
% of Registrations that Donate	12.32%	16.67%	10.59%	12.23%

FY20 Total	Total FY20
Donations	\$ 177,940
Registrations	1,159,515
Average %	12.95%

