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: May 12, 2020, 10:00 AM

Location:

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

https://www.youtube.com/channel/UCF8zpKli9VhMDNVq_GsEYuQ/live

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 April 1, 14 and 23, 2020 Minutes** **(For possible action)**

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

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

Office of the Attorney General

Pursuant to NRS 333.705, subsection 1, the Office of Attorney General requests to contract with a former employee, Diane L. Welch. Ms. Welch is currently employed with McDonald Carano, LLP, a company the agency has contracted with to engage in outside counsel. Ms. Welch has been assigned to the agency's case.

Department of Transportation

Pursuant to NRS 333.705, subsection 1, the Department requests authority to contract with former employee Mike Rose. HDR, Inc. is proposing to utilize Mr. Rose to fill an Inspector position on their staffing team to augment the Full Administration of District II Betterment projects on NDOT Agreement P539-19-040. Mr. Rose will be utilized on a full-time basis starting in May 2020 through October 2022 or the end of the agreement.

5. Request for an Extension on Current Critical Labor Designated Positions in State Government as Continuing Critical Labor Shortages (For possible action)

Department of Corrections – Rural Institutions and Camps

Pursuant NRS 286.523, the Department requests a two-year extension of the Board of Examiners' "critical labor" designation and a Public Employees Retirement System exception for rural Correctional Officer positions.

6. Approval of Proposed Leases (For possible action)

7. Approval of Proposed Contracts (For possible action)

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

9. 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 March 24, 2020 through April 20, 2020.

10. Information Item and 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 3rd quarter of the fiscal year 2020.

B. Department of Health and Human Services – Division of Public and Behavioral Health

Pursuant to NRS 353.263, the Department requested and was approved by the Clerk of the Board to use $186,039 from Board of Examiner's Emergency account and an additional saving within budget account 3162 of $62,661 to replace a heating, ventilation, and air conditioning unit on the Northern Nevada Adult Mental Health Services campus.

C. Department of Motor Vehicles – Complete Streets Program

Pursuant to NRS 482.1825, Subsection 2, the Department 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 second quarter of the State Fiscal Year 2020 report for the period beginning October 1, 2019 and ending December 31, 2019.

11. Public Comment (This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board will impose a time limit of three minutes.

12. Adjournment (For possible action)

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body will limit public comments to three minutes per speaker and may place other reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint. We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Dale Ann Luzzi at (775) 684-0223 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at daluzzi@finance.nv.gov. 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

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MEETING MINUTES

Date and Time: April 1, 2020, 2:00 PM

Conference Call Line: 775-687-0999
Collaboration code: 40270

Pursuant to Emergency Directive 006, section 1, there will be no physical location for this meeting.

MEMBERS PRESENT:
Governor Steve Sisolak
Secretary of State Barbara Cegavske – on the telephone
Attorney General Ford – on the telephone

STAFF PRESENT:
Susan Brown, Clerk of the Board
Dale Ann Luzzi, Board Secretary

1. Call to Order / Roll Call

Governor: The time is 2:00, I would like to call to order today's Emergency Meeting of the State of Nevada, Board of Examiners. Can I ask the Clerk to take a roll, please?

Board Secretary: Governor Sisolak?

Governor: Here.

Board Secretary: Secretary of State Cegavske?

Secretary of State: I'm here.

Board Secretary: Attorney General Ford?

Attorney General: Yes.

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: Agenda item number 2, *Public Comment*. This is the first time set aside for public comment. Anyone wishing to address the Board on any item on today's agenda, please advise us and we will hear your public comment. Do we have anyone? Hearing none, I'm going to close the first public comment section.

3. Request for a Recommendation of Approval to the Interim Finance Committee for a Grant Amount from the Disaster Relief Account

(For possible action)

Department of Public Safety – Division of Emergency Management

A. Pursuant to NRS 353.274, the Division requests a recommendation to the Interim Finance Committee for approval of a $1,250,000 grant from the Disaster Relief Account to the Division of Emergency Management for use over the biennium to cover the state's portion of the anticipated Federal Emergency Management Agency grant award related to the national emergency declaration concerning the COVID-19 Pandemic to quickly purchase needed preventative emergency supplies and provide immediate assistance to state, county, local and tribal entities.

B. Pursuant to 353.274, the Division requests a recommendation to the Interim Finance Committee for approval of a $5,000,000 grant from the Disaster Relief Account to the Division of Emergency Management for use over the biennium related to the national emergency declaration concerning the COVID-19 Pandemic to allow the State Emergency Operations Center to act quickly and responsively to purchase needed emergency supplies and provide immediate assistance to state, county, local and tribal entities.

Governor: Move on to item number 3. *Request for Recommendation of Approval to the Interim Finance Committee for a Grant Amount from the Disaster Relief Account. Department of Public Safety, Division of Emergency Management.*

Pursuant to NRS 353.274, the Division requests a recommendation to the Interim Finance Committee for approval of a $1,250,000 grant from the Disaster Relief Account to the Division of Emergency Management for use over the biennium to cover the State's portion of the anticipated Federal Emergency Management Agency grant award related to the national emergency declaration concerning the COVID-19 Pandemic to quickly purchase needed preventative emergency supplies and provide immediate assistance to state, county, local and tribal entities.

Governor: Do any of the Board Members have any questions so far?

Secretary of State: Governor, my only question would be, what would our balance be once we do this? I'm not against it, I'm in favor of it but I just wondered what our balance would be.

Clerk: The current balance in the Disaster Relief Account is $12.7 million. The two combined requests that you're seeing here are $6.2 million. That would leave about $6.5 million in the Disaster Relief Account.

Secretary of State: Thank you, Susan and I appreciate it, Governor. Thank you very much.

Governor: Thank you. General Ford, any questions?

Attorney General: No, sir.

Governor: Alright, I'm going to take these separately. Do I have a motion on agenda item 3-A?

Attorney General: Move approval.

Secretary of State: Second.

Governor: We have a motion on the floor. Is there any discussion? Hearing none, all in favor, signify by saying aye. The motion passes. Thank you.

Governor: Item 3-B, Pursuant to 353.274, the Division requests a recommendation to the Interim Finance Committee for approval of a $5,000,000 grant from the Disaster Relief Account to the Division of Emergency Management for use over the biennium related to the national emergency declaration concerning the COVID-19 Pandemic to allow the State Emergency Operations Center to act quickly and responsively to purchase needed emergency supplies and provide immediate assistance to state, county, local and tribal entities. Do any Committee Members have any questions?

Secretary of State: Governor Sisolak, my only question is, and again, I approve of this but I am just curious if we're going to get any of the Adelson supplies that they had talked about and that we read about in your briefings?

Governor: They donated, this time, around 1 million masks and 20,000 Personal Protective Equipment (PPE) kits. They've also previously donated some masks and some testing kits. This will supplement the State's purchase of any other necessary PPEs. Unfortunately, we're searching and scouring the globe to find those things and we need access to the resources to buy PPE.

Secretary of State: Right and thank you, Governor, I just wanted that on the record. I thank you very much for everything that you're doing for our State.

Governor: Thank you, Secretary.

Clerk: I have something that I have to put on the record and that is pursuant to Subsection 7 of NRS 353.2755 - after considering the information that has been provided to you today, the action for the Board is to make a recommendation to the Interim Finance Committee on whether or not the grant for the Division of Emergency Management is appropriate and if you deem it appropriate, then that amount and any repayment terms would need to be provided to IFC.

Governor: Alright, so I have a motion?

Secretary of State: Move for approval.

Attorney General: I second.

Governor: We have a motion on the floor. Is there any discussion on that motion? Hearing none. All in favor, signify by saying aye. The motion passes.

4. Public Comment (This public comment is for comments on anything within the jurisdiction of the board. 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 4, *Public Comment*. This is the second time set aside for public comment. Anyone wishing to address the Board on any item, we will hear your comment and you have three minutes. Do we have any public comment? Hearing none.

5. Adjournment (For possible action)

Governor: Do I have a motion to adjourn?

Attorney General: So moved.

Secretary of State: I second.

Governor: We have a motion on the floor. Is there any discussion? Hearing none. All in favor signify by saying aye. The motion passes.

Thank you all very much, it's extremely important for us to take the next step in providing resources to protect all of our fellow Nevadans and we look forward to making some more progress. So, thank you.

Governor Steve Sisolak
Chairman

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Clerk of the Board

Attorney General Aaron D. Ford
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MEETING MINUTES

Date and Time: April 14, 2020, 10:00 AM

Location: *Pursuant to the Governor's Emergency Directive 006, there will be no physical location for this meeting. This meeting can be viewed on YouTube. The link will not go live until 10:00 am* https://www.youtube.com/channel/UCF8zpKli9VhMDNVq_GsEYuQ/live

For Public Comments: 775-687-0999
Collaboration code: 40270

MEMBERS PRESENT:
Governor Steve Sisolak
Attorney General Aaron Ford
Secretary of State Barbara Cegavske

STAFF PRESENT:
Susan Brown, Clerk of the Board
Dale Ann Luzzi, Board Secretary

OTHERS PRESENT:
Kacey KC, Division Administrator, Department of Conservation and Natural Resources
Brad Crowell, Director, Department of Conservation and Natural Resources

1. Call to Order / Roll Call

Governor: I would like to call today's meeting for the State of Nevada, Board of Examiners for April 14, 2020 to order. Could I ask the Clerk to take the roll, please?

Clerk: Governor Sisolak?

Governor: Here.

Clerk: Secretary of State Cegavske?

Secretary of State: I'm here.

Clerk: Attorney General Ford?

Attorney General: Here.

Clerk: Let the record reflect we do have a quorum.

Governor: Thank you.

2. Public Comment (The first public comment is limited to comments on items on the agenda. No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board will impose a time limit of three minutes).

Governor: Thank you. 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 today's agenda, please step forward, identify yourself for the record and comments will be limited to three minutes. Do we have anybody on the phone? Do we have any written public comment? We do not. This concludes public comment.

3. Approval of the March 10, 2020 Minutes (For possible action)

Governor: Moving on to item number 3, *Approval of the March 10, 2020 Minutes*. Do I have a motion?

Secretary of State: Move approval.

Attorney General: I second.

Governor: We have a motion on the floor to approve the minutes. Is there any discussion on the motion? Hearing and seeing none. All in favor signify by saying aye. Are any opposed? The motion passes.

4. State Vehicle Purchases (For possible action)

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Colorado River Commission	1	$25,048
Department of Conservation and Natural Resources – Forestry Division	12	$2,403,001
Total	**13**	**$2,428,049**

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

Clerk: There are two requests for 13 vehicles in this agenda item. The first request from the Colorado River Commission and has been withdrawn.The second request is from the Department of Conservation and Natural Resources, Forestry Division for 10 replacement crew carriers for $2,305,268. This also includes 2 replacement pickups for $97,733. The 2 pickups have been withdrawn. The crew carriers meet the age and/or mileage requirements in the State Administrative Manual (SAM). Are there questions on this item?

Governor: Yes, there are questions. I have been briefed on this numerous times and you know my concern is that apparently this purchase was made prior to getting authorization. Is that correct?

Kacey KC: Yes, Governor, that's correct.

Governor: Can you explain to me how that happened?

Kacey KC: Yes. It looked to be a series of issues on our side for which we are very sorry that this happened. We put this on the September Board of Examiners agenda but there were additional questions asked of us by the Governor's Finance Office. I believe they asked for an updated quote at that time. At that time, both the position, our Fleet Manager position and the position supervisor had left, so this just kind of fell through the cracks.

Governor: These had to have fallen through massive caverns, not cracks.

Kacey KC: Yes, we noticed it when it went on this meeting agenda that the contract had continued to go forward.

Governor: Well, I am hesitant to approve this because procedure was not followed and there's procedure for a reason, because it keeps it transparent and the public deserves to know what's going on and this didn't happen in this case – I don't want to make this, it's easier to ask for forgiveness than ask for permission, but I am very disturbed that the Division did not follow any purchasing protocols as it came to this. I just don't understand how it could

get through. You didn't fall through one crack, there were a whole 100 cracks that this fell through and I just don't get how that happened.

Kacey KC: Governor, I looked back at the records that we had. We did try to follow all of the purchasing procedures and to put it on the Board of Examiners. I agree with you, there are big cracks. As I looked back and I mean, I don't know what to say about it at this point. It is not, I assure you, something that we tried to do intentionally or to beg forgiveness for. I do not operate that way.

Governor: Because I understand the urgency of the situation and the severity of the situation that we need these 10 vehicles with a wildfire season rapidly approaching us. I'm going to go ahead and approve this but I can assure you, if it happens again, I am not going to approve it and I'm going to require some changes be made in the Division. Does everybody understand that?

Kacey KC: Yes, Governor.

Brad Crowell: Yes, Governor, we appreciate the sentiment and we'll follow through accordingly, thank you.

Governor: Thank you.

Does anyone else have any questions as it relates to the purchase of the forestry service vehicles? Secretary or Attorney General, do you have a question on this one?

Secretary of State: I do not, sir.

Attorney General: I do not.

Governor: Do we have a motion?

Secretary of State: With the condition and understanding that you stated so clearly, I move for approval.

Attorney General: I second.

Governor: Thank you. We have a motion on the floor for approval. Is there any discussion on that motion? Hearing and seeing none. All in favor, signify by saying aye. The motion passes.

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

Board action under this item only grants permission to the employing agency. Current and former employees are still subject to all ethical requirements of NRS Chapter

281A, specifically including subsection 550 which restricts certain former employees and state agencies.

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 Tammy Trio to perform fiscal management duties through Master Service Agreement #18404 with HAT Limited Partnership, dba Manpower.

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

Clerk: Item 5 includes 1 request to contract with 1 former employee. This request is from the Department of Administration, Purchasing Division to contract with a former employee to provide fiscal management services. This individual will be employed by Manpower through MSA #18404. This is a critical need for this particular position, as this Division that will be hiring this person does not currently have any fiscal people and they are not in compliance with their federal grants, is my understanding, so this will get them back on track.

Governor: Do we have any questions on item number 5?

Attorney General: None here.

Governor: Do we have a motion on item number 5?

Attorney General: Move approval.

Secretary of State: I second.

Governor: We have a motion for approval. Is there any discussion on that motion? Hearing and seeing none. All in favor, signify by saying aye. The motion passes.

6. Request for an Extension on Current Critical Labor Designated Positions in State Government as Continuing Critical Labor Shortages (For possible action)

Department of Public Safety – Capitol Police

Pursuant NRS 286.523, the Department requests an 18-month extension of the Board of Examiners' "critical labor" designation and a Public Employees Retirement System exception for four DPS Officer I positions and one DPS Officer II position.

Governor: Item number 6, *Request for an Extension on Current Critical Labor Designated Positions in State Government as Continuing Critical Labor Shortages.*

Clerk: Item number 6, pursuant to NRS 286.523, it is the policy of the State to ensure that the reemployment of retired public employees is limited to positions of extreme need. An

employer who desires to employ a retired public employee to fill a position for which there is a critical labor shortage must make the determination of reemployment based upon the appropriate and necessary delivery of services to the public in an open meeting. The Board of Examiners has the authority to designate positions in State Government for which there are critical labor shortages.

In determining whether to designate a position as a critical labor shortage, the Board is to consider and make findings on the efforts made to fill the positions through other means, the turnover rate for the position, the number of openings and number of qualified candidates, the length of time the positions have been vacant, any special circumstances, education or experience requirements for the positions and the history and success of recruitment efforts.

The Department of Public Safety requested and the Board approved the designation of DPS Officer I and II classifications as critical labor shortage positions in January 2016 and again in January 2018. In April 2019, the Board approved an exception to continue this designation for Capitol Police Officers through April 2020.

This item includes a request to continue one DPS Officer II and three DPS Officer I positions through October 2021 for Capitol Police. This item includes a report from the Department on the use and effectiveness of the critical labor shortage designation and a request to continue the designation of these four positions as critical labor and a Public Employees Retirement System exception for Capital Police.

This will allow the Department to continue to reemploy retired public employees who require little or no training to perform important peace officer duties. Should the Board approve the designation, it can delegate to the Clerk the notice of the designation to Public Employees' Retirement System and I will work with Director Togliatti and his staff to insure it is submitted timely.

Representatives from the agency are available to answer any questions Members may have.

Governor: Do we have any questions, Secretary Cegavske or General Ford, on item number 6?

Attorney General: None from me.

Secretary of State: None, Governor.

Governor: Do I have a motion on item number 6?

Attorney General: Move approval.

Secretary of State: Second.

Governor: We have a motion for approval on item number 6. Is there any discussion? Hearing and seeing none. All in favor, signify by saying aye. Are any opposed? The motion passes. Thank you.

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

A. Department of Corrections

Pursuant to NRS 353.268, Nevada Department requests the Board's recommendation to the Interim Finance Committee for $4,870,606 from Contingency Account, to cover the cost of the projected shortfalls in Inmate Driven and Utilities expenditure categories for the remainder of the fiscal year.

Pursuant to NRS 353.268, the Department requests an allocation of $2,149,866 in Fiscal Year (FY) 2020 from the Interim Finance Committee Contingency account to fund projected shortfalls in Medical Inmate Driven expenditures.

B. Department of Indigent Defense Services

Pursuant to NRS 353.268, the Department requests the Board's recommendation to the Interim Finance Committee for $525,036 from the Contingency Account, for use over the biennium (Fiscal Year 2020 and Fiscal Year 2021), as an effort to reach a mutually agreeable resolution in the lawsuit with the American Civil Liberties Union.

C. Judicial Discipline Commission

Pursuant to NRS 353.268, the Commission requests the Board's recommendation to the Interim Finance Committee for $49,593 from the Contingency Account, to cover the cost of judicial discipline investigations.

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

Clerk: This item includes four requests for a positive recommendation to the Interim Finance Committee pursuant to NRS 353.268. The General Fund contingency account has an approximate balance of $26.8 million to cover unanticipated costs for the remainder of the 2019-2021 biennium. If these items are approved the remaining balance in the account will be approximately $19.1 million.

The first and second requests are from the Department of Corrections. The first request in the amount of $4,870,606 is to cover non-medical related costs, this includes increased food costs, utilities and other projected shortfalls for the Department through the end of the fiscal year. The second request is for $2,149,866 and this covers medical related shortfalls for the Department. The total request from the Department of Corrections is $7,020,472. Are there any questions on these two items?

Governor: I have some comments on one of these. On number 2. For quite some time now, the Department of Corrections has been studying its policies regarding the Hepatitis C to ensure that the risk to inmates was as low as possible and to reduce the spread of this

infectious disease among the prison population. Department of Corrections (NDOC) took a physician focused approached that allowed doctors to exercise their own independent medical judgment as to what treatment was the most appropriate and when the treatment should be provided.

In November 2019, the Department adopted revised versions of Medical Directive MD-216 and MD-219. MD-216 ensures that all inmates are tested for Hepatitis C upon intake and provided testing for all inmates who had not previously been tested. Currently, approximately 75% of the prison population has been tested. The testing has identified approximately 1,200 Hepatitis C positive patients, requiring treatment. MD-219 provides, as a general policy, that all positive inmates will undergo a set of treatment protocol. This protocol costs over $15,000 per inmate.

Treating these inmates in prison is critical for two reasons. First, if left untreated, this disease can spread widely through the prisons. Second, if not treated in prison, treatment will most likely occur after the inmate has been released. A large percentage of inmates are on Medicaid and treatment later in the disease lifecycle is more costly than treatment in the early stages. As a result, treatment in prison is less costly to the State.

The State of Nevada has been involved in litigation over this issue to ensure that NDOC is engaging in widespread testing and treatment. While MD-216 and MD-219 address both of these issues, both directives are routinely based on the Medical Director's recommendation. The recommendation to amend these directives is based on sound medical judgment of the Medical Director and not on any threatened or pending litigation. The request will cover the cost of inmate testing who have not yet been tested and treatment through the next fiscal year.

Do we have any questions on this?

Attorney General: I have none.

Secretary of State: No, Governor, thank you.

Governor: We'll take these separately. Do I have a motion on 7-A?

Attorney General: Move to approve.

Secretary of State: I second.

Governor: We have a motion to approve on item number 7-A. Is there any discussion? Hearing and seeing none. All in favor signify by saying aye. Are any opposed? The motion passes.

Item 7-B, *Department of Indigent Defense Services* (DIDS).

Clerk: This request is from the Department of Indigent Defense Services for $525,036 to fund items through a mutually agreed upon resolution in a lawsuit with the American Civil Liberties Union.

Governor: I have comments on this one, too. The Department is requesting the Board's recommendation to the Interim Finance Committee for $525,036 from the Contingency Account for use over the biennium in an effort to reach a mutually agreeable resolution to a lawsuit. DIDS is a new Department created by Assembly Bill (AB) 81 in the 2019 Session.

Section 14 of AB 81 authorizes the Department to request funds from the Contingency Account if money is needed in the interim. AB 81 was a recommendation, Nevada Rights to Council Commission, a group of stakeholders who met ten times between the 79th and 80th Legislative Session to study issues related to the provisions of indigent defense in Nevada. These costs are necessary to stand up the Department, have been expected and will help DIDS comply with its duties under the law. In addition, this item will also help eliminate the risk of very significant costs due to ongoing litigation.

Do we have further comments or any questions on 7-B?

Attorney General: None here.

Governor: Do I have a motion on 7-B?

Attorney General: I move approval.

Secretary of State: I second.

Governor: We have a motion for approval. Is there any discussion on that motion? Hearing and seeing none. All in favor signify by saying aye. The motion passes.

Item number 7-C, *Judicial Discipline Commission*.

Clerk: The final request is from the Judicial Discipline Commission for $49,593 to cover costs of Judicial Discipline investigations for the remainder of the fiscal year.

Governor: Do we have any questions on 7-C? Do I have a motion?

Attorney General: Move approval.

Secretary of State: I second.

Governor: We have a motion for approval. Is there any discussion on that motion? Hearing and seeing none. All in favor, signify by saying aye. The motion passes.

8. **Request for Authorization to Amend a Current Contract for a Price Increase (For possible action)**

Department of Motor Vehicles

Pursuant to the contract #21527 section 17.1.5 for services of independent contractor between the State of Nevada and contracted vendor Idemia Identity & Security USA LLC, any increase in the price per card requires approval of the Board of Examiners (BOE). The department is requesting a price per card increase from $2.16 per card to $3.0704 or $3.1039.

Governor: Item number 8, *Request for Authorization to Amend a Current Contract for a Price Increase.*

Clerk: This item is a request from the Department of Motor Vehicles, Administrative Services Division which requests Board approval to increase the pricing contained within the current contract with Idemia Identity and Security USA, LLC. This request changes the per card amount from $2.16 to a range of $3.0704 to $3.1039 to include additional security features and postage. It is required through the contract for any price increases to be approved by the Board.

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

Attorney General: Move approval.

Secretary of State: I second.

Governor: We have a motion for approval. Is there any discussion? Hearing and seeing none. All in favor, signify by saying aye. The motion passes.

9. Approval of Proposed State Administration Manual Changes (For possible action)

Pursuant to NRS 353.040 the Governor's Finance Office – Budget Division requests modifications to the policies and procedures of the State Board of Examiners adopted and collected in the following section of the State Administrative Manual.

1. SAM Section 100 – Agency Attendance and Notification

Governor: Item number 9, *Approval of Proposed State Administration Manual Changes.*

Clerk: Item 9 seeks approval to revise State Administrative Manual, Chapter 100, Agency Attendance and Notification to reflect current practice of the Board. I am happy to go over any changes on this one, if you would like.

Governor: Do we have any questions on manual changes?

Secretary of State: I have none, move for approval.

Attorney General: I second.

Governor: We have a motion for approval on item number 9. Any discussion on that motion? Hearing and seeing none. All in favor, signify by saying aye. The motion passes.

10. Approval of Proposed Leases (For possible action)

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

Clerk: There are 9 leases in agenda item number 10 for approval by the Board this morning. Are there any questions on any of these items?

Governor: Do we have any questions or a motion on item number 10?

Attorney General: I move approval.

Secretary of State: I second.

Governor: We have a motion for approval. Is there any discussion on that motion? Hearing and seeing none. All in favor, signify by saying aye. The motion passes.

11. Approval of Proposed Contracts (For possible action)

Governor: Item number 11, *Approval of Proposed Contracts.*

Clerk: There are 52 contracts in Agenda item 11 for approval by the Board this morning. Number 5, the contract with the Department of Administration, State Public Works Division and Carpenter Sellers Del Gato Architects needs to be revised. This would change the project from 17-P08, which is a planning project to 19-C19 which is a construction project and changes the funding source from general fund to bond funds. Are there any questions on any of these items?

Governor: Do we have any questions on item number 11 or a motion on item number 11?

Attorney General: I have no questions, move approval.

Secretary of State: I second.

Governor: We have a motion for approval. Is there any discussion? Hearing and seeing none. All in favor, signify by saying aye. The motion passes.

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

Governor: Item number 12, *Approval of Proposed Master Service Agreements.*

Clerk: There are 5 Master Service Agreements under Agenda item 12 for approval by the Board this morning. Are there any questions on any of these items?

Governor: Do we have any questions on the Master Service Agreements?

Attorney General: None here.

Secretary of State: I have none.

Governor: Do we have a motion?

Attorney General: Move for approval.

Secretary of State: I second.

Governor: We have motion for approval. Is there any discussion on that motion? Hearing and seeing none. All in favor signify by saying aye. The motion passes.

13. 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 February 15, 2020 through March 23, 2020.

Governor: Item number 13 is information only. *Clerk of the Board Contracts.*

Clerk: There are 43 contracts under the $50,000 threshold that were approved by the Clerk between February 15, 2020 and March 23, 2020. This item is informational only. However, I would note that number 20, which is between the Department of Agriculture and SMG Reno Facilities, has been terminated; and number 36, Division of Forestry and Carson Nugget, Inc., this event was cancelled. Are there any questions on this agenda item?

Governor: Do we have any questions on the Clerk of the Board Contracts?

Attorney General: None here.

Secretary of State: I have none.

Governor: Thank you.

14. Public Comment (This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under public comment period unless the matter itself has been specifically included on an

agenda as an action item. The Chair of the Board will impose a time limit of three minutes.

Governor: *Public comment.* This is the second time set aside for public comment. Anyone wishing to address the Board on any item, please step forward, identify yourself for the Board. The comments will be limited to three minutes.

Hearing and seeing none, I want to close the public comment.

15. Adjournment (For possible action)

Governor: I wanted to thank everybody for accommodating the difficult situation in conducting a meeting this way. It's not the ideal situation that we'd all have, but under the circumstances that we're in, I appreciate your help and cooperation and staying home for Nevada and practicing good social distancing.

With that, do I have a motion to adjourn?

Attorney General: So moved.

Secretary of State: I second.

Governor: We have a motion on the floor for adjournment. Is there any discussion? Seeing none. All in favor, signify by saying aye. We are adjourned. Have a great day.

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

MEETING MINUTES

Date and Time: April 23, 2020, 11:30 AM

Conference Call Line: 775-687-0999
Please call 775-684-0222 for collaboration code

Location: *Pursuant to Emergency Directive 006, section1, there will be no physical location for this meeting.*

MEMBERS PRESENT:
Governor Steve Sisolak
Attorney General Aaron Ford
Secretary of State Barbara Cegavske

STAFF PRESENT:
Susan Brown, Clerk of the Board
Dale Ann Luzzi, Board Secretary

1. Call to Order / Roll Call

Governor: I would like to call to order today's meeting, emergency meeting of the State of Nevada, Board of Examiners for Thursday, April 23, 2020. Could I ask the Clerk to take the roll please?

Clerk: Governor Sisolak?

Governor: Here.

Clerk: Attorney General Ford?

Attorney General: Here.

Clerk: Secretary of State Cegavske.

Secretary of State: Here.

Clerk: Let the record reflect we do have a quorum.

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: This is the first time set aside for public comment. Anyone wishing to address the Board, please identify yourself, comments will be limited to three minutes. Do we have any public comment on the phone? Seeing and hearing none.

3. Approval of Proposed Contracts (For possible action)

Governor: Moving on to item number 3, *Approval of Proposed Contracts*.

Clerk: We have, under agenda item 3, 5 contracts for approval by the Board this morning. I would just note that on the second contract, which is with the Department of Public Safety, Division of Emergency Management and Washoe County, that it has been determined that there is not an immediate need for this contract, however, if capacity is needed quickly at the local level, this contract would be in place if needed.

Governor: Very good. Do we have any questions on item number 3, the approval of proposed contracts?

Attorney General: None here.

Governor: Do I have a motion on item number 3?

Attorney General: Move approval.

Secretary of State: I second.

Governor: We have a motion for approval. Is there any discussion on that motion? Hearing none. All in favor, signify by saying aye. The motion passes.

4. **Public Comment (This public comment is for comments on anything within the jurisdiction of the Board. 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 4, 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. Comments will be limited to three minutes. Hearing none.

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

Governor: Item number 5, *Adjournment*, do we have a motion?

Attorney General: So moved.

Secretary of State: I'll second.

Governor: We have a motion on the floor. Is there any discussion? All in favor, signify by saying aye. Thank you all very much for being here and attending this emergency meeting. Stay healthy and stay safe. Thank you.

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: April 29, 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 ATTORNEY GENERAL

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Office of Attorney General requests to contract with a former employee, Diane L. Welch. Ms. Welch is currently employed with McDonald Carano, LLP, a company the agency has contracted with to engage in outside counsel. Ms. Welch has been assigned to the agency's case.

Additional Information:

Ms. Welch retired from state service in November of 2019 as an Assistant General Counsel from the College of Southern Nevada. Ms. Welch will provide outside counsel on a case which has been determined a conflict of interest with the agency, requiring the need to obtain outside counsel. This request relates to contract number 23083.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____

ACTION ITEM: _____

AARON D. FORD
Attorney General

CAROLINE BATEMAN
First Assistant Attorney General

CHRISTINE JONES BRADY
Second Assistant Attorney General

JESSICA L. ADAIR
Chief of Staff

RACHEL J. ANDERSON
General Counsel

HEIDI PARRY STERN
Solicitor General

STATE OF NEVADA

OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street
Carson City, Nevada 89701

MEMORANDUM

Date: April 7, 2020

To: Jessica Young, Executive Branch Budget Officer
Governor's Finance Office

From: Lesley Volkov, Management Analyst II

Subject: Retroactive Approval for contract # McDonald Carano, LLP

The Attorney General's Office is requesting to have this contract retroactively approved to February 21, 2020. The Attorney General's Office staff had been providing counsel in an active case which had been in process for more than one year. On February 18, 2020, the Attorney General's Office received notice of a joint investigation by the Nevada Department of Public Safety and the federal government which created a significant conflict of interest with the AG's Office in this case, requiring the need to obtain outside counsel.

Due to the amount of information already presented in this case, and with the order to complete the Discovery phase of the case by March 13, 2020, the need to obtain outside counsel required immediate attention and work to be performed in order to proceed with this case and meet required deadlines set by the court.

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:	Diane L. Welch			
Former Employee ID Number:	*91889*			
Former Job Title:	Assistant General Counsel			
Former Employee Agency:	College of Southern Nevada			
Former Class and Grade:	**Class:**	Unclassified	**Grade:**	
Former Employment Dates:	**From:**	12/2009	**To:**	11/2019
Requesting Agency:				
Vendor:	McDonald Carano LLP			

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.
X	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.**
	Engage outside counsel to represent Jorge Pupo in litigation
B	**Document former job description.**
	Performing legal services for the College of Southern Nevada
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?**
	No.
D	**Explain why existing State employees within your agency cannot perform this function.**
	Due to identified conflict of interest in this case NRS 41.03435 authorizes outside counsel

E	**Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.**
	Not applicable
F	**List contractors' hourly rate.**
	Payment to this vendor is for comprehensive services rendered, it is not specific to hourly compensation directly paid to the former state employee.
G	**List the range of comparable State employee rates.**
	$154 36
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.**
	On February 18, 2020, the Attorney General's Office received notice of a joint investigation by the Nevada Department of Public Safety and the federal government which created a significant conflict of interest with the AG's Office in this case, requiring the need to obtain outside counsel.
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)**
	February 21, 2020 through December 30, 2020
L	**Will the former employee be working full time or part time? If part time, how many hours?**
	Part time. Approximately 100-150 hours per month depending on work required
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 — Date: 4/8/2020

Purchasing Administrator Signature (if a Statewide Contract) — Date

Budget Analyst Signature — Date: 4/29/20

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: April 14, 2020

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

From: Bridgette Mackey-Garrison, Executive Budget Officer
Governor's Finance Office – Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF TRANSPORTATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Nevada Department of Transportation (NDOT) requests authority to contract with former employee Mike Rose. HDR, Inc. is proposing to utilize Mr. Rose to fill an Inspector position on their staffing team to augment the Full Administration of District II Betterment projects on NDOT Agreement P539-19-040. Mr. Rose will be utilized on a full-time basis starting in May 2020 through October 2022 or the end of the agreement.

Additional Information:

Mr. Rose retired from NDOT on June 28, 2019. There are insufficient staff and expertise to successfully manage the workload, size and scope of the District II Betterment projects. In January 2020, NDOT issued a request for proposal (RFP) to engage service providers to perform professional and technical engineering services to provide Full administration construction management to District II to ensure the construction of the District II Betterment project are accomplished in conformance with the plans, specifications, and

all other contract documents. Mr. Rose is very experienced in overseeing highway construction project activities, specifically in the Northern Nevada area.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____

ACTION ITEM: _____

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

MEMORANDUM

February 28, 2020

To: State of Nevada Board of Examiners

From: Kristina L. Swallow, Director

Subject: Authorization to Contract with a Former Employee – Mike Rose

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SUMMARY

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Mr. Mike Rose. Mr. Rose retired from state service in January of 2020. He is now employed by HDR, Inc., who is proposing to utilize Mr. Rose to fill an Inspector position in the Full Administration of District II Betterment projects on NDOT Agreement P539-19-040.

BACKGROUND

There are insufficient staff and expertise to successfully manage the workload, size and scope of the District II Betterment projects. In January of 2020, NDOT issued a Request for Proposals (RFP) to engage service providers to perform professional and technical engineering services to provide Full Administration construction management to District II. This agreement includes providing a Resident Engineer, an Assistant Resident Engineer, an Office Manager, four Inspectors, and three Testers, to ensure the construction of the District II Betterment projects are accomplished in conformance with the plans, specifications, and all other contract documents.

The Department intends to award the Agreement to HDR, Inc. as the sole qualified firm responding to the RFP for the Full Administration services to District II. HDR has proposed to utilize Mr. Rose to fill the role of Inspector, a key role in overseeing the construction of the District II Betterment projects. Mr. Rose is very qualified and experienced in overseeing highway construction project activities, specifically in the Northern Nevada area.

Mr. Rose has had no influence or authority over the consultant procurement for this Full Administration agreement.

RECOMMENDATION

We respectfully request your consideration for approval for HDR, Inc. to engage Mr. Mike Rose to be an Inspector on their staffing team to augment NDOT Betterment projects in District II.

Attachment A
Scope of Services

FULL ADMINISTRATION

DISTRICT II BETTERMENT PROJECTS

SCOPE OF SERVICES

The SERVICE PROVIDER agrees to perform professional and technical engineering services to ensure that the construction of District II Betterment Projects is accomplished in conformance with the plans, specifications, and all other contract documents.

The SERVICE PROVIDER shall provide up to one (1) Resident Engineer, one (1) Assistant Resident, one (1) Office Person, four (4) Inspectors level IV, three (3) Testers, two (2) nuclear gauges, a fully equipped and functional office, a fully equipped and functional lab trailer, trucks, and cell phones. The Resident Engineer, Assistant Resident, and Office Person are considered "Key Personnel". The SERVICE PROVIDER shall provide incidental equipment as may be required by the DEPARTMENT.

The SERVICE PROVIDER shall provide all personnel assigned to this project the proper safety equipment, including but not limited to, soft caps, hard hats and vests meeting the current DEPARTMENT standards for Work Zone Apparel.

The SERVICE PROVIDER shall provide a principal engineer to act as Project Manager. The Principal Engineer shall be limited to billing no more than eight (8) hours per month, unless prior approval for additional hours is obtained from the DEPARTMENT.

The Principal Engineer shall be certified by the Nevada State Board of Registered Professional Engineers and Land Surveyors, in accordance with Nevada Revised Statutes Chapter 625, as a licensed Civil Engineer.

The SERVICE PROVIDER shall provide personnel who possess the experience, knowledge and character to adequately perform the requirements of these services, so as not to delay the progress of construction. The SERVICE PROVIDER shall become familiar with the standard practices of the DEPARTMENT and shall ensure all personnel provided to work on the project become familiar with the DEPARTMENT's contract documents, including the plans, specifications, special provisions, and any change orders thereto. The SERVICE PROVIDER shall perform the procedures for office management, documentation, field inspection and field testing in accordance with the DEPARTMENT's specifications, Construction Manual, Testing Manual and Documentation Manual.

The SERVICE PROVIDER shall provide all personnel assigned to this project any specialized training, including safety training, or equipment necessary to perform the assigned duties, including but not limited to certification as a Water Pollution Control Manager, inspection and implementation of Storm Water Pollution Prevention Plans (SWPPP), testing and inspection. Personnel provided shall be approved by the DEPARTMENT prior to performance of work on this project.

The SERVICE PROVIDER shall provide its own or lease trucks and cell phones for all personnel who need to perform work outside of the office. Vehicles shall be equipped with high intensity flashing yellow strobe lights.

The SERVICE PROVIDER shall equip Inspectors with an iPad capable of supporting the Mobile Inspector™ software utilized by the DEPARTMENT for documenting field inspection activities.

All testing personnel shall meet and be certified under the American Concrete Institute (ACI) as Concrete Field-Testing Technician - Grade I; Nevada Alliance for Quality Transportation Construction (NAQTC) guidelines; certification under Western Alliance for Quality Transportation Construction (WAQTC) guidelines will be accepted in lieu of NAQTC. The SERVICE PROVIDER shall provide all personnel

assigned to this project any specialized training or equipment necessary for the use of any hazardous materials required to perform testing on this project.

The SERVICE PROVIDER shall provide one (1) field laboratory at the project site of the minimum size with sufficient capacity to perform the scope of services as required by the DEPARTMENT, and including any cabinets, shelves, sinks, counter space and filing cabinets needed. The laboratory shall be wired for 220 volts and have the exhaust vent required for the testing equipment needed for the project. The laboratory shall contain equipment needed to perform the testing on the project including but not limited to sieves, sieve shakers, scales, balances, sample splitters, drying devices such as ovens and burners, sand equivalent test set, specific gravity testing equipment, proctor compaction set, sand volume apparatus, nuclear testing devices, concrete testing equipment, density testing equipment, dry film thickness testing equipment, asphalt content tester and other miscellaneous equipment needed such as sampling devices, pans and tools in. The SERVICE PROVIDER agrees that this is a minimum equipment list and additional equipment may be required. The SERVICE PROVIDER shall also provide incidental equipment as may be required by the DEPARTMENT.

When nuclear gauges are required, the Service Provider shall have current licenses as required by the appropriate regulatory agencies. Personnel who operate or transport any nuclear density gauge shall have in their possession evidence of current certification pertaining to the nuclear density gauges under their control. The Service Provider shall be responsible to provide their own storage facility and transportation for nuclear density gauges.

The SERVICE PROVIDER shall equip office staff that will be utilizing the AASHTOWare Project™ program with a compatible device that has Adobe Pro or other PDF-editing/creating software installed.

The SERVICE PROVIDER shall provide one (1) field office at the project site or other approved location with equipment including, but not limited to computers, internet access, printers, copiers, scanners, desks and chairs. The SERVICE PROVIDER shall also provide incidental equipment as may be required by the DEPARTMENT.

Steve Sisolak
Governor

Deonne E. Contine
Director

Robin Hager
Deputy Director

Kevin D. Doty
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division
515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: (775) 684-0170 | Fax: (775) 684-0188

Authorization to Contract with a Former Employee

Employee Information	
Former Employee Name:	Mike Rose
Former Employee ID Number:	08537
Former Job Title:	Engineering Technician IV
Former Employee Agency:	Department of Transportation
Former Class and Grade:	Grade 33, Step
Former Employment Dates:	06/25/1990 – 06/28/2019
Contracting Agency:	HDR Engineering, Incorporated

Please check which of the following applies:

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

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

a. Summarize scope of contract work.

Highway Construction Inspector on heavy highway projects inspecting a contractor's work to assure compliance with the project plans, specifications and safety requirements.

b. Document former job description.

Engineering Technician IV: Perform inspection work involving bridges, drainage structures, roadway embankment, base aggregates, chip seals and required project documentation; act as lead worker for assigned technicians, resolving field problems; conduct survey work and material testing.

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

Yes, Mr. Rose has been working for NDOT's Construction Crews in the Reno area and has gained extensive experience inspecting bridges, roadway paving, safety projects, chip seals, slurry seals and maintenance overlays. No, there is no clause in the contractor for transfer of specialized knowledge of contracting agency.

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

Manpower shortage due to the increasing size of the NDOT 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 – no relationship exists

f. List contractor's hourly rate.

$50/hour

g. List the range of comparable State employee rates.

$35/hour

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?

The contract rate exceeds the maximum rate for Mr. Rose's previous rate. The contract employee is seasonal with layoffs during the winter when project work is suspended, and work locations vary throughout the state with temporary assignments. Benefits like sick leave and retirement in the private sector are also different.

i. Document justification for hiring contractor.

Limited quality staff available.

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)

May of 2020 through either October 31, 2022 or the end of the agreement

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

Full time with seasonal layoffs.

Comments:

DocuSigned by:
Kristina L. Swallow 02/28/2020
C4B612FC2C1E4FB...
Contracting Agency Head's Signature and Date

Budgetta Harrison 4/14/20
Budget Analyst Signature and Date

Clerk of the Board of Examiners Signature and 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: April 14, 2020

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

From: Bridgette Mackey-Garrison, Executive Budget Officer
Governor's Finance Office – Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF CORRECTIONS – RURAL INSTIITUTIONS AND CAMPS

Agenda Item Write-up:

Pursuant NRS 286.523, the Department requests a two-year extension of the Board of Examiners "critical labor" designation and a Public Employees Retirement System exception for rural Correctional Officer positions.

Additional Information:

On March 8, 2016, the Board of Examiners (BOE) approved the Nevada Department of Corrections' (NDOC) rural area institutions and camps critical need request for a two-year period. On March 13, 2018 the BOE approved the continuation for this program with an extension for an additional two-years. The agency has found success through the utilization of the critical labor designation and is requesting that the Board consider reaffirming an extension for another two-year period.

The department currently has 1,592 approved Correctional Officer positions with 484 located in rural areas. As of March 31, 2020, the agency reported 110 of the 484 positions

are vacant equating to a 22.73% vacancy rate for rural Correctional Officer positions. The agency has reported an average vacancy rate fiscal year 2018 and 2019 of 30.17% for rural Correctional Officer positions.

Rural Correctional Officer Turnover Rates by Fiscal Year	FY2018 7/2017-6/2018			FY2019 7/2018-6/2019			FY2020 As of 03/31/2020		
B/A	FTE	Terms	RATE	FTE	Terms	RATE	FTE	Terms	RATE
3723-Pioche Conservation Camp	12	4	33.33%	12	1	8.33%	12	2	16.67%
3739-Wells Conservation Camp	9	5	55.56%	9	5	55.56%	9	3	33.33%
3741-Humbolt Conservation Camp	9	2	22.22%	9	2	22.22%	9	2	22.22%
3747-Ely Conservation Camp	9	3	33.33%	9	1	11.11%	9	2	22.22%
3748-Jean Conservation Camp	11	3	27.27%	11	5	45.45%	11	0	0.00%
3751-Ely State Prison	227	71	31.28%	227	67	29.52%	227	52	22.91%
3752-Carlin Conservation Camp	9	5	55.56%	9	1	11.11%	9	4	44.44%
3754-Tonopah Conservation Camp	9	2	22.22%	9	4	44.44%	9	1	11.11%
3759-Lovelock Correctional Center	189	56	29.63%	189	55	29.10%	189	44	23.28%
TOTALS	**484**	**151**	**31.20%**	**484**	**141**	**29.13%**	**484**	**110**	**22.73%**

Average FY2018 & FY2019	30.17%

The Department constantly struggles with filling rural Correctional Officer positions, The Department continues to report difficulties in recruitments and retention of Correctional Officer in the rural areas resulting in mandatory overtime, and double shifts to meet the security needs of the rural institutions and camps.

The agency must continue to ensure a safe and secure environment for its employees, inmates and community through meeting all State and Federal standards.

Statutory Authority:

NRS 286.523

REVIEWED:_____

ACTION ITEM:_____

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

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(702) 486-9906

Steve Sisolak
Governor

Charles Daniels
Director

Christina Leathers
Chief of Human Resources

State of Nevada
Department of Corrections

To: Scott Ewart, Chief of Fiscal Services
Nevada Department of Corrections

Through: Christina Leathers, Chief of Human Resources *Christina Leathers*
Nevada Department of Corrections

From: William Sorom, Human Resources Analyst 2
Nevada Department of Corrections

Date: February 29, 2020

Subject: **CRITICAL LABOR DESIGNATION CONTINUATION REQUEST**

As NDOC must continue to ensure a safety and security environment for its employees, inmates and community through meeting all State and Federal standards, the agency has found success through the utilization of the critical labor designation. In order to meet this commitment; the Department must sustain an appropriate overtime situation, as such, we are requesting approval for the continuation of this hiring practice.

Historically, NDOC has confronted varying degrees of difficulty in recruiting for various peace officer positions. This holds especially true for Ely State Prison (ESP), and our other rural institutions and camps. Due to that continuing reality, NDOC asked the Board of Examiners for a Critical Labor Shortage Designation for ESP, LCC and our rural camp facilities to include PCC, ECC, HCC and CCC. This measure was taken in hopes of mitigating those challenges.

In 2016, the Nevada Board of Examiners originally approved the Department of Corrections' rural area camps and institutions for the requested Critical Labor Shortage designation for a two-year period. The continuation for this program was approved again in March 2018 for an additional two-years, which expired in March 2020. This has allowed the Department to continue to rehire retired State employees on a temporary basis while still actively seeking full time applicants to fill the vacancies.

The extension is requested for the following positions:

1. Correctional Officer (3759) – PCNs 42, 76, 90, 102, 108, 122, 126, 132, 142, 152, 160, 168, 178, 184, 194, 230, 236, 242, 258, 266, 276, 278, 284, 292, 304, 410, 412, 416, 421, 422, 424, 427, 429, 433, 435, 438, 444, 446, 449, 458, 461, 710, 711, 712, 715, 716, 718
2. Correctional Officer (3752) – PCNs 0004, 0005, 0007, 0009
3. Correctional Officer (3741) – PCN 0063

4. Correctional Officer (3751) – PCNs 33, 37, 51, 67, 69, 87, 92, 193, 255, 319, 323, 331, 332, 343, 352, 360, 364, 369, 371, 374, 380, 384, 385, 388, 391, 394, 399, 405, 407, 414, 417, 418, 419, 421, 422, 425, 437, 443, 450,454, 456, 458, 462, 463, 466, 470, 471, 487, 489, 496, 497, 499, 500, 502, 503, 506, 507, 541, 544, 554, 560
5. Correctional Officer (3723) – PCNs 0042, 0063, 0070
6. Correctional Officer (3747) – PCNs 0021, 0024, 0025

NDOC must sustain an appropriate overtime situation. This results in an increase in cost due to having such a high vacancy rate, along with a high turnover. The State has a substantial interest to ensure that the safety and security of our institutions and facilities are never compromised. With the rural areas at exceedingly high vacancy rates; the inmates, peace officers and non-custody staff, their community of residents, and the State of Nevada are at potential risk.

HRDW was used to devise the attached matrix. Based on the most current limited time report, this content is provided for informational purposes. The diagram reflects custody officer PCN's at Ely State Prison (ESP), Lovelock Correctional Center (LCC) and Wells Conservation Camp, which presently hold critical labor designations. Two (2) officers left positions since the last memo and have since been replaced with two (2) new officers taking advantage of the program. One (1) additional officer was added to Wells Conservation Camp.

Please feel free to let us know if NDOC HR can be of any further assistance.

Critical Labor Matrix

Budget Acct	PCN	Description	Class Code	Location
3739	56	Correctional Officer	13.313	WCC
3751	337	Correctional Officer	13.313	ESP
3751	370	Correctional Officer	13.313	ESP
3751	498	Correctional Officer	13.313	ESP
3751	562	Correctional Officer	13.313	ESP
3759	192	Correctional Officer	13.313	LCC
3759	194	Correctional Officer	13.313	LCC
3759	445	Correctional Officer	13.313	LCC
3759	466	Correctional Officer	13.313	LCC

Rural Correctional Officer Turnover Rates by Fiscal Year	FY2012 07/01/2011 -			FY2013 07/01/2012 -			FY2014 07/01/2013 -			FY2015 07/01/2014 -		
B/A	FTE	TERMS	RATE	FTE	TERMS	RATE	FTE	TERMS	RATE	FTE	TERMS	RATE
3723-Pioche Conservation Camp	11	0	0.00%	11	3	27.27%	11	2	18.18%	11	4	36.36%
3739-Wells Conservation Camp	8	1	12.50%	8	2	25.00%	9	2	22.22%	9	3	33.33%
3741-Humbolt Conservation Camp	8	5	62.50%	8	2	25.00%	9	2	22.22%	9	1	11.11%
3747-Ely Conservation Camp	8	2	25.00%	8	1	12.50%	8	1	12.50%	8	1	12.50%
3748-Jean Conservation Camp	10	3	30.00%	10	0	0.00%	10	0	0.00%	10	1	10.00%
3751-Ely State Prison	207	63	30.43%	207	50	24.15%	221	47	21.27%	221	62	28.05%
3752-Carlin Conservation Camp	8	3	37.50%	8	2	25.00%	8	2	25.00%	8	6	75.00%
3754-Tonopah Conservation Camp	8	5	62.50%	8	3	37.50%	9	2	22.22%	9	3	33.33%
3759-Lovelock Correctional Center	167	56	33.53%	167	27	16.17%	179	23	12.85%	179	33	18.44%
TOTALS	**435**	**138**	**31.72%**	**435**	**90**	**20.69%**	**464**	**81**	**17.46%**	**464**	**114**	**24.57%**

Rural Correctional Officer Turnover Rates by Fiscal Year	FY2016 07/01/2015 -			FY2017 07/01/2016 -			FY2018 7/2017-6/2018			FY2019 7/2018-6/2019			FY2020 As of 03/31/2020		
B/A	FTE	TERMS	RATE	FTE	TERMS	RATE	FTE	Terms	RATE	FTE	Terms	RATE	FTE	Terms	RATE
3723-Pioche Conservation Camp	11	1	9.09%	12	3	25.00%	12	4	33.33%	12	1	8.33%	12	2	16.67%
3739-Wells Conservation Camp	8	2	25.00%	9	5	55.56%	9	5	55.56%	9	5	55.56%	9	3	33.33%
3741-Humbolt Conservation Camp	8	0	0.00%	9	3	33.33%	9	2	22.22%	9	2	22.22%	9	2	22.22%
3747-Ely Conservation Camp	8	1	12.50%	9	0	0.00%	9	3	33.33%	9	1	11.11%	9	2	22.22%
3748-Jean Conservation Camp	10	2	20.00%	10	2	20.00%	11	3	27.27%	11	5	45.45%	11	0	0.00%
3751-Ely State Prison	228	57	25.00%	235	42	17.87%	227	71	31.28%	227	67	29.52%	227	52	22.91%
3752-Carlin Conservation Camp	8	2	25.00%	9	3	33.33%	9	5	55.56%	9	1	11.11%	9	4	44.44%
3754-Tonopah Conservation Camp	8	2	25.00%	9	0	0.00%	9	2	22.22%	9	4	44.44%	9	1	11.11%
3759-Lovelock Correctional Center	183	24	13.11%	189	31	16.40%	189	56	29.63%	189	55	29.10%	189	44	23.28%
TOTALS	**472**	**91**	**19.28%**	**491**	**89**	**18.13%**	**484**	**151**	**31.20%**	**484**	**141**	**29.13%**	**484**	**110**	**22.73%**

Average FY2018 & FY2019	30.17%

LEASES
SUMMARY

BOE #	LESSEE			LESSOR	AMOUNT
1.	NEVADA STATE BOARD OF EXAMINERS FOR MARRIAGE AND FAMILY THERAPISTS			JMTA INVESTMENTS, LLC	$91,423
		This lease was negotiated to relocate into a space to better accommodate the Board's need.			
		Term of Lease:	**06/01/2020 – 05/31/2023**	**Located in Las Vegas**	

For Budget Division Use Only	
Reviewed by:	4/17/20
Reviewed by:	
Reviewed by:	

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

STATEWIDE LEASE INFORMATION

1. Agency: Nevada State Board of Examiners for Marriage and Family Therapists
P.O Box 370130
Las Vegas, Nevada 89137
Lynne M. Smith
phone: 702-486-7388 ext. 103 fax: 702-486-7258 lmsmith@mftbd.nv.gov

Remarks: Lessor to paint Demised Premises and professionally clean carpeting at their expense.

Exceptions/Special notes: Tenant to pay minimum cleaning per Exhibit "B".

2. Name of Lessor: JMTA Investments, LLC
3. Address of Lessor: 3900 South Hualapai Way, Suite 102
Las Vegas, Nevada 89147
4. Property contact: Chris D. Godino
phone: 775-684-1815 fax: 775-684-1817 GodinoChris2121@gmail.com
5. Address of Lease property: 7324 West Cheyenne Avenue, Suite 10-A
Las Vegas, Nevada 89129

a. Square Footage: ☐ Rentable ☑ Usable 1,488

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approximate cost per square foot
Increase %	$ 2,484.96	12	$ 29,819.52	June 1, 2020 - May 31, 2021	$0.00	$0.00	$1.67
2%	$ 2,544.48	12	$ 30,533.76	June 1, 2021 - May 31, 2022	$0.00	$0.00	$1.71
2%	$ 2,589.12	12	$ 31,069.44	June 1, 2022 - May 31, 2023	$0.00	$0.00	$1.74
c. Total Lease Consideration:		36	$ 91,422.72				

d. Total Improvement Cost: $ -

e. Option to renew: ☑ Yes ☐ No 365 Renewal terms: One identical term
f. Holdover notice: # of Days required 30 Holdover terms: 5%/90
g. Term: Three (3) years
h. Pass-thrus/CAM/Taxes ☑ Landlord ☐ Tenant
i. Utilities: ☐ Landlord ☑ Tenant
j. Janitorial: ☐ Landlord ☑ Tenant ☐ 3 day ☐ 5 day ☐ Rural 3 day ☐ Rural 5 day ☑ Other (see special notes)
k. Repairs: Major: ☑ Landlord ☐ Tenant Minor: ☑ Landlord ☐ Tenant
l. Comparable Area Market Rate Average: $1.98
m. Specific termination clause in lease: Breach/Default lack of funding
n. Lease will be paid for by Agency Budget Account Number: B014

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

a. Estimated Expenses: Moving: $500.00 Furnishing $200.00 Data/Phones: $300.00

RECEIVED
APR 17 2020
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

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

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

_____

Authorized Agency Signature — Date: 4/23/2020

For Public Works Information:

7. State of Nevada Business License Information:

a.	Nevada Business ID Number: NV20051579131	Exp: 8/31/2020	5
b.	The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC ☑ INC ☐ CORP ☐ LP ☐	
c.	Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	☐ YES	☑ NO
d.	Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	☑ YES	☐ NO
e.	Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	☑ YES	☐ NO
f.	Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	☑ YES	☐ NO
g.	State of Nevada Vendor number: Board Paid		
h.	Is this an Arms Length Transaction	☑ YES	☐ NO

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

a. I/we have considered the reasonableness of the terms of this lease, including cost	☑ YES	☐ NO
b. I/we have considered other state leased or owned space available for use by this agency	☑ YES	☐ NO

Authorized Signature — Date: 4/15/20
Public Works Division

For Board of Examiners ☑ YES ☐ NO

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	018	GOVERNOR'S OFFICE - OFFICE OF WORKFORCE INNOVATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – OBO -COLLEGE OF SOUTHERN NEVADA	FEDERAL	$244,272	
	Contract Description:	This is a new interlocal agreement to provide payment for registered apprentices' tuition and related expenses during the Spring 2020 semester.				
		Term of Contract:	01/01/2020 - 06/30/2020	Contract # 23041		
2.	018	GOVERNOR'S OFFICE - OFFICE OF WORKFORCE INNOVATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – OBO – TRUCKEE MEADOWS COMMUNITY COLLEGE	FEDERAL	$99,721	
	Contract Description:	This is a new interlocal agreement to provide payment for registered apprentices' tuition and related expenses during the Spring 2020 semester.				
		Term of Contract:	01/01/2020 - 06/30/2020	Contract # 23042		
3.	018	GOVERNOR'S OFFICE - OFFICE OF WORKFORCE INNOVATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – OBO – WESTERN NEVADA COLLEGE	FEDERAL	$51,008	
	Contract Description:	This is a new interlocal agreement to provide payment for registered apprentices' tuition and related expenses during the Spring 2020 semester.				
		Term of Contract:	01/01/2020 - 06/30/2020	Contract # 23043		
4.	030	ATTORNEY GENERAL'S OFFICE	MCDONALD CARANO WILSON, LLP	OTHER: STATUTORY CONTINGENCY FUNDS	$85,000	Exempt, Former Employee
	Contract Description:	This is a new contract to provide services for outside counsel for case number A-19-787004-B.				
		Term of Contract:	02/21/2020 - 12/30/2020	Contract # 23083		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	030	ATTORNEY GENERAL'S OFFICE - CONSUMER ADVOCATE	THE LAWTON LAW FIRM, PC	OTHER: REGULATORY ASSESSMENTS	$100,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional services as an expert witness and full litigation support to the Bureau of Consumer Protection for cost of capital, depreciation and other issues related to utilities rate making and cost recovery proposals.				
		Term of Contract:	Upon Approval - 05/11/2022	Contract # 23034		
6.	040	SECRETARY OF STATE'S OFFICE	PLURALSIGHT, LLC	GENERAL	$22,200	
	Contract Description:	This is the second amendment to the original contract which provides technical training services and course content to IT staff. This amendment extends the termination date from June 30, 2020 to June 30, 2021 and increases the maximum amount from $34,740 to $56,940 due to the continued need for these services.				
		Term of Contract:	05/25/2018 - 06/30/2021	Contract # 20157		
7.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT ELECTION REFORM	KPS 3, INC.	FEDERAL	$1,000,000	
	Contract Description:	This is a new contract to provide a full-service voter education marketing campaign for the 2020 primary election. Deliverables include development of a marketing plan, development and maintenance of a website, creation of marketing materials and media access.				
		Term of Contract:	04/13/2020 - 06/30/2020	Contract # 23117		
8.	070	DEPARTMENT OF ADMINISTRATION - HUMAN RESOURCE MANAGEMENT	LAW OFFICE OF CHARLES P. COCKERILL, LLC	OTHER: PERSONNEL ASSESSMENTS	$51,200	Professional Service
	Contract Description:	This is a new contract to provide ongoing Hearings & Appeals Officer services to hear Executive Branch employee "whistleblower" complaints and appeals regarding suspensions, demotions, involuntary transfers and terminations.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 23006		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERAN'S CIP PROJECTS - NON-EXEC	SAAREM CONSULTING ENGINEERS	BONDS 53% FEDERAL 47%	$130,700	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Office of the Adjutant General – heating, ventilation and air conditioning system renovation project, to include design construction and bid documents as well as construction administration services for the replacement of five rooftop air handlers, two package rooftop units, one kitchen exhaust hood, two new water source heat pump units, and installation of destratification fans, piping, ductwork and related controls: CIP Project No. 19-M32; SPWD Contract No.113424.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 23037		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	PAUL CAVIN ARCHITECT, LLC	BONDS	$90,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for Lovelock Correctional Center - Housing Units 1 & 2 Roofing Replacement project, to include design services for the replacement of the existing roofing on Housing Units 1 & 2: CIP Project No. 19-S01-3; SPWD Contract No. 113463				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 23097		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING	BONDS	$39,440	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides professional architectural/engineering services for the Stewart Facility - Domestic Fire and Water Main Replacement CIP project: CIP Project No. 17-M36; SPWD Contract No. 112437. This amendment increases the maximum amount from $312,778 to $352,218 due to the added need for supervisory control and data acquisition control removal, geographic information system mapping, and irrigation system improvements.				
		Term of Contract:	05/14/2019 - 06/30/2021	Contract # 21629		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	085	DEPARTMENT OF ADMINISTRATION - RISK MANAGEMENT DIVISION	PERSHING GENERAL HOSPITAL DISTRICT	OTHER: INDIVIDUAL STATE AGENCIES ARE RESPONSIBLE TO PAY VENDOR DIRECTLY	$1,100,000	Sole Source
	Contract Description:	This is a new interlocal agreement to provide ongoing Occupational Health Services to employees in Lovelock and the surrounding area.				
		Term of Contract:	Upon Approval - 03/31/2024	Contract # 23001		
13.	085	DEPARTMENT OF ADMINISTRATION - RISK MANAGEMENT DIVISION	WHITE PINE COUNTY HOSPITAL DISTRICT	OTHER: INDIVIDUAL STATE AGENCIES ARE RESPONSIBLE TO PAY VENDOR DIRECTLY	$900,000	Sole Source
	Contract Description:	This is a new interlocal agreement to provide ongoing Occupational Health Services to employees in Ely and the surrounding area.				
		Term of Contract:	Upon Approval - 03/31/2024	Contract # 23002		
14.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	WESTCARE MANAGEMENT, INC.	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	$424,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing Medicare and Medicaid accounting, consulting and billing assistance to create the Medicaid and Medicare cost report each year.				
		Term of Contract:	06/01/2020 - 05/31/2022	Contract # 23049		
15.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	HUMBOLDT COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$9,251,303	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals and the Graduate Management Education program. The supplemental program pays the difference between Medicaid payments and the Medicare amount.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22728		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	HUMBOLDT COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$5,076,036	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions, which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental owned and operated hospital; and the Graduate Management Education program.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22751		
17.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	HUMBOLDT COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$4,030,556	Exempt
	Contract Description:	This is the second amendment to the original revenue interlocal agreement to provide funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for the non-state governmental-owned and operated hospital. The supplemental program pays the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from $3,208,171 to $7,238,727 and removes Attachment B: Budget Proposal due to an increased volume of services.				
		Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17786		
18.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	HUMBOLDT COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$2,377,505	Exempt
	Contract Description:	This is the second amendment to the original revenue interlocal agreement to provide funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental-owned and operated hospital. This amendment increases the maximum amount from $$1,579,843 to $3,957,348 and removes Attachment B: Budget Proposal due to an increased volume of services.				
		Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17785		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	LANDER COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$1,953,488	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22731		
20.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	LANDER COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$1,953,488	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental owned and operated hospital.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22753		
21.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	LANDER COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$1,295,648	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from $573,286 to $1,868,934 and removes Attachment B: Budget Proposal due to an increased volume of services				
		Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17788		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	LANDER COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$918,885	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental-owned and operated hospital. This amendment increases the maximum amount from $396,412 to $1,315,297 and removes Attachment B: Budget Proposal due to an increased volume of services.				
		Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17787		
23.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	LINCOLN COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$318,863	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22734		
24.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	LINCOLN COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$136,196	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental owned and operated hospital.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22754		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	LINCOLN COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$250,665	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from $168,933 to $419,598 and removes Attachment B: Budget Proposal due to an increased volume of services.				
		Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17796		
26.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	LINCOLN COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$182,573	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental-owned and operated hospital. This amendment increases the maximum amount from $81,510 to $264,083 and removes Attachment B: Budget Proposal due to an increased volume of services.				
		Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17795		
27.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	PERSHING COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$879,716	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22740		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	PERSHING COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$551,260	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental owned and operated hospitals.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22761		
29.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	PERSHING COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$626,962	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from $454,028 to $1,080,990 and removes Attachment B: Budget Proposal due to an increased volume of services.				
		Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17794		
30.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	PERSHING COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$441,913	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental-owned and operated hospital. This amendment increases the maximum amount from $287,131 to $729,044 and removes Attachment B: Budget Proposal due to an increased volume of services.				
		Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17793		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
31.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	SOUTH LYON COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$830,602	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22743		
32.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	SOUTH LYON COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$539,546	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental owned and operated hospitals.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22765		
33.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	SOUTH LYON COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$346,668	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. This amendment increases the maximum amount from $373,965 to $720,633 and removes Attachment B: Budget Proposal.				
		Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17784		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	SOUTH LYON COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$257,566	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental-owned and operated hospital. This amendment increases the maximum amount from $240,943 to $498,509 and removes Attachment B: Budget Proposal due to an increased volume of services.				
		Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17783		
35.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	WHITE PINE COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$3,566,088	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22746		
36.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	WHITE PINE COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$2,127,106	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental owned and operated hospitals.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 22764		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
37.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	WHITE PINE COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$1,109,081	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from $2,177,962 to $3,287,043 and removes Attachment B: Budget Proposal.				
		Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17799		
38.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	WHITE PINE COUNTY HOSPITAL DISTRICT	OTHER: INTER-GOVERNMENTAL TRANSFER	$837,995	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental-owned and operated hospital. This amendment increases the maximum amount from $1,275,368 to $2,113,363 and removes Attachment B: Budget Proposal due to an increased volume of services.				
		Term of Contract:	07/01/2016 - 06/30/2020	Contract # 17797		
39.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	WASHOE COUNTY HUMAN SERVICES	FEDERAL	$28,500,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing Title XIX and Title XXI federal funding for Targeted Case Management, Adult Day Health Care and Administrative cost recovery to the county. Services are available to eligible recipients in accordance with the State of Nevada Medicaid State Plan and the Nevada Medicaid Services Manual.				
		Term of Contract:	07/01/2017 - 06/30/2022	Contract # 21990		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
40.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - HEALTH CARE FACILITIES REGULATION	VIRTUSENSE TECHNOLOGIES, INC.	FEDERAL	$640,000	Exempt
	Contract Description:	This is a new contract to implement an approved technology investment which provides artificial intelligence technology to reduce falls and improve mobility of residents in skilled nursing facilities throughout the State.				
		Term of Contract:	Upon Approval - 09/30/2021	Contract # 22593		
41.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	INFORMATIX, INC.	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	$803,502	
	Contract Description:	This is the second amendment to the original contract which provides ongoing electronic application to assist the State Collection and Disbursement Unit in the collections and disbursements of Child Support payments to the custodial parent and to interface with the legacy Child Support Enforcement Program application for posting of these transactions. This amendment increases the maximum amount from $1,149,737.00 to $1,953,238.78 and revises Attachment A- Scope of Work due to the continued need for these services.				
		Term of Contract:	12/12/2017 - 03/31/2022	Contract # 19387		
42.	440	DEPARTMENT OF CORRECTIONS - CARLIN CONSERVATION CAMP	ADVANCED CHEMICAL TECHNOLOGY	GENERAL	$250,000	
	Contract Description:	This is a new contract for ongoing services to provide chemical testing, treatment, inspection, consulting services, maintenance and minor repairs for heating, ventilation and air conditioning water systems and water treatment systems at Carlin Conservation Camp, Ely State Prison, Florence McClure Women's Correctional Center, High Desert State Prison, Lovelock Correctional Center, Northern Nevada Correctional Center, Southern Desert Correctional Center, Three Lakes Valley Correctional Center and Warm Springs Correctional Center.				
		Term of Contract:	05/13/2020 - 05/31/2024	Contract # 23017		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
43.	440	DEPARTMENT OF CORRECTIONS – CASA GRANDE TRANSITIONAL HOUSING	PIPE MAINTENANCE SERVICE, INC.	GENERAL	$100,000	
	Contract Description:	This is a new contract for ongoing services to provide regularly scheduled pumping of the grease receptors at Casa Grande Transitional Housing, Florence McClure Women's Correctional Center, Jean Conservation Camp, High Desert State Prison, Southern Desert Correctional Center and Three Lakes Valley Correctional Center.				
		Term of Contract:	Upon Approval - 05/31/2024	Contract # 23027		
44	500	DIVISION OF MINERAL RESOURCES	ENVIRONMENTAL PROTECTION SERVICES, LLC	FEE: MINING CLAIM	$900,000	
	Contract Description:	This is the first amendment to the original contract which provides the ability to safeguard and close abandoned mine land hazards as funding is available. This amendment increases the maximum amount from $1,500,000 to $2,400,000 due to an increased need for these services.				
		Term of Contract:	02/13/2018 - 02/05/2022	Contract # 19573		
45.	611	GAMING CONTROL BOARD	ACCURATE BUILDING MAINTENANCE, LLC	GENERAL	$35,000	
	Contract Description:	This is the first amendment to the original contract which provides janitorial services for the Pilot Road office building. This amendment extends the termination date from May 31, 2020 to May 31, 2022 and increases the maximum amount from $30,000 to $65,000 due to the continued need for these services.				
		Term of Contract:	06/01/2018 - 05/31/2022	Contract # 20032		
46.	611	GAMING CONTROL BOARD	AVANTI EQUINE NEVADA, LLC DBA DESERT PINES EQUINE MEDICAL AND SURGICAL CENTER	GENERAL	$100,000	
	Contract Description:	This is a new contract to provide ongoing equine veterinary practitioner services for the horse racing program.				
		Term of Contract:	07/01/2020 - 06/01/2024	Contract # 23050		
47.	700	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ADMINISTRATION	NEVADA DEPARTMENT OF WILDLIFE	GENERAL	$210,000	
	Contract Description:	This is a new interlocal agreement to provide an ongoing collective and collaborative effort on Greater Sage Grouse and sagebrush research and projects, specifically improvements to the conservation credit system, habitat quantification tool and research to assist with implementation of the state's Greater Sage Grouse Conservation Plan.				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 23065		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
48.	702	DEPARTMENT OF WILDLIFE - LAW ENFORCEMENT	DEPARTMENT OF INTERIOR, NATIONAL PARK SERVICE, LAKE MEAD NATIONAL	FEE: SPORTSMEN 66% FEDERAL 34%	$63,875	
	Contract Description:	This is a new interlocal agreement to provide ongoing boat slip rental for law enforcement patrol vessels. The slip rentals allow boats to be water ready for any law enforcement, search and rescue, boating accident response or visitor assistance on Lake Mead.				
		Term of Contract:	07/01/2020 - 06/30/2025	Contract # 22683		
49.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	CARDNO, INC.	GENERAL	$82,106	
	Contract Description:	This is a new contract to provide an environmental assessment of Rafter 7 Management Unit of the Walker River State Recreation Area.				
		Term of Contract:	Upon Approval - 06/30/2021	Contract # 23064		
50.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	KOKANEE BAR & GRILL, LLC	OTHER: REVENUE	$500,000	
	Contract Description:	This is a new revenue contract to provide a snack bar and grill at Lake Tahoe Nevada State Park.				
		Term of Contract:	05/12/2020 - 03/31/2025	Contract # 23051		
51.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - INDUSTRIAL SITE CLEANUP	BROADBENT & ASSOCIATES, INC.	OTHER: HAZARDOUS WASTE FUNDS	$4,000,000	
	Contract Description:	This is a new contract to provide technical review services and recommendations regarding reports generated by companies responsible for the environmental cleanup at the Black Mountain Industrial Complex near Henderson. Nevada Division of Environmental Protection regulatory oversight requires the scientific/technical support and advisory assistance services of several specialists including toxicologists and risk assessors, chemists, statisticians, hydrogeologists and environmental/civil engineers.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 23012		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
52.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY – SPECIAL FUND	EMCOR SERVICES DBA MESA ENERGY SYSTEMS, INC.	OTHER: EMPLOYMENT SECURITY SPECIAL FUNDING	$20,000	
	Contract Description:	This is the second amendment to the original contract which provides ongoing heating, ventilation and air conditioning maintenance services to the facilities located in southern Nevada. This amendment increases the maximum amount from $30,500 to $50,500 due to the continued need for these services.				
		Term of Contract:	08/30/2017 - 09/30/2021	Contract # 19065		
53.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - UNEMPLOYMENT INSURANCE	EIDE BAILLY, LLP	FEDERAL	$81,000	Professional Service
	Contract Description:	This is a new contract to provide audited financial statements for the Unemployment Insurance Trust Fund for calendar years 2020 and 2021.				
		Term of Contract:	Upon Approval - 12/31/2021	Contract # 22981		
54.	920	DEPARTMENT OF ADMINISTRATION - DEFERRED COMPENSATION COMMITTEE	HYAS GROUP, LLC	OTHER: VENDOR REIMBURSEMENTS	$357,000	
	Contract Description:	This is a new contract to provide ongoing investment consulting services.				
		Term of Contract:	06/01/2020 - 05/31/2025	Contract # 23057		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23041**

		Legal Entity Name:	BOARD OF REGENTS-CSN
Agency Name:	**OFFICE OF WORKFORCE INNOVATION**	Contractor Name:	**BOARD OF REGENTS-CSN**
Agency Code:	**018**	Address:	**3200 E. CHEYENNE AVE**
Appropriation Unit:	**1004-16**		
Is budget authority available?:	**Yes**	City/State/Zip	**NORTH LAS VEGAS, NV 89030**
If "No" please explain:	Not Applicable	Contact/Phone:	Dr. Federico Zaragoza 702-651-4163
		Vendor No.:	D35000800
		NV Business ID:	GOVERNMENTAL ENTITY

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.

	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 #: ASD 2834084

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 05/2020

Retroactive? **Yes**

If "Yes", please explain

The retroactive request to approve a contract effective January 1, 2020, is required in order for College of Southern Nevada to process and utilize funds for student enrollment and tuition charges for the Spring 2020 semester.

3. Termination Date: **06/30/2020**

Contract term: **180 days**

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

Contract description: **G-CCAP**

5. Purpose of contract:

This is a new interlocal agreement to provide payment for registered apprentices' tuition and related expenses during the Spring 2020 semester.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$244,271.67**

II. JUSTIFICATION

7. What conditions require that this work be done?

OWINN is tasked with scaling and expanding registered apprenticeship in high-demand, high-growth fields. The funds payable under this contract will seek to support the expansion of registered apprenticeship in Nevada.

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

State employees in our agency do not have the licenses to teach students.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation Waiver: **Not Applicable**

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

This is an Interlocal Agreement

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    Ansara Martino, Sr. Program Administrator Ph: 702-486-8080

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	03/26/2020 14:10:45 PM
Division Approval	ssands	03/26/2020 14:10:47 PM
Department Approval	ssands	03/26/2020 14:10:49 PM
Contract Manager Approval	ssands	03/28/2020 08:03:21 AM
Budget Analyst Approval	dbaughn	04/05/2020 09:12:55 AM
BOE Agenda Approval	cbrekken	04/06/2020 13:04:07 PM
BOE Final Approval	Pending	

STEVE SISOLAK
GOVERNOR

OWINN
GOVERNOR'S OFFICE OF WORKFORCE INNOVATION

CRAIG VON COLLENBERG
EXECUTIVE DIRECTOR

MEMORANDUM

Date: **March 10, 2020**

To: **Darlene Baughn, Executive Branch Budget Officer**
Governor's Finance Office – Budget Division

From: **Craig von Collenberg, Executive Director**
Governor's Office of Workforce Innovation

SUBJECT: **Retroactive Contract**

The Governor's Office of Workforce Innovation (OWINN) respectfully requests approval of the attached contract with Board of Regents, Nevada System of Higher Education (NSHE) DBA College of Southern Nevada (CSN) retroactive to January 1, 2020.

The funds from this contract will be used to fund Registered Apprentices' tuition and related expenses during CSN's Spring 2020 semester. The backdate request to approve a contract effective date of January 1, 2020 is required in order for CSN to process and utilize funds for student enrollment and tuition charges for the Spring 2020 semester.

Thank you and I would be happy to answer any additional questions that you may have.

702.486.8080
555 East Washington Ave. Suite 4900 Las Vegas, Nevada 89101
OWINN.NV.GOV

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23042**

		Legal Entity Name:	BOARD OF REGENTS-TMCC
Agency Name:	**OFFICE OF WORKFORCE INNOVATION**	Contractor Name:	**BOARD OF REGENTS-TMCC**
Agency Code:	**018**	Address:	**700 DANDINI BOULEVARD**
Appropriation Unit:	**1004-16**		**RDMT 200**
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89512-3999**
If "No" please explain:	Not Applicable	Contact/Phone:	Karen Hilgersom 775-856-5307
		Vendor No.:	D35000812
		NV Business ID:	GOVERNMENT ENTITY

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.

	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 #: ASD 2834086

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 05/2020

Retroactive? **Yes**

If "Yes", please explain

The retroactive request to approve a contract effective January 1, 2020, is required in order for Truckee Meadows Community College to process and utilize funds for student enrollment and tuition charges for the Spring 2020 semester.

3. Termination Date: **06/30/2020**

Contract term: **180 days**

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

Contract description: **G-CCAP FOR TMCC**

5. Purpose of contract:

This is a new interlocal agreement to provide payment for registered apprentices' tuition and related expenses during the Spring 2020 semester.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$99,720.73**

II. JUSTIFICATION

7. What conditions require that this work be done?

OWINN is tasked with scaling and expanding registered apprenticeships in high-demand, high-growth fields. The funds payable under this contract will seek to support the expansion of registered apprenticeship in Nevada.

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

State employees in our agency are not licensed to education students.

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?

INTERLOCAL AGREEMENT

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    ANSARA MARTINO, Sr. Program Administrator Ph: 702-486-8080

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	03/26/2020 14:24:59 PM
Division Approval	ssands	03/26/2020 14:25:03 PM
Department Approval	ssands	03/26/2020 14:25:07 PM
Contract Manager Approval	ssands	03/28/2020 08:08:16 AM
Budget Analyst Approval	dbaughn	03/30/2020 10:50:56 AM
BOE Agenda Approval	cbrekken	04/01/2020 16:29:36 PM
BOE Final Approval	Pending	

STEVE SISOLAK
GOVERNOR

OWINN
GOVERNOR'S OFFICE OF WORKFORCE INNOVATION

CRAIG VON COLLENBERG
EXECUTIVE DIRECTOR

MEMORANDUM

Date: **March 10, 2020**

To: **Darlene Baughn, Executive Branch Budget Officer**
Governor's Finance Office – Budget Division

From: **Craig von Collenberg, Executive Director**
Governor's Office of Workforce Innovation

SUBJECT: **Retroactive Contract**

The Governor's Office of Workforce Innovation (OWINN) respectfully requests approval of the attached contract with Board of Regents, Nevada System of Higher Education (NSHE) DBA Truckee Meadows Community College (TMCC) retroactive to January 1, 2020.

The funds from this contract will be used to fund Registered Apprentices' tuition and related expenses during TMCC's Spring 2020 semester. The backdate request to approve a contract effective date of January 1, 2020 is required in order for TMCC to process and utilize funds for student enrollment and tuition charges for the Spring 2020 semester.

Thank you and I would be happy to answer any additional questions that you may have.

702.486.8080
555 East Washington Ave. Suite 4900 Las Vegas, Nevada 89101
OWINN.NV.GOV

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23043**

		Legal Entity Name:	BOARD OF REGENTS-WNC
Agency Name:	**OFFICE OF WORKFORCE INNOVATION**	Contractor Name:	**BOARD OF REGENTS-WNC**
Agency Code:	**018**	Address:	**2201 W COLLEGE PKWY**
Appropriation Unit:	**1004-16**		
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89703-7316**
If "No" please explain:	Not Applicable	Contact/Phone:	Dr. J. Kyle Dalpe 775-445-4454
		Vendor No.:	D35000822
		NV Business ID:	GOVERNMENT ENTITY

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.

	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 #: ASD 2834085

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 05/2020

Retroactive? **Yes**

If "Yes", please explain

The retroactive request to approve a contract effective January 1, 2020, is required in order for Western Nevada College to process and utilize funds for student enrollment and tuition charges for the Spring 2020 semester.

3. Termination Date: **06/30/2020**

Contract term: **180 days**

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

Contract description: **G-CCAP for WNC**

5. Purpose of contract:

This is a new interlocal agreement to provide payment for registered apprentices' tuition and related expenses during the Spring 2020 semester.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$51,007.60**

II. JUSTIFICATION

7. What conditions require that this work be done?

OWINN is tasked with scaling and expanding registered apprenticeship in high-demand, high-growth fields. This contract will seek to support the expansion of registered apprenticeship in Nevada.

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

State employees in our agency are not licensed to teach students.

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?

INTERLOCAL AGREEMENT

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

Ansara Martino, Sr. Program Administrator Ph: 702-486-8080

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	03/26/2020 14:38:29 PM
Division Approval	ssands	03/26/2020 14:38:32 PM
Department Approval	ssands	03/26/2020 14:38:35 PM
Contract Manager Approval	ssands	03/28/2020 08:13:39 AM
Budget Analyst Approval	dbaughn	03/30/2020 10:38:31 AM
BOE Agenda Approval	cbrekken	04/01/2020 16:25:25 PM
BOE Final Approval	Pending	

STEVE SISOLAK
GOVERNOR

OWINN
GOVERNOR'S OFFICE OF WORKFORCE INNOVATION

CRAIG VON COLLENBERG
EXECUTIVE DIRECTOR

MEMORANDUM

Date: **March 10, 2020**

To: **Darlene Baughn, Executive Branch Budget Officer**
Governor's Finance Office – Budget Division

From: **Craig von Collenberg, Executive Director**
Governor's Office of Workforce Innovation

SUBJECT: **Retroactive Contract**

The Governor's Office of Workforce Innovation (OWINN) respectfully requests approval of the attached contract with Board of Regents, Nevada System of Higher Education (NSHE) DBA Western Nevada College (WNC) retroactive to January 1, 2020.

The funds from this contract will be used to fund Registered Apprentices' tuition and related expenses during WNC's Spring 2020 semester. The backdate request to approve a contract effective date of January 1, 2020 is required in order for WNC to process and utilize funds for student enrollment and tuition charges for the Spring 2020 semester.

Thank you and I would be happy to answer any additional questions that you may have.

702.486.8080
555 East Washington Ave. Suite 4900 Las Vegas, Nevada 89101
OWINN.NV.GOV

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23083**

		Legal Entity Name:	MCDONALD CARANO WILSON, LLP
Agency Name:	**ATTORNEY GENERAL'S OFFICE**	Contractor Name:	**MCDONALD CARANO WILSON, LLP**
Agency Code:	**030**	Address:	**100 WEST LIBERTY STREET**
Appropriation Unit:	**1030-04**		**10TH FLOOR**
Is budget authority available?:	**No**	City/State/Zip	**RENO, NV 89505**
If "No" please explain: Funding from Statutory Contingency Fund.		Contact/Phone:	775/788-2000
		Vendor No.:	T81073509B
		NV Business ID:	NV19961000027

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 %**	**Statutory Contingency Funds**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/21/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **Yes**

If "Yes", please explain

The Office of the Attorney General is requesting this contract to be retroactively approved to February 21, 2020. Due to the amount of information already presented in this case, and with the order to complete the Discovery phase of the case by March 13, 2020, the need to obtain outside counsel required immediate attention and work to be performed in order to proceed with this case and meet required deadlines set by the court.

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

Contract term: **313 days**

4. Type of contract: **Contract**

Contract description: **Outside Counsel**

5. Purpose of contract:

This is a new contract to provide services for outside counsel for case number A-19-787004-B.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$85,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada is involved in ongoing litigation that requires the service of outside counsel.

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

State employees do not have the expertise needed for this type of litigation

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

Yes

See the attached Authorization to Contract form for details.

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

No If "Yes", please explain

Not Applicable

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

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

The OAG has used services by McDonald Carano, LLP in the past and they have been performed satisfactorily.

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

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

Not Applicable

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

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:

Rachel Anderson, General Cousel Ph: 702-486-3192

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	04/08/2020 17:11:13 PM
Division Approval	jhoba2	04/08/2020 17:11:17 PM
Department Approval	jhoba2	04/08/2020 17:11:22 PM
Contract Manager Approval	lramire7	04/08/2020 17:14:52 PM
Budget Analyst Approval	jyou23	04/13/2020 14:27:26 PM
BOE Agenda Approval	hfield	04/15/2020 09:56:47 AM
BOE Final Approval	Pending	

AARON D. FORD
Attorney General

CAROLINE BATEMAN
First Assistant Attorney General

CHRISTINE JONES BRADY
Second Assistant Attorney General

JESSICA L. ADAIR
Chief of Staff

RACHEL J. ANDERSON
General Counsel

HEIDI PARRY STERN
Solicitor General

STATE OF NEVADA

OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street
Carson City, Nevada 89701

MEMORANDUM

Date: April 7, 2020

To: Jessica Young, Executive Branch Budget Officer
Governor's Finance Office

From: Lesley Volkov, Management Analyst II

Subject: Retroactive Approval for contract # McDonald Carano, LLP

The Attorney General's Office is requesting to have this contract retroactively approved to February 21, 2020. The Attorney General's Office staff had been providing counsel in an active case which had been in process for more than one year. On February 18, 2020, the Attorney General's Office received notice of a joint investigation by the Nevada Department of Public Safety and the federal government which created a significant conflict of interest with the AG's Office in this case, requiring the need to obtain outside counsel.

Due to the amount of information already presented in this case, and with the order to complete the Discovery phase of the case by March 13, 2020, the need to obtain outside counsel required immediate attention and work to be performed in order to proceed with this case and meet required deadlines set by the court.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23034**

		Legal Entity Name:	THE LAWTON LAW FIRM PC
Agency Name:	**ATTORNEY GENERAL'S OFFICE**	Contractor Name:	**THE LAWTON LAW FIRM PC**
Agency Code:	**030**	Address:	**STE R-275**
Appropriation Unit:	**1038-10**		**12600 HILL COUNTRY BLVD**
Is budget authority available?:	**Yes**	City/State/Zip	**AUSTIN, TX 78738-6768**
If "No" please explain:	Not Applicable	Contact/Phone:	Daniel Lawton 512/322-0019
		Vendor No.:	T27025088
		NV Business ID:	NV20101246795

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

Agency Reference #: 19718

2. Contract start date:

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

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/11/2022**

Contract term: **2 years and 10 days**

4. Type of contract: **Contract**

Contract description: **Professional Service**

5. Purpose of contract:

This is a new contract to provide ongoing professional services as an expert witness and full litigation support to the Bureau of Consumer Protection for cost of capital, depreciation and other issues related to utilities rate making and cost recovery proposals.

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 $200.00 per hour maximum

Other basis for payment: Presentation of invoice to agency and agency approval of monthly invoice that itemize work performed by time and date of services rendered.

II. JUSTIFICATION

7. What conditions require that this work be done?

Specialized knowledge and testimony of an expert witness is required by the Bureau of Consumer Protection to assist in evaluating the filings as well as the particular requirements to represent consumers' interests.

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

Specialized knowledge and credentials of an experienced expert in the field which is not available in a State agency is needed in complex contested matters before the NV Public Utilities Commission.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

This vendor was chosen for their specialized expertise, availability and reasonable rates.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

    Yes If "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 2010 with the Bureau of Consumer Protection and all work performed 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:

    Michael Saunders, Senior Deputy Attorney General Ph: 702-486-3793

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hrobinso	03/26/2020 11:29:33 AM
Division Approval	hrobinso	03/26/2020 11:29:37 AM
Department Approval	hrobinso	03/26/2020 11:29:42 AM
Contract Manager Approval	hrobinso	03/27/2020 08:58:59 AM
Budget Analyst Approval	jyou23	04/07/2020 14:20:08 PM
BOE Agenda Approval	tgreenam	04/08/2020 14:54:11 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **20157**

Amendment Number: **2**

Legal Entity Name: PLURALSIGHT, LLC

Agency Name: **SECRETARY OF STATE'S OFFICE**

Contractor Name: **PLURALSIGHT, LLC**

Agency Code: **040**

Address: **182 NORTH UNION AVE**

Appropriation Unit: **1050-26**

Is budget authority available?: **Yes**

City/State/Zip **FARMINGTON, UT 84025**

If "No" please explain: Not Applicable

Contact/Phone: Sarah Burns 801/784-9183

Vendor No.: T27029555A

NV Business ID: NV20041137059

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 **05/25/2018**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **3 years and 37 days**

4. Type of contract: **Contract**

Contract description: **Training Contract**

5. Purpose of contract:

This is the second amendment to the original contract which provides technical training services and course content to IT staff. This amendment extends the contract termination date from June 30, 2020 to June 30, 2021 and increases the maximum amount from $34,740 to $56,940 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:	$16,770.00	$16,770.00	$16,770.00	Yes - Info
	a. Amendment 1:	$17,970.00	$17,970.00	$34,740.00	Yes - Info
2.	Amount of current amendment (#2):	$22,200.00	$22,200.00	$56,940.00	Yes - Action
3.	New maximum contract amount:	$56,940.00			
	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?

In order to maintain the skills we need here in the IT division to address changes agency needs related to evolving business conditions, evolving cyber security threats and remaining current with the latest techniques and available tools, the IT Division needs to have access to continuing education on a wide variety of technical topics. Topics include Application Development languages and techniques, Project Management, Cyber Security, System Administration, Database Administration and industry standards for operations and continuous improvement programs such as ITIL and Six-Sigma.

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

State employees have neither the expertise or time to complete the work required.

9. Were quotes or proposals solicited? Yes

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

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

b. Soliciation Waiver: **Not Applicable**

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

Pluralsight offered the best combination of pricing per course and user and variety of course content we required.

d. Last bid date: 02/13/2018 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	svaldez	03/24/2020 10:18:28 AM
Division Approval	shudder	03/24/2020 11:30:22 AM
Department Approval	shudder	03/24/2020 11:30:26 AM

Contract Manager Approval	svaldez	03/24/2020 11:32:42 AM
Budget Analyst Approval	dlenzner	04/16/2020 15:54:06 PM
BOE Agenda Approval	hfield	04/17/2020 13:58:39 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: **23117**

		Legal Entity Name:	KPS 3 INC
Agency Name:	**SECRETARY OF STATE'S OFFICE**	Contractor Name:	**KPS 3 INC**
Agency Code:	**040**	Address:	**500 Ryland Street, #300**
Appropriation Unit:	**1051-16**		
Is budget authority available?:	**No**	City/State/Zip	**RENO, NV 89502**
If "No" please explain: Budget authority contingent upon work program C50444 on agenda of the April 30, 2020 IFC.		Contact/Phone:	775-750-5444
		Vendor No.:	T80988055
		NV Business ID:	NV19941094961

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.

	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 **04/13/2020**

Anticipated BOE meeting date 06/2020

Retroactive? **Yes**

If "Yes", please explain

The ongoing COVID-19 State of Emergency and the designation of the 2020 Primary Election as an all-mail primary has made it necessary to conduct a marketing campaign to inform Nevada's voters of the changes to and the processes for the upcoming election. The immediacy of the need for this media campaign requires the contract before the next Board of Examiners Meeting and therefore requires a retroactive date.

3. Termination Date: **06/30/2020**

Contract term: **78 days**

4. Type of contract: **Contract**

Contract description: **Voter Education**

5. Purpose of contract:

This is a new contract to provide a full-service voter education marketing campaign for the 2020 primary election. Deliverables include development of a marketing plan, development and maintenance of a website, creation of marketing materials and media access.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

On March 24, 2020, Secretary of State Cegavske granted requests from all 17 counties to designate all precincts in their respective counties as mail precincts. The current ongoing COVID-19 state of emergency has made it impossible for the recruitment and training of the poll workers required to conduct an in-person election. As well, sites normally used for in-person voting could not be guaranteed due to closures and social distancing requirements. As Nevada's elections are generally in-person elections, Nevada's voters need to be educated and informed of the all-mail voting process. It is vital that Nevada's voters have the opportunity to safely exercise their right to vote in the June 9, 2020 Primary Election. The short timeframe created by the current circumstances make it necessary for this work to be started immediately.

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

State employees with the Secretary of State or other State agencies do not possess the skills required to provide the required 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):

KPS3
The Abbi Agency
CRAFT
Revenue Media Group

b. Soliciation Waiver: **Not Applicable**

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

The Secretary of State solicited and received 4 informal bids for the contracted services. After review of the informal bids received, it was determined that KPS3 was best suited to meet the needs of the Secretary of State's office and providing the voter education marketing campaign. KSP3 has a proven track record of working with the State on public education campaigns relating to the current COVID-19 situation.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	shudder	04/22/2020 08:54:35 AM
Division Approval	shudder	04/22/2020 08:54:40 AM
Department Approval	shudder	04/22/2020 08:54:46 AM
Contract Manager Approval	adale	04/22/2020 09:27:16 AM
Budget Analyst Approval	dlenzner	04/23/2020 08:53:22 AM

BOE Agenda Approval	hfield	04/23/2020 09:38:04 AM
BOE Final Approval	Pending	

BARBARA K. CEGAVSKE
Secretary of State

STATE OF NEVADA

SCOTT W. ANDERSON
Chief Deputy Secretary of State

WAYNE THORLEY
Deputy Secretary for Elections

OFFICE OF THE
SECRETARY OF STATE

MEMORANDUM

To: David Lenzner, Executive Branch Budget Officer

From: Scott W. Anderson, Chief Deputy Secretary of State

CC: Wayne Thorley, Deputy Secretary for Elections
Mark Wlaschin, Deputy Secretary for Operations
Sheri Hudder, Administrative Services Officer

Date: April 14, 2020

Subject: Retroactive Contract with KPS#.

Enclosed for consideration is a contract between the Office of the Secretary of State and KPS3 for up to $1,000,000, with funding from the HAVA grant fund in BA 1051. We solicited and received 4 informal bids for the necessary services and ultimately selected KPS3. The contract has a retroactive date of April 14, 2020. The contract authorizes the Secretary of State to contract with KPS3 for services to produce a full-service voter education marketing campaign for the June 2020 Primary Election.

The office is requesting approval of a retroactive date of April 14, 2020 due to the designation of the June 2020 primary election as an all-mail election due to the ongoing COVID-19 State of Emergency and the inability to secure and train the necessary poll-workers and secure the sites to conduct in-person voting. The contract duration is through the end of Fiscal Year 2020. The contract deliverables include development of the marketing plan, development and maintenance of a website, creation of marketing materials, including but not limited to videos, pictures, mailers, digital media and advertisements and media buys, including but not limited to television and radio, print and outdoor media and online media.

It is important to note that time is of the essence because of the continuing state of emergency and the upcoming Primary Election and the need to start this voter education campaign immediately.

Should you have any questions, please contact Wayne Thorley at (775)684-5720.

Thank you for your consideration.

NEVADA STATE CAPITOL
101 N. Carson Street, Suite 3
Carson City, Nevada 89701-3714

MEYERS ANNEX
COMMERCIAL RECORDINGS
202 N. Carson Street
Carson City, Nevada 89701-4201

LAS VEGAS OFFICE
555 E. Washington Avenue, Suite 5200
Las Vegas, Nevada 89101-1090

nvsos.gov

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23006**

		Legal Entity Name:	LAW OFFICE OF CHARLES P. COCKERILL, LLC
Agency Name:	**ADMIN - DIVISION OF HUMAN RESOURCE MANAGEMENT**	Contractor Name:	**LAW OFFICE OF CHARLES P. COCKERILL, LLC**
Agency Code:	**070**	Address:	**402 N DIVISION ST**
Appropriation Unit:	**1363-11**		
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89703-4168**
If "No" please explain:	Not Applicable	Contact/Phone:	775/884-4300
		Vendor No.:	T29029075
		NV Business ID:	NV20111621979

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

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

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

Agency Reference #: ASD 283988

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 05/2020

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: **Legal Hearings**

5. Purpose of contract:

This is a new contract to provide ongoing Hearings and Appeals Officer services to hear Executive Branch employee "whistleblower" complaints and appeals regarding suspensions, demotions, involuntary transfers and terminations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$51,200.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Employees are entitled to a hearing should they be a whistleblower and are retaliated against. Also, employees are entitled to appeal personnel decisions regarding suspensions, demotions, involuntary transfers and terminations. The Hearing Division will provide licensed attorneys (hearing officers) for resolution of Executive Branch employee appeals which claim reprisal or retaliation based on the disclosure of improper governmental actions.

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

State of Nevada employees are not qualified to do this job.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Continuing prior contract with attorney.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Contractor has current contract with the state for these services.

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

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

Not Applicable

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

    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:

    null, null Ph: null

    Michelle Garton, null Ph: 684-0136

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	04/07/2020 16:09:20 PM
Division Approval	ssands	04/07/2020 16:09:30 PM
Department Approval	ssands	04/07/2020 16:09:32 PM
Contract Manager Approval	ssands	04/07/2020 16:25:56 PM
Budget Analyst Approval	stilley	04/14/2020 14:25:21 PM
BOE Agenda Approval	hfield	04/16/2020 10:37:30 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: **23037**

		Legal Entity Name:	SAAREM CONSULTING ENGINEERS
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**SAAREM CONSULTING ENGINEERS**
Agency Code:	**082**	Address:	**LLC**
Appropriation Unit:	**1577-41**		**2188 ALFRED WAY**
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89703-7128**
If "No" please explain:	Not Applicable	Contact/Phone:	775-772-9846
		Vendor No.:	T32004288
		NV Business ID:	NV20151426231

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	**47.00 %**	**X**	Bonds	**53.00 %**
	Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 113424

2. Contract start date:

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

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 60 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Office of the Adjutant General - HVAC System Renovation CIP project, to include design construction and bid documents as well as construction administration services for the replacement of five rooftop air handlers, two package rooftop units, one kitchen exhaust hood, two new water source heat pump units, and installation of destratification fans, piping, ductwork, and related controls: CIP Project No. 19-M32; SPWD Contract No.113424.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$130,700.00**

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

    LLC

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

    Bassi, Brian, Project Manger Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	03/25/2020 15:11:08 PM
Division Approval	lwildes	03/25/2020 15:11:11 PM
Department Approval	lwildes	03/25/2020 15:11:13 PM
Contract Manager Approval	lwildes	03/25/2020 15:11:16 PM
Budget Analyst Approval	nkephart	04/14/2020 16:35:26 PM
BOE Agenda Approval	jrodrig9	04/21/2020 14:39:09 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: **23097**

		Legal Entity Name:	PAUL CAVIN ARCHITECT LLC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**PAUL CAVIN ARCHITECT LLC**
Agency Code:	**082**	Address:	**1575 DELUCCHI LN., STE 120**
Appropriation Unit:	**1585-53**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89502-6581**
If "No" please explain:	Not Applicable	Contact/Phone:	775-842-0261
		Vendor No.:	T29033842
		NV Business ID:	NV20131182382

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 #: 113463

2. Contract start date:

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

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 60 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 Lovelock Correctional Center - Housing Units 1 & 2 Roofing Replacement CIP project, to include design services for the replacement of the existing roofing on Housing Units 1 & 2: CIP Project No. 19-S01-3; SPWD Contract No. 113463

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$90,000.00**

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

    LLC

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

    Lutz, Andy, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	04/08/2020 09:16:43 AM
Division Approval	lwildes	04/08/2020 09:17:01 AM
Department Approval	lwildes	04/08/2020 09:17:04 AM
Contract Manager Approval	lwildes	04/08/2020 09:17:07 AM
Budget Analyst Approval	nkephart	04/14/2020 16:06:24 PM
BOE Agenda Approval	jrodrig9	04/21/2020 11:37:36 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: **21629**

Amendment Number: **3**

Legal Entity Name: FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING

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

Contractor Name: **FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING**

Agency Code: **082**

Address: **5510 LONGLEY LANE**

Appropriation Unit: **1590-80**

Is budget authority available?: **Yes**

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

If "No" please explain: Not Applicable

Contact/Phone: 775-851-4788

Vendor No.: T81102795A

NV Business ID: NV20011242988

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 #: 112437

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/14/2019**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 48 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the third amendment to the original contract which provides professional architectural/engineering services for the Stewart Facility - Domestic Fire and Water Main Replacement CIP project: CIP Project No. 17-M36; SPWD Contract No. 112437. This amendment increases the maximum amount from $312,778 to $352,218 due to the added need for supervisory control and data acquisition control removal, geographic information system mapping, and irrigation system improvements.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$138,748.00	$138,748.00	$138,748.00	Yes - Action
	a. Amendment 1:	$150,550.00	$150,550.00	$150,550.00	Yes - Action
	b. Amendment 2:	$23,480.00	$23,480.00	$23,480.00	Yes - Info
2.	Amount of current amendment (#3):	$39,440.00	$39,440.00	$62,920.00	Yes - Action
3.	New maximum contract amount:	$352,218.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP Project

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	03/20/2020 12:59:20 PM
Division Approval	lwildes	03/20/2020 12:59:24 PM
Department Approval	lwildes	03/20/2020 12:59:28 PM
Contract Manager Approval	lwildes	03/20/2020 12:59:32 PM

Budget Analyst Approval	nkephart	03/24/2020 09:31:39 AM
BOE Agenda Approval	jrodrig9	04/21/2020 11:38:20 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: **23001**

		Legal Entity Name:	PERSHING GENERAL HOSPITAL AND
Agency Name:	**ADMIN - RISK MANAGEMENT DIVISION**	Contractor Name:	**PERSHING GENERAL HOSPITAL AND**
Agency Code:	**085**	Address:	**NURSING HOME**
Appropriation Unit:	**All Budget Accounts - Category 04**		**855 6TH STREET**
Is budget authority available?:	**No**	City/State/Zip	**LOVELOCK, NV 89419-0661**
If "No" please explain: Individual State Agencies are responsible to pay the vendor directly		Contact/Phone:	775/273-2621
		Vendor No.:	T80588140A
		NV Business ID:	NV20151320477

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Individual State Agencies are responsible to pay vendor directly**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 05/2020

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **03/31/2024**
   Contract term: **3 years and 335 days**

4. Type of contract: **Interlocal Agreement**
   Contract description: **Physicals**

5. Purpose of contract:

   This is a new interlocal agreement to provide ongoing Occupational Health Services to employees in Lovelock and the surrounding area.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$1,100,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   NRS 317.455 and NRS 617.457 require named Police Officers and Firefighters identified in NRS 617.135 to have annual physicals to qualify for Heart and Lung Benefits. The same Officers are required to have annual physicals as part of their job requirements.

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

   Physicals must be performed by a licensed physician

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

b. Soliciation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 200209
Approval Date: 02/24/2020

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

This is the only hospital in the Lovelock Nevada location.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:
null, null Ph: null
Marlene Foley, Health Program Specialist Ph: 775-687-1757

20. Contract Status:
Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	04/02/2020 13:12:08 PM
Division Approval	ssands	04/02/2020 13:12:10 PM
Department Approval	ssands	04/02/2020 13:12:13 PM
Contract Manager Approval	ssands	04/02/2020 13:12:17 PM
Budget Analyst Approval	dlenzner	04/15/2020 17:21:52 PM
BOE Agenda Approval	hfield	04/17/2020 16:28:08 PM
BOE Final Approval	Pending	

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

Purchasing Use Only:	
Approval#:	2002209(a)

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:	***Department of Administration – Risk Management***	
	Contact Name and Title	*Phone Number*	*Email Address*
	Marlene Foley, Health Program Specialist	***775-687-1757***	***mfoley@admin.nv.gov***
	Mandy Hagler, Risk Manager	***775-687-1755***	***mhagler@admin.nv.gov***

1b	**Vendor Information:**	
	Identify Vendor:	***Pershing General Hospital***
	Contact Name:	***Debbie Mock***
	Complete Address:	***855 6th Street, Lovelock, NV 89418***
	Telephone Number:	***775-273-2621 x 1201***
	Email Address:	***debbiem@pershinghospital.org***

1c	**Type of Waiver Requested – Check the appropriate type:**	
	Sole or Single Source:	*No*
	Professional Service Exemption:	*X*

1d	**Contract Information:**				
	Is this a new Contract?	Yes	*X*	No	
	Amendment:	#			
	CETS:	#			

1e	**Term:**				
	One (1) Time Purchase:				
	Contract:	Start Date:	***04/01/2020***	End Date:	***03/31/2024***

1f	**Funding:**	
	State Appropriated:	***Yes***
	Federal Funds:	***N/A***
	Grant Funds:	***N/A***
	Other (Explain):	

Purchasing Use Only:	
Approval #:	#3002094

1g	**Total Estimated Value of this Service Contract, Amendment or Purchase:**
	$1,100,000

2	**Provide a description of work/services to be performed or commodity/good to be purchased:**
	The State of Nevada Department of Administration, Risk Management Division, is seeking a provider for the following purpose: Provision of Occupational Health Services to State of Nevada employees in Lovelock, Nevada and the surrounding area. Primary services include: Annual physical exams for police officers and firefighters, cardiac, pulmonary, audiology consultations/evaluations, hepatitis inoculations and screening. Additional occupational health services to any State agency upon request may include: pre-placement medical exams, physical assessment testing, CDL exams (in conjunction with annual physical and independent from annual exams), Respiratory Compliance exams, blood borne pathogen post exposure services, and miscellaneous occupational health services as identified during the course of the contract. The Risk Management Division representative will identify additional agencies and notify the vendors in writing when a decision is made to include them under the scope of the contract services.

3	**What are the unique features/qualifications required for this service or good that are not available from any other vendor:**
	This service will provide physical examinations for named officers per NRS 617.455, 457 and NAC 617.010 – 617.100. There is only one hospital/clinic in Lovelock. Risk Management initially reached out to determine if Pershing General had an interest in providing the required physicals. Pershing General is already providing annual physicals for the Pershing County Sheriff's Office, The Pershing County Fire Districts, Emergency Medical System, Southwest Gas, and local mines.

4	**Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:**
	The State utilized the services of a mobile unit provided by ARC Health and Wellness, which would go to the Correctional Facility (Lovelock Correctional Center) and provide services onsite. ARC withdrew from the RFP process and would only provide services through December 31, 2019. The current contracted providers (Concentra and Nevada Occupational Health Center) were not interested in purchasing a mobile unit for the rural areas. Due to the rural location, hospitals and/or clinics are limited in the area. A search was conducted and there is only one hospital in Lovelock, Pershing General. Providing a vendor in Lovelock will reduce overtime and per diem incurred by employees traveling to Reno for the statutorily required physicals. Risk Management negotiated with Pershing General to ensure the pricing was comparable to other contracts in Reno, Carson City and Las Vegas.

5	**Were alternative services or commodities evaluated? Check One.**	**Yes:**		**No:**	***X***
	a. *If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.*				

#200209 ⊗

	b. *<u>If not</u>, why were alternatives not evaluated?*
	This service will provide physical examinations for named officers per NRS 617.455, 57 and NAC 617.010 – 617.100. There is only one hospital/clinic in Lovelock, Nevada, Pershing General Hospital. Risk Management initially reached out to determine if Pershing General had an interest in providing the required physicals. Pershing General is already providing annual physicals for the Pershing County Sheriff's Office, The Pershing County Fire Districts, Emergency Medical System, Southwest Gas, and local mines.

Purchasing Use Only:	
Approval #:	#200209

6	**Has the agency purchased this service or commodity in the past? Check One.** ***Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.***	Yes:	*X*	No:	

a. *If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:*

Term Start and End Dates		*Value*	*Short Description*	*Type of Procurement (RFP#, RFQ#, Waiver #)*
07/01/2015	*12/31/2019*	*$6,200,000*	*ARC Health and Wellness*	*RFP 3148*
07/01/2009	*06/31/2015*	*$4,000,000*	*ARC Health and Wellness*	*RFP 1737*
07/01/2015	*12/31/2019*	*$4,000,000*	*Concentra*	*MSA 5*
		$		
		$		

7	**What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?**
	If the waiver is not approved, all Correctional Officers located at Lovelock Correctional Center would be forced to travel to Reno in order to complete the required annual physical per NRS 617.455, 457 and NAC 617.010 – 617.100. In our search we were unable to locate any other vendors in Lovelock, making Pershing General the only vendor to bid.

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?**
	Risk Management did a thorough search of the area to determine what medical facilities, hospitals, clinics or physicians were in Lovelock. Risk Management has worked with Pershing General by providing them with the current contract prices to seek competitive pricing that is fair and reasonable.

9	**Will this purchase obligate the State to this vendor for future purchases?** ***Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.***	Yes:	*X*	No:	*X*

a. *If yes, please provide details regarding future obligations or needs.*

In the event no other clinics become available, Risk Management would look at utilizing the same services in the future.

Purchasing Use Only:	
Approval #:	#200209

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.

Marlene Foley

Agency Representative Initiating Request

MARLENE FOLEY — 2-12-20

Print Name of Agency Representative Initiating Request — Date

Mandy Hagler

Signature of Agency Head Authorizing Request

MANDY HAGLER — 02/12/2020

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 — 2/24/2020

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: **23002**

		Legal Entity Name:	WHITE PINE COUNTY HOSPTL DIST
Agency Name:	**ADMIN - RISK MANAGEMENT DIVISION**	Contractor Name:	**WHITE PINE COUNTY HOSPTL DIST**
Agency Code:	**085**	Address:	**DBA WILLIAM BEE RIRIE HOSPITAL**
Appropriation Unit:	**All Budget Accounts - Category 04**		**1500 AVENUE H**
Is budget authority available?:	**No**	City/State/Zip	**ELY, NV 89301**
If "No" please explain: Individual State Agencies are responsible to pay vendor directly		Contact/Phone:	775/289-3467
		Vendor No.:	T11198400B
		NV Business ID:	NV20151425136

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Individual State Agencies are responsible to pay vendor directly**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 05/2020

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **03/31/2024**
   Contract term: **3 years and 335 days**

4. Type of contract: **Interlocal Agreement**
   Contract description: **Physicals**

5. Purpose of contract:

   This is a new interlocal agreement to provide ongoing Occupational Health Services to employees in Ely and the surrounding area.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$900,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   NRS 317.455 and NRS 617.457 require named Police Officers and Firefighters identified in NRS 617.135 to have annual physicals to qualify for Heart and Lung Benefits. The same Officers are required to have annual physicals as part of their job requirements.

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

   Physicals are to be performed by licensed physicians.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

b. Soliciation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 200208
Approval Date: 02/24/2020

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

Marlene Foley, Health Program Specialists Ph: 775-687-1757

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	04/02/2020 13:09:19 PM
Division Approval	ssands	04/02/2020 13:09:21 PM
Department Approval	ssands	04/02/2020 13:09:24 PM
Contract Manager Approval	ssands	04/02/2020 13:09:27 PM
Budget Analyst Approval	dlenzner	04/15/2020 17:38:01 PM
BOE Agenda Approval	hfield	04/17/2020 16:24:11 PM
BOE Final Approval	Pending	

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

Purchasing Use Only:	
Approval#:	200208

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:	*Department of Administration – Risk Management*	
	Contact Name and Title	*Phone Number*	*Email Address*
	Marlene Foley, Health Program Specialist 1	*775-687-1757*	*mfoley@admin.nv.gov*
	Mandy Hagler, Risk Manager – Administrator	*775-687-1755*	*mhagler@admin.nv.gov*

1b	**Vendor Information:**	
	Identify Vendor:	*William Bee Ririe Hospital*
	Contact Name:	*Edwin Szewczyk*
	Complete Address:	*1500 Ave H, Ely, NV 89301*
	Telephone Number:	*775-289-3001 X 277*
	Email Address:	*esgewczyk@wbrhely.org*

1c	**Type of Waiver Requested – Check the appropriate type:**	
	Sole or Single Source:	*No*
	Professional Service Exemption:	*X*

1d	**Contract Information:**				
	Is this a new Contract?	Yes	*X*	No	
	Amendment:	#			
	CETS:	#			

1e	**Term:**				
	One (1) Time Purchase:				
	Contract:	Start Date:	*04/01/2020*	End Date:	*03/31/2024*

1f	**Funding:**	
	State Appropriated:	*Yes*
	Federal Funds:	*N/A*
	Grant Funds:	*N/A*
	Other (Explain):	

Purchasing Use Only:	
Approval #:	200208 (a)

1g	Total Estimated Value of this Service Contract, Amendment or Purchase:
	$900,000.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	The State of Nevada Department of Administration, Risk Management Division, is seeking a provider for the following purpose: Provision of Occupational Health Services to State of Nevada employees in Ely, Nevada and the surrounding area. Primary services include: Annual physical exams for police officers and firefighters, cardiac, pulmonary, audiology consultations/evaluations, hepatitis inoculations and screening. Additional occupational health services to any State agency upon request may include: pre-placement medical exams, physical assessment testing, CDL exams (in conjunction with annual physical and independent from annual exams), Respiratory Compliance exams, blood borne pathogen post exposure services, and miscellaneous occupational health services as identified during the course of the contract. The Risk Management Division representative will identify additional agencies and notify the vendors in writing when a decision is made to include them under the scope of the contract services.

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	This service will provide physical examinations for named officers per NRS 617.455, 57 and NAC 617.010 – 617.100. There is only one hospital/clinic in Ely, William Bee Ririe Hospital. Risk Management initially reached out to determine if William Bee Ririe had an interest in providing the required physicals. William Bee Ririe also performs physicals and other testing for the mine, Forest Services, CDL's for DOT, the local Head Start Program, BLM and White Pine County.

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	The State utilized the services of a mobile unit provided by ARC Health and Wellness, which would go to the Correctional Facility (Ely State Prison) and provide services onsite. ARC withdrew from the RFP process and terminated services to the State as of December 31, 2019. The current contracted providers (Concentra and Nevada Occupational Health Center) were not interested in purchasing a mobile unit for the rural areas. Due to the rural location, hospitals and/or clinics are limited in the area. A search was conducted and there is only one hospital in Ely, William Bee Ririe Hospital. Providing a vendor in Ely will reduce overtime and per diem incurred by employees who would need to travel to Las Vegas for the statutorily required physicals. Risk Management negotiated with William Bee Ririe to ensure the pricing was comparable to other contracts in Reno, Carson City and Las Vegas.

5	Were alternative services or commodities evaluated? Check One.	Yes:		No:	X
	a. *If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.*				

#200208 (2)

	b. ***If not**, why were alternatives not evaluated?*
	This service will provide physical examinations for named officers per NRS 617.455, 57 and NAC 617.010 – 617.100. There is only one hospital/clinic in Ely, William Bee Ririe Hospital. Risk Management initially reached out to determine if William Bee Ririe had an interest in providing the required physicals. William Bee Ririe also performs physicals and other testing for the mine, Forest Services, CDL's for DOT, the local Head Start Program, BLM and White Pine County.

Purchasing Use Only:	
Approval #:	#200208 (6)

6	**Has the agency purchased this service or commodity in the past? Check One.** ***Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.***	Yes:	*X*	No:	
	a. *If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:*				

Term Start and End Dates		*Value*	*Short Description*	*Type of Procurement (RFP#, RFQ#, Waiver #)*
07/01/2015	*12/31/2019*	*$6,2000,000*	*ARC Health and Wellness*	*RFP 3148*
07/01/2009	*06/30/2015*	*$4,000,000*	*ARC Health and Wellness*	*RFP 1737*
05/01/2005	*06/30/2009*	*$4,000,000*	*Concentra*	*MSA 5*

7	**What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?**
	If the waiver is not approved, all Correctional Officers located at Ely State Prison would be forced to travel to Las Vegas in order to complete the required annual physical per NRS 617.455, 457 and NAC 617.010 – 617.100. Through an extensive search we were unable to locate any other vendors in Ely, making William Bee Ririe Hospital the only vendor to bid.

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?**
	Risk Management did a thorough search of the area to determine what medical facilities, hospitals, clinics or physicians were in Ely. Risk Management has worked with William Bee Ririe Hospital by providing them with the current contract prices to seek competitive pricing that is fair and reasonable.

9	**Will this purchase obligate the State to this vendor for future purchases?** ***Before selecting your answer, please review information included on Page 2, Section 9 of the Instructions.***	Yes:	*X*	No:	*X*
	a. *If yes, please provide details regarding future obligations or needs.*				
	In the event no other clinics become available, Risk Management would look at utilizing the same services in the future.				

Purchasing Use Only:	
Approval #:	4200208 (2)

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.

Marlene Foley

Agency Representative Initiating Request

MARLENE Foley 2-12-20

Print Name of Agency Representative Initiating Request Date

Mandy Hagler

Signature of Agency Head Authorizing Request

MANDY HAGLER 02/12/2020

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. Daly 2/24/2020

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: **23049**

		Legal Entity Name:	WESTCARE MANAGEMENT, INC.
Agency Name:	**DEPARTMENT OF VETERANS SERVICES**	Contractor Name:	**WESTCARE MANAGEMENT, INC.**
Agency Code:	**240**	Address:	**3155 RIVER RD S STE 100**
Appropriation Unit:	**2561-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**SALEM, OR 97302-9819**
If "No" please explain:	Not Applicable	Contact/Phone:	JASON MCARTHUR 503-362-5235
		Vendor No.:	T27007546
		NV Business ID:	NV20101384894

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 **06/01/2020**
   Anticipated BOE meeting date 05/2020

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

   Not Applicable

3. Termination Date: **05/31/2022**
   Contract term: **1 year and 364 days**

4. Type of contract: **Contract**
   Contract description: **Medicaid/Medicare**

5. Purpose of contract:

   This is a new contract to provide ongoing Medicare and Medicaid accounting, consulting and billing assistance to create the Medicaid and Medicare cost report each year.

6. NEW CONTRACT

   The maximum amount of the contract for the term of the contract is: **$424,000.00**

   Other basis for payment: Payment for services will be made at the rate of $150 per hour for the preparation of Medicare and Medicaid cost reports and consulting and recommendation services; $95 per hour for consulting on Medicare and Medicaid billing issues; and $65 per hour for data entry support in the area of Medicare and Medicaid billing.

II. JUSTIFICATION

7. What conditions require that this work be done?

   NRS 449.490

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

   State employees cannot complete this work due to the complexity of the Medicare and Medicaid rules in regards to the cost reports.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

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

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

Key Members of Westcare serve in a leadership capacity with the National Association of State Veterans Homes (NASVH), the only association specifically representing State Veterans Homes. In this capacity, Westcare has the unique ability to be informed about issues effecting the State Home Program and keep the Nevada State Veterans Homes informed of these issues and their impact on the Nevada State Home program. Westcare members also serve on various committees with the American Health Care Association so that upcoming national issue effecting nursing homes are known well in advance of implementation. Westcare is familiar the SNSVH practices and has experience in Medicare/Medicaid cost reporting .

d. Last bid date: 02/28/2020 Anticipated re-bid date: 01/30/2024

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:

Contractor has provided these services to SNSVH for the past 12 years. All services have been satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	agarland	04/16/2020 10:42:26 AM
Division Approval	agarland	04/16/2020 10:42:28 AM
Department Approval	agarland	04/16/2020 10:42:32 AM
Contract Manager Approval	agarland	04/16/2020 10:42:35 AM
Budget Analyst Approval	afrantz	04/16/2020 10:43:49 AM
BOE Agenda Approval	bwooldri	04/20/2020 09:04:17 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22728**

		Legal Entity Name:	Humboldt County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Humboldt County Hospital District**
Agency Code:	**403**	Address:	**118 E Haskell St**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Winnemucca, NV 89445**
If "No" please explain:	Not Applicable	Contact/Phone:	Tim L. Powers 775-623-5222
		Vendor No.:	
		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.

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 **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: **Interlocal Agreement**
   Contract description: **UPL IGT**

5. Purpose of contract:

   This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals and the Graduate Management Education program. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$9,251,303.00**
   Other basis for payment: FY21 - $2,425,508; FY22 - $2,361,073; FY23 - $2,266,860; FY24 - $2,197,862

II. JUSTIFICATION

7. What conditions require that this work be done?

   The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals.

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

   Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

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

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

NRS 277.180 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:

    The Hospital District has been a contracted vendor with the DHCFP for many 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	03/06/2020 11:23:26 AM
Division Approval	rmille8	03/30/2020 10:06:09 AM
Department Approval	mwinebar	03/31/2020 15:24:41 PM
Contract Manager Approval	rmille8	04/06/2020 07:49:05 AM
Budget Analyst Approval	laaron	04/21/2020 14:04:35 PM
BOE Agenda Approval	laaron	04/21/2020 14:10:51 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22751**

		Legal Entity Name:	Humboldt County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Humboldt County Hospital District**
Agency Code:	**403**	Address:	**118 E Haskell St**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Winnemucca, NV 89445**
If "No" please explain:	Not Applicable	Contact/Phone:	Tim L. Powers 775-623-5222
		Vendor No.:	
		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.

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 **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: **Interlocal Agreement**
   Contract description: **Voluntary Contributi**

5. Purpose of contract:

   This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions, which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental owned and operated hospital; and the Graduate Management Education program.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$5,076,036.00**
   Other basis for payment: FY21 - $1,315,184; FY22 - $1,272,495; FY23 - $1,259,058; FY24 - $1,229,299

II. JUSTIFICATION

7. What conditions require that this work be done?

   The Medicaid State Plan allows for payment of supplemental payments to non-state government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

   Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

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

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

NRS 277.180 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:

    The hospital district has been contracted with DHCFP 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	03/06/2020 11:42:04 AM
Division Approval	rmille8	03/30/2020 10:18:25 AM
Department Approval	mwinebar	03/31/2020 17:33:00 PM
Contract Manager Approval	rmille8	04/06/2020 07:52:31 AM
Budget Analyst Approval	laaron	04/21/2020 14:09:10 PM
BOE Agenda Approval	laaron	04/21/2020 14:10:13 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: **17786**

		Amendment Number:	**2**
		Legal Entity Name:	Humboldt County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Humboldt County Hospital District**
Agency Code:	**403**	Address:	**118 East Haskell Street**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Winnemucca, NV 89445**
If "No" please explain:	Not Applicable	Contact/Phone:	Tim L. Powers 775-623-5222
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**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 **07/01/2016**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **4 years**

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

Contract description: **UPL Supplemental**

5. Purpose of contract:

This is the second amendment to the original revenue interlocal agreement to provide funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for the non-state governmental-owned and operated hospital. The supplemental program pays the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from $3,208,171 to $7,238,727 and removes Attachment B: Budget Proposal due to an increased volume of services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$3,034,639.00	$3,034,639.00	$3,034,639.00	Yes - Action
	a. Amendment 1:	$173,532.00	$173,532.00	$173,532.00	Yes - Action
2.	Amount of current amendment (#2):	$4,030,556.00	$4,030,556.00	$4,030,556.00	Yes - Action
3.	New maximum contract amount:	$7,238,727.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Existing contract with satisfactory performance.

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

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

Not Applicable

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

Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	03/06/2020 11:20:16 AM
Division Approval	rmille8	03/30/2020 13:02:47 PM
Department Approval	mwinebar	04/01/2020 14:41:08 PM
Contract Manager Approval	rmille8	04/06/2020 06:21:02 AM
Budget Analyst Approval	laaron	04/21/2020 13:54:45 PM
BOE Agenda Approval	laaron	04/29/2020 15:44:14 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: **17785**

		Amendment Number:	**2**
		Legal Entity Name:	Humboldt County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Humboldt County Hospital District**
Agency Code:	**403**	Address:	**118 East Haskell Street**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Winnemucca, NV 89445**
If "No" please explain:	Not Applicable	Contact/Phone:	Tim L. Powers 775-623-5222
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**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 **07/01/2016**

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**

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

Contract description: **Voluntary Contributn**

5. Purpose of contract:

This is the second amendment to the original revenue interlocal agreement to provide funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental-owned and operated hospital. This amendment increases the maximum amount from $$1,579,843 to $3,957,348 and removes Attachment B: Budget Proposal due to an increased volume of services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$1,455,353.00	$1,455,353.00	$1,455,353.00	Yes - Action
	a. Amendment 1:	$124,490.00	$124,490.00	$124,490.00	Yes - Action
2.	Amount of current amendment (#2):	$2,377,505.00	$2,377,505.00	$2,377,505.00	Yes - Action
3.	New maximum contract amount:	$3,957,348.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Existing contract with satisfactory performance.

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

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

Not Applicable

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

Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	03/06/2020 12:25:01 PM
Division Approval	rmille8	03/30/2020 13:01:55 PM
Department Approval	mwinebar	04/01/2020 14:08:55 PM
Contract Manager Approval	rmille8	04/06/2020 06:20:18 AM
Budget Analyst Approval	laaron	04/21/2020 13:35:55 PM
BOE Agenda Approval	laaron	04/29/2020 15:45:13 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22731**

		Legal Entity Name:	Lander County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Lander County Hospital District**
Agency Code:	**403**	Address:	**535 S Humboldt St**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Battle Mountain, NV 89820**
If "No" please explain:	Not Applicable	Contact/Phone:	775-735-2550
		Vendor No.:	
		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.

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 **07/01/2020**
   Anticipated BOE meeting date 05/2020

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

3. Termination Date: **06/30/2024**
   Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**
   Contract description: **UPL IGT**

5. Purpose of contract:
   This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$1,953,488.00**
   Other basis for payment: FY21 - $531,122; FY22 - $504,352; FY23 - $472,075; FY24 - $445,939

II. JUSTIFICATION

7. What conditions require that this work be done?
   The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   Services can only be provided by employees/contractors of the County Hospital

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

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

NRS 277.180 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:

The Hospital District has been a contracted vendor with the DHCFP for many 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	02/10/2020 16:29:10 PM
Division Approval	rmille8	03/30/2020 10:07:18 AM
Department Approval	mwinebar	03/31/2020 15:33:02 PM
Contract Manager Approval	rmille8	04/06/2020 07:49:34 AM
Budget Analyst Approval	laaron	04/09/2020 11:56:28 AM
BOE Agenda Approval	bwooldri	04/15/2020 08:44:43 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: **22753**

		Legal Entity Name:	Lander County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Lander County Hospital District**
Agency Code:	**403**	Address:	**535 S Humboldt St**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Battle Mountain, NV 89820**
If "No" please explain:	Not Applicable	Contact/Phone:	775-735-2550
		Vendor No.:	
		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.

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 **07/01/2020**
   Anticipated BOE meeting date 05/2020

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

   Not Applicable

3. Termination Date: **06/30/2024**
   Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**
   Contract description: **Voluntary Contributi**

5. Purpose of contract:

   This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental owned and operated hospital.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$1,953,488.00**
   Other basis for payment: FY21 - $531,122; FY22 - $504,352; FY23 - $472,075; FY24 - $445,939

II. JUSTIFICATION

7. What conditions require that this work be done?

   The Medicaid State Plan allows for payment of supplemental payments to non-state government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

   Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

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

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

NRS 277.180 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:

    The hospital district has been contracted with DHCFP 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	02/11/2020 09:06:26 AM
Division Approval	rmille8	03/30/2020 10:21:02 AM
Department Approval	mwinebar	03/31/2020 18:06:50 PM
Contract Manager Approval	rmille8	04/06/2020 07:52:57 AM
Budget Analyst Approval	laaron	04/09/2020 17:16:28 PM
BOE Agenda Approval	bwooldri	04/15/2020 11:27:07 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: **17788**

		Amendment Number:	**1**
		Legal Entity Name:	Lander County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Lander County Hospital District**
Agency Code:	**403**	Address:	**535 South Humboldt Street**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Battle Mountain, NV 89820**
If "No" please explain:	Not Applicable	Contact/Phone:	775-735-2550
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**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 **07/01/2016**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **4 years**

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

Contract description: **UPL Supplemental**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from $573,286 to $1,868,934 and removes Attachment B: Budget Proposal due to an increased volume of services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$573,286.00	$573,286.00	$573,286.00	Yes - Action
2.	Amount of current amendment (#1):	$1,295,648.00	$1,295,648.00	$1,295,648.00	Yes - Action
3.	New maximum contract amount:	$1,868,934.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Existing contract with satisfactory performance.

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

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

Not Applicable

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

Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	03/30/2020 14:57:07 PM
Division Approval	rmille8	03/31/2020 07:12:36 AM
Department Approval	mwinebar	04/01/2020 15:12:07 PM
Contract Manager Approval	rmille8	04/06/2020 06:22:16 AM
Budget Analyst Approval	laaron	04/13/2020 11:07:41 AM
BOE Agenda Approval	laaron	04/29/2020 15:46:07 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17787**

Amendment Number: **1**

Legal Entity Name: Lander County Hospital District

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY**

Contractor Name: **Lander County Hospital District**

Agency Code: **403**

Address: **535 South Humboldt Street**

Appropriation Unit: **3157-00**

Is budget authority available?: **Yes**

City/State/Zip **Battle Mountain, NV 89820**

If "No" please explain: Not Applicable

Contact/Phone: 775-735-2550

Vendor No.:

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**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 **07/01/2016**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **4 years**

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

Contract description: **Voluntary Contributn**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental-owned and operated hospital. This amendment increases the maximum amount from $396,412 to $1,315,297 and removes Attachment B: Budget Proposal due to an increased volume of services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$396,412.00	$396,412.00	$396,412.00	Yes - Action
2.	Amount of current amendment (#1):	$918,885.00	$918,885.00	$918,885.00	Yes - Action
3.	New maximum contract amount:	$1,315,297.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

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

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

   Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Existing contract with satisfactory performance.

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

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

    Not Applicable

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

    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	02/11/2020 09:09:30 AM
Division Approval	rmille8	03/30/2020 13:04:31 PM
Department Approval	mwinebar	04/01/2020 14:53:32 PM
Contract Manager Approval	rmille8	04/06/2020 06:21:39 AM
Budget Analyst Approval	laaron	04/13/2020 14:22:45 PM
BOE Agenda Approval	laaron	04/29/2020 15:48:21 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: **22734**

		Legal Entity Name:	Lincoln County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Lincoln County Hospital District**
Agency Code:	**403**	Address:	**PO Box 1010**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Caliente, NV 89008**
If "No" please explain:	Not Applicable	Contact/Phone:	775-726-3171
		Vendor No.:	
		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.

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 **07/01/2020**
   Anticipated BOE meeting date 05/2020

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

3. Termination Date: **06/30/2024**
   Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**
   Contract description: **UPL IGT**

5. Purpose of contract:
   This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$318,863.00**
   Other basis for payment: FY21 - $86,694; FY22 - $82,324; FY23 - $77,056; FY24 - $72,790

II. JUSTIFICATION

7. What conditions require that this work be done?
   The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   Services can only be provided by employees/contractors of the County Hospital.

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

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

NRS 277.180 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:

The Hospital District has been a contracted vendor with the DHCFP for many 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	02/11/2020 09:10:45 AM
Division Approval	rmille8	03/30/2020 10:08:45 AM
Department Approval	mwinebar	03/31/2020 15:48:51 PM
Contract Manager Approval	rmille8	04/06/2020 07:50:10 AM
Budget Analyst Approval	laaron	04/09/2020 11:59:46 AM
BOE Agenda Approval	bwooldri	04/15/2020 09:58:03 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: **22754**

		Legal Entity Name:	Lincoln County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Lincoln County Hospital District**
Agency Code:	**403**	Address:	**PO Box 1010**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Caliente, NV 89008**
If "No" please explain:	Not Applicable	Contact/Phone:	775-726-3171
		Vendor No.:	
		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.

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 **07/01/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

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

Contract description: **Voluntary Contributi**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental owned and operated hospital.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$136,196.00**

Payment for services will be made at the rate of $34,049.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

NRS 277.180 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:

    The hospital district has been contracted with DHCFP 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	02/11/2020 09:17:21 AM
Division Approval	rmille8	03/30/2020 10:21:51 AM
Department Approval	mwinebar	04/01/2020 08:41:33 AM
Contract Manager Approval	rmille8	04/06/2020 07:53:42 AM
Budget Analyst Approval	laaron	04/09/2020 17:12:11 PM
BOE Agenda Approval	bwooldri	04/15/2020 11:27:22 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17796**

		Amendment Number:	**1**
		Legal Entity Name:	Lincoln County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Lincoln County Hospital District**
Agency Code:	**403**	Address:	**PO Box 1010**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Caliente, NV 89008**
If "No" please explain:	Not Applicable	Contact/Phone:	775-726-3171
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**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 **07/01/2016**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **4 years**

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

Contract description: **UPL Supplemental**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from $168,933 to $419,598 and removes Attachment B: Budget Proposal due to an increased volume of services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$168,933.00	$168,933.00	$168,933.00	Yes - Action
2.	Amount of current amendment (#1):	$250,665.00	$250,665.00	$250,665.00	Yes - Action
3.	New maximum contract amount:	$419,598.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Existing contract with satisfactory performance.

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

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

Not Applicable

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

Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	02/11/2020 09:11:44 AM
Division Approval	rmille8	03/30/2020 13:14:23 PM
Department Approval	mwinebar	04/01/2020 16:36:36 PM
Contract Manager Approval	rmille8	04/06/2020 06:25:19 AM
Budget Analyst Approval	laaron	04/13/2020 13:04:29 PM
BOE Agenda Approval	laaron	04/29/2020 15:49:24 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: **17795**

Amendment Number: **1**

Legal Entity Name: Lincoln County Hospital District

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY**

Contractor Name: **Lincoln County Hospital District**

Agency Code: **403**

Address: **PO Box 1010**

Appropriation Unit: **3157-00**

Is budget authority available?: **Yes**

City/State/Zip **Caliente, NV 89008**

If "No" please explain: Not Applicable

Contact/Phone: 775-726-3171

Vendor No.:

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**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 **07/01/2016**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **4 years**

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

Contract description: **Voluntary Contributn**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental-owned and operated hospital. This amendment increases the maximum amount from $81,510 to $264,083 and removes Attachment B: Budget Proposal due to an increased volume of services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$81,510.00	$81,510.00	$81,510.00	Yes - Action
2.	Amount of current amendment (#1):	$182,573.00	$182,573.00	$182,573.00	Yes - Action
3.	New maximum contract amount:	$264,083.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

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

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

   Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Existing contract with satisfactory performance.

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

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

    Not Applicable

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

    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	02/11/2020 09:12:59 AM
Division Approval	rmille8	03/30/2020 13:13:16 PM
Department Approval	mwinebar	04/01/2020 16:30:18 PM
Contract Manager Approval	rmille8	04/06/2020 06:23:56 AM
Budget Analyst Approval	laaron	04/20/2020 14:22:08 PM
BOE Agenda Approval	laaron	04/29/2020 15:50:21 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: **22740**

		Legal Entity Name:	Pershing County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Pershing County Hospital District**
Agency Code:	**403**	Address:	**PO Box 661**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Lovelock, NV 89419**
If "No" please explain:	Not Applicable	Contact/Phone:	775-273-2621
		Vendor No.:	
		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.

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 **07/01/2020**
   Anticipated BOE meeting date 05/2020

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

3. Termination Date: **06/30/2024**
   Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**
   Contract description: **UPL IGT**

5. Purpose of contract:
   This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$879,716.00**
   Other basis for payment: FY21 - $239,180; FY22 - $227,125; FY23 - $212,590; FY24 - $200,820

II. JUSTIFICATION

7. What conditions require that this work be done?
   The Medicaid State Plan allows for payment of supplemental payments to non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   Services can only be provided by employees/contractors of the County Hospital.

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

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

NRS 277.180 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:

The Hospital District has been a contracted vendor with the DHCFP for many 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	03/16/2020 08:51:08 AM
Division Approval	rmille8	03/30/2020 10:09:29 AM
Department Approval	mwinebar	04/06/2020 07:58:22 AM
Contract Manager Approval	rmille8	04/06/2020 08:10:47 AM
Budget Analyst Approval	laaron	04/09/2020 12:02:16 PM
BOE Agenda Approval	bwooldri	04/15/2020 09:58:36 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: **22761**

		Legal Entity Name:	Pershing County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Pershing County Hospital District**
Agency Code:	**403**	Address:	**PO Box 661**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Lovelock, NV 89419**
If "No" please explain:	Not Applicable	Contact/Phone:	775-273-2621
		Vendor No.:	
		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.

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 **07/01/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

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

Contract description: **Voluntary Contributi**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental owned and operated hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$551,260.00**

Other basis for payment: FY21 - $147,292; FY22 - $139,600; FY23 - $135,216; FY24 - $129,151

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

NRS 277.180 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:

    The hospital district has been contracted with DHCFP 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	03/16/2020 08:48:42 AM
Division Approval	rmille8	03/30/2020 10:22:39 AM
Department Approval	mwinebar	04/01/2020 08:49:18 AM
Contract Manager Approval	rmille8	04/06/2020 07:56:19 AM
Budget Analyst Approval	laaron	04/09/2020 17:07:33 PM
BOE Agenda Approval	bwooldri	04/15/2020 11:27:36 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: **17794**

		Amendment Number:	**1**
		Legal Entity Name:	Pershing County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Pershing County Hospital District**
Agency Code:	**403**	Address:	**PO Box 661**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Lovelock, NV 89419**
If "No" please explain:	Not Applicable	Contact/Phone:	775-273-2621
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**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 **07/01/2016**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **4 years**

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

Contract description: **UPL Supplemental**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from $454,028 to $1,080,990 and removes Attachment B: Budget Proposal due to an increased volume of services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$454,028.00	$454,028.00	$454,028.00	Yes - Action
2.	Amount of current amendment (#1):	$626,962.00	$626,962.00	$626,962.00	Yes - Action
3.	New maximum contract amount:	$1,080,990.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Existing contract with satisfactory performance.

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

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

Not Applicable

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

Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	03/16/2020 08:51:34 AM
Division Approval	rmille8	03/30/2020 13:09:22 PM
Department Approval	mwinebar	04/01/2020 16:24:56 PM
Contract Manager Approval	rmille8	04/06/2020 06:23:24 AM
Budget Analyst Approval	laaron	04/13/2020 11:51:17 AM
BOE Agenda Approval	laaron	04/29/2020 15:51:03 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17793**

Amendment Number: **1**

Legal Entity Name: Pershing County Hospital District

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY**

Contractor Name: **Pershing County Hospital District**

Agency Code: **403**

Address: **PO Box 661**

Appropriation Unit: **3157-00**

Is budget authority available?: **Yes**

City/State/Zip **Lovelock, NV 89419**

If "No" please explain: Not Applicable

Contact/Phone: 775-273-2621

Vendor No.:

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**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 **07/01/2016**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **4 years**

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

Contract description: **Voluntary Contributn**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental-owned and operated hospital. This amendment increases the maximum amount from $287,131 to $729,044 and removes Attachment B: Budget Proposal due to an increased volume of services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$287,131.00	$287,131.00	$287,131.00	Yes - Action
2.	Amount of current amendment (#1):	$441,913.00	$441,913.00	$441,913.00	Yes - Action
3.	New maximum contract amount:	$729,044.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

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

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

   Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Existing contract with satisfactory performance.

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

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

    Not Applicable

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

    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	03/16/2020 08:47:53 AM
Division Approval	rmille8	03/30/2020 13:08:26 PM
Department Approval	mwinebar	04/01/2020 15:29:12 PM
Contract Manager Approval	rmille8	04/06/2020 06:22:56 AM
Budget Analyst Approval	laaron	04/13/2020 11:37:32 AM
BOE Agenda Approval	laaron	04/29/2020 15:51:54 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: **22743**

		Legal Entity Name:	South Lyon County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**South Lyon County Hospital District**
Agency Code:	**403**	Address:	**31 S Main St**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Yerington, NV 89447**
If "No" please explain:	Not Applicable	Contact/Phone:	775-463-6531
		Vendor No.:	
		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.

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 **07/01/2020**
   Anticipated BOE meeting date 05/2020

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

3. Termination Date: **06/30/2024**
   Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**
   Contract description: **UPL IGT**

5. Purpose of contract:
   This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$830,602.00**
   Other basis for payment: FY21 - $225,827; FY22 - $214,445; FY23 - $200,721; FY24 - $189,609

II. JUSTIFICATION

7. What conditions require that this work be done?
   The Medicaid State Plan allows for payment of supplemental payments to non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   Services can only be provided by employees/contractors of the County Hospital.

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

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

NRS 277.180 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:

The Hospital District has been a contracted vendor with the DHCFP for many 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	03/06/2020 11:44:02 AM
Division Approval	rmille8	03/30/2020 10:16:38 AM
Department Approval	mwinebar	03/31/2020 16:55:06 PM
Contract Manager Approval	rmille8	04/06/2020 07:51:30 AM
Budget Analyst Approval	laaron	04/09/2020 12:05:46 PM
BOE Agenda Approval	bwooldri	04/15/2020 09:59:03 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: **22765**

		Legal Entity Name:	South Lyon County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**South Lyon County Hospital District**
Agency Code:	**403**	Address:	**31 South Main St**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Yerington, NV 89447**
If "No" please explain:	Not Applicable	Contact/Phone:	775-463-6531
		Vendor No.:	
		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.

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 **07/01/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

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

Contract description: **Voluntary Contributi**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental owned and operated hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$539,546.00**

Other basis for payment: FY21 - $144,162; FY22 - $136,634; FY23 - $132,342; FY24 - $126,407

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

NRS 277.180 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:

    The hospital district has been contracted with DHCFP 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	03/06/2020 12:23:35 PM
Division Approval	rmille8	03/30/2020 10:24:08 AM
Department Approval	mwinebar	04/01/2020 09:09:31 AM
Contract Manager Approval	rmille8	04/06/2020 07:57:38 AM
Budget Analyst Approval	laaron	04/09/2020 15:27:44 PM
BOE Agenda Approval	bwooldri	04/15/2020 11:28:06 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: **17784**

		Amendment Number:	**1**
		Legal Entity Name:	South Lyon County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**South Lyon County Hospital District**
Agency Code:	**403**	Address:	**31 South Main Street**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Yerington , NV 89447**
If "No" please explain:	Not Applicable	Contact/Phone:	775-463-6531
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**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 **07/01/2016**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **4 years**

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

Contract description: **UPL Supplement**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. This amendment increases the maximum amount from $373,965 to $720,633 and removes Attachment B: Budget Proposal due to an increased volume of services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$373,965.00	$373,965.00	$373,965.00	Yes - Action
2.	Amount of current amendment (#1):	$346,668.00	$346,668.00	$346,668.00	Yes - Action
3.	New maximum contract amount:	$720,633.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

State employees are doing 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. Soliciation Waiver: **Exempt (Per statute)**

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Existing contract with satisfactory performance.

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

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

    Not Applicable

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

    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	03/16/2020 08:48:26 AM
Division Approval	rmille8	03/30/2020 12:59:34 PM
Department Approval	mwinebar	04/01/2020 13:57:24 PM
Contract Manager Approval	rmille8	04/06/2020 06:19:46 AM
Budget Analyst Approval	laaron	04/13/2020 11:23:26 AM
BOE Agenda Approval	laaron	04/29/2020 15:52:55 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17783**

Amendment Number: **1**

Legal Entity Name: South Lyon County Hospital District

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY**

Contractor Name: **South Lyon County Hospital District**

Agency Code: **403**

Address: **31 South Main Street**

Appropriation Unit: **3157-00**

Is budget authority available?: **Yes**

City/State/Zip **Yerington, NV 89447**

If "No" please explain: Not Applicable

Contact/Phone: 775-463-6531

Vendor No.:

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**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 **07/01/2016**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **4 years**

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

Contract description: **Voluntary Contributn**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental-owned and operated hospital. This amendment increases the maximum amount from $240,943 to $498,509 and removes Attachment B: Budget Proposal due to an increased volume of services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$240,943.00	$240,943.00	$240,943.00	Yes - Action
2.	Amount of current amendment (#1):	$257,566.00	$257,566.00	$257,566.00	Yes - Action
3.	New maximum contract amount:	$498,509.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state, government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

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

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

   Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Existing contract with satisfactory performance.

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

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

    Not Applicable

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

    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	03/06/2020 12:27:01 PM
Division Approval	rmille8	03/30/2020 12:58:38 PM
Department Approval	mwinebar	04/01/2020 13:35:58 PM
Contract Manager Approval	rmille8	04/06/2020 06:18:52 AM
Budget Analyst Approval	laaron	04/13/2020 11:20:20 AM
BOE Agenda Approval	laaron	04/29/2020 15:54:31 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22746**

		Legal Entity Name:	White Pine County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**White Pine County Hospital District**
Agency Code:	**403**	Address:	**1500 Avenue H**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Ely, NV 89301**
If "No" please explain:	Not Applicable	Contact/Phone:	775-289-3001
		Vendor No.:	
		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.

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 **07/01/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

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

Contract description: **UPL IGT**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$3,566,088.00**

Other basis for payment: FY21 - $969,562; FY22 - $920,694; FY23 - $861,771; FY24 - $814,062

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

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

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

NRS 277.180 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:

The Hospital District has been a contracted vendor with the DHCFP for many 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	02/11/2020 09:10:19 AM
Division Approval	rmille8	03/30/2020 10:17:46 AM
Department Approval	mwinebar	03/31/2020 17:03:26 PM
Contract Manager Approval	rmille8	04/06/2020 07:51:59 AM
Budget Analyst Approval	laaron	04/09/2020 12:19:48 PM
BOE Agenda Approval	bwooldri	04/15/2020 09:59:23 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: **22764**

		Legal Entity Name:	White Pine County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**White Pine County Hospital District**
Agency Code:	**403**	Address:	**1500 Avenue H**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Ely, NV 89301**
If "No" please explain:	Not Applicable	Contact/Phone:	775-289-3001
		Vendor No.:	
		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.

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 **07/01/2020**
   Anticipated BOE meeting date 05/2020

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

   Not Applicable

3. Termination Date: **06/30/2024**
   Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**
   Contract description: **Voluntary Contributi**

5. Purpose of contract:

   This is a new revenue interlocal agreement to provide ongoing funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental owned and operated hospitals.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$2,127,106.00**
   Other basis for payment: FY21 - $568,346; FY22 - $538,666; FY23 - $521,747; FY24 - $498,348

II. JUSTIFICATION

7. What conditions require that this work be done?

   The Medicaid State Plan allows for payment of supplemental payments to non-state government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

   Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

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

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

NRS 277.180 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:

    The hospital district has been contracted with DHCFP 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	02/11/2020 09:12:25 AM
Division Approval	rmille8	03/30/2020 10:23:28 AM
Department Approval	mwinebar	04/01/2020 08:58:30 AM
Contract Manager Approval	rmille8	04/06/2020 07:57:06 AM
Budget Analyst Approval	laaron	04/09/2020 15:32:37 PM
BOE Agenda Approval	bwooldri	04/15/2020 11:27:51 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: **17799**

		Amendment Number:	**1**
		Legal Entity Name:	White Pine County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**White Pine County Hospital District**
Agency Code:	**403**	Address:	**1500 Avenue H**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Ely, NV 89301**
If "No" please explain:	Not Applicable	Contact/Phone:	775-289-3001
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**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 **07/01/2016**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **4 years**

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

Contract description: **UPL Supplemental**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state governmental-owned and operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount. This amendment increases the maximum amount from $2,177,962 to $3,287,043 and removes Attachment B: Budget Proposal due to an increased volume of services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$2,177,962.00	$2,177,962.00	$2,177,962.00	Yes - Action
2.	Amount of current amendment (#1):	$1,109,081.00	$1,109,081.00	$1,109,081.00	Yes - Action
3.	New maximum contract amount:	$3,287,043.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Existing contract with satisfactory performance.

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

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

Not Applicable

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

Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	02/11/2020 09:14:15 AM
Division Approval	rmille8	03/30/2020 13:17:05 PM
Department Approval	mwinebar	04/01/2020 16:48:44 PM
Contract Manager Approval	rmille8	04/06/2020 06:26:20 AM
Budget Analyst Approval	laaron	04/13/2020 12:35:07 PM
BOE Agenda Approval	laaron	04/29/2020 15:55:22 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17797**

		Amendment Number:	**1**
		Legal Entity Name:	White Pine County Hospital District
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**White Pine County Hospital District**
Agency Code:	**403**	Address:	**1500 Avenue H**
Appropriation Unit:	**3157-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Ely, NV 89301**
If "No" please explain:	Not Applicable	Contact/Phone:	775-289-3001
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2017-2020**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**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 **07/01/2016**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **4 years**

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

Contract description: **Voluntary Contributn**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides funds for the voluntary contributions which is calculated based on the outpatient Upper Payment Limit Supplemental received by the non-state governmental-owned and operated hospital. This amendment increases the maximum amount from $1,275,368 to $2,113,363 and removes Attachment B: Budget Proposal due to an increased volume of services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$1,275,368.00	$1,275,368.00	$1,275,368.00	Yes - Action
2.	Amount of current amendment (#1):	$837,995.00	$837,995.00	$837,995.00	Yes - Action
3.	New maximum contract amount:	$2,113,363.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state government owned or operated hospitals. This agreement provides for the receipt of voluntary contributions from the Hospital District to pay the non-federal share of funds in order to secure federal funding for this program.

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

Services can only be provided by employees/contractors of the County Hospital.

9. Were quotes or proposals solicited? No

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

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

   Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Existing contract with satisfactory performance.

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

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

    Not Applicable

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

    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	02/11/2020 09:15:57 AM
Division Approval	rmille8	03/30/2020 13:16:13 PM
Department Approval	mwinebar	04/01/2020 16:42:04 PM
Contract Manager Approval	rmille8	04/06/2020 06:25:49 AM
Budget Analyst Approval	laaron	04/13/2020 12:47:48 PM
BOE Agenda Approval	laaron	04/29/2020 15:56:10 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: **21990**

		Legal Entity Name:	Washoe County Human Services
Agency Name:	**DHHS - HEALTH CARE FINANCING & POLICY**	Contractor Name:	**Washoe County Human Services**
Agency Code:	**403**	Address:	**350 S Center Street**
Appropriation Unit:	**3158-24**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89501**
If "No" please explain:	Not Applicable	Contact/Phone:	Brandi Johnson 775-337-4489
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2020

Retroactive? **Yes**

If "Yes", please explain

This memorandum requests a retroactive start date effective July 1, 2017. This contract was delayed due to negotiations with the County; budget reporting for previous quarters; and consolidating services into one contract consisting of targeted case management, adult day health care, and administrative services.

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

Contract term: **5 years**

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

Contract description: **TCM ADHC**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing Title XIX and Title XXI federal funding for Targeted Case Management (TCM), Adult Day Health Care (ADHC) and Administrative cost recovery to the county. Washoe County provides TCM and ADHC services to eligible recipients in accordance with the State of Nevada Medicaid State Plan and the Nevada Medicaid Services Manual.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$28,500,000.00**

Other basis for payment: FY18 - $4,800,000; FY19 - $5,600,000; FY20 - $5,900,000; FY21 - $6,100,000; FY22 - $6,100,000

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract serves the eligible Medicaid population in Washoe County who need Targeted Case Management Services and Adult Day Health Care. To increase payment and tracking efficiencies, the county requested all three services (TCM, ADHC, and administrative claiming) be combined into one contract.

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 available to provide these services and this would not benefit the County.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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:

Yes, DHCFP has previously contracted with this vendor when they were under the name Washoe County Social Services for the previous interlocal agreement and the 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	03/25/2020 12:16:37 PM
Division Approval	rmille8	03/30/2020 11:42:09 AM
Department Approval	mwinebar	03/31/2020 07:54:36 AM
Contract Manager Approval	rmille8	04/06/2020 06:16:49 AM
Budget Analyst Approval	laaron	04/10/2020 11:53:41 AM
BOE Agenda Approval	laaron	04/29/2020 15:42:41 PM
BOE Final Approval	Pending	

STEVE SISOLAK
Governor

RICHARD WHITLEY, MS
Director

SUZANNE BIERMAN, JD, MPH
Administrator

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

MEMORANDUM

Date: March 30, 2020

To: Lynnette Aaron, Executive Branch Budget Officer I

Through: Richard Whitley, Director

From: Ronda Miller, DHCFP

Re: Washoe County Human Services Agency

This memorandum requests that the above subject contract be approved for a retroactive start date effective July 1, 2017. This contract was delayed due to negotiations with the County and budget reporting for previous quarters to calculate the budget for this contract. Also, to combine services from CETS #19092 Washoe County Senior Services which included adult day health care and administrative services, the new contract under CETS #21990 Washoe County Human Services adds targeted case management (TCM). To prevent a retroactive contract from being required in the future, the County and the State will continue to work closely to obtain County budget estimates in a timelier manner.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22593**

		Legal Entity Name:	VirtuSense Technologies, Inc.
Agency Name:	**DHHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**VirtuSense Technologies, Inc.**
Agency Code:	**406**	Address:	**801 W. Main St.**
Appropriation Unit:	**3216-17**		
Is budget authority available?:	**Yes**	City/State/Zip	**Peoria, IL 61606**
If "No" please explain:	Not Applicable	Contact/Phone:	Caleb York 885-443-5744
		Vendor No.:	T32009212
		NV Business ID:	NV20191645606

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	**100.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 17487

2. Contract start date:

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

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2021**

Contract term: **1 year and 152 days**

4. Type of contract: **Contract**

Contract description: **Fall Prevention**

5. Purpose of contract:

This is a new contract to implement an approved technology investment which provides artificial intelligence technology to reduce falls and improve mobility of residents in skilled nursing facilities throughout the State.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$640,000.00**

Payment for services will be made at the rate of $320,000.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid Services (CMS) approved the use of federally imposed Civil Monetary Penalty (CMP) funds to fund the program titled NV-0819-VST-386, Reducing Falls with AI: Proactive Approach to Mobility Improvement and Fall Prevention program. The Health Care Quality and Compliance (HCQC) program will meet the objectives of the approved CMP funds with this contract.

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

The State employees do not have the technology and monitoring capabilities to perform this work within the Skilled Nursing Facilities.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

The vendor was mandated by Centers for Medicare & Medicaid Services (CMS). Since CMS mandated this vendor, State Purchasing exempts the agency from submitting a Solicitation Waiver Justification and Request form. See attached justification.

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Not Applicable

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

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

    Not Applicable

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

    Foreign Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	11/20/2019 11:34:47 AM
Division Approval	rmorse	11/20/2019 11:34:49 AM
Department Approval	mwinebar	02/04/2020 09:48:43 AM
Contract Manager Approval	tgrundy	03/04/2020 13:43:30 PM
EITS Approval	tgalluzi	03/20/2020 16:53:08 PM
Budget Analyst Approval	afrantz	04/15/2020 08:00:26 AM
BOE Agenda Approval	bwooldri	04/15/2020 12:00:03 PM
BOE Final Approval	Pending	

From: Leticia Metherell
To: Rick Morse
Subject: Requested Email from CMS - CMP contract
Date: Wednesday, October 30, 2019 2:27:31 PM
Attachments: RO9 CMP Application Approval Letter.pdf

Rick,
Please see below.

Thanks,

Leticia Metherell, RN, CPM
Health Program Manager III
Nevada Department of Health and Human Services
Division of Public and Behavioral Health/Health Care Quality and Compliance
Direct Line: 775-684-1045

From: Pon, Yvonne (CMS/CQISCO) <Yvonne.Pon@cms.hhs.gov>
Sent: Wednesday, October 30, 2019 2:21 PM
To: Leticia Metherell <lmetherell@health.nv.gov>; Perse, Paula J. (CMS/CQISCO) <Paula.Perse@cms.hhs.gov>; Renolayan, Aileen (CMS/CQISCO) <Aileen.Renolayan@cms.hhs.gov>; Sanyal, Sahana (CMS/CQISCO) <Sahana.Sanyal@cms.hhs.gov>
Cc: Marilynn Jeanne Hesterlee <mhesterlee@health.nv.gov>
Subject: FW: NV-0819-VST-386 - Help Needed

Hi Leticia,
The CMP project title "Reducing Falls with AI: Proactive Approach to Mobility Improvement and Fall Prevention was submitted by CMP applicant, VirtuSense Technologies.

CMS reviewed and approved the use of Federal CMP for this application submitted by VirtuSense Technologies. The federal CMP money approved for **CMP application NV-0819-VST-386** can only be awarded to VirtuSense Technologies. The approved use of CMP funds cannot go to another vendor or entity to complete this project. Please convey this to your Contract Unit.

Thank you.

Yvonne Pon
Health Insurance Specialist
Certification & Enforcement Branch
Centers for Medicare & Medicaid Services
Western Division of Survey & Certification
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707
Direct Phone # (415) 744-3710
RightFax #(443) 380-6332
Yvonne.Pon@cms.hhs.gov

Department of Health & Human Services
Centers for Medicare & Medicaid Services
Western Division of Survey and Certification
San Francisco Regional Office
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

September 20, 2019
(E-mail only)

Paul Shubert, Bureau Chief
Nevada Department of Health and Human Services
Division of Public and Behavioral Health
Bureau of Health Care Quality and Compliance
4220 S. Maryland Parkway, Building D, Suite 810
Las Vegas, NV 89119
Pshubert@health.nv.gov

SUBJECT: Approval of Request to Use CMP Funds

Dear Mr. Shubert:

Sections 1819(h)(2)(B)(ii)(IV)(ff) and 1919(h)(3)(C)(ii)(IV)(ff) of the Social Security Act incorporate specific provisions of the Patient Protection and Affordable Care Act pertaining to the collection and uses of civil money penalties (CMPs) imposed by the Centers for Medicare & Medicaid Services (CMS) when nursing homes do not meet requirements for long term care facilities. In accordance with 42 CFR § 488.433 and CMS Survey & Certification Memo 12-13-NH (effective January 1, 2012) States must obtain approval from CMS for the use of federally imposed CMP funds.

Our office has reviewed the proposal submitted by VirtuSense Technologies for $640,000.00 to implement a program titled *NV-0819-VST-386, Reducing Falls with AI: Proactive Approach to Mobility Improvement and Fall Prevention*. The proposed project will provide staff with advanced assessments of residents' musculoskeletal and sensory deficiencies, allowing for improved care planning. As a result of these improvements, residents will be less likely to experience falls and will avoid the increased dependency tied to high fall rates.

Based on our review, we find that the requirements at 42 CFR § 488.433 are met and that the proposal may be funded with federally imposed CMP funds.

Should you have any questions, please contact Paula Perse at (415) 744-3746.

Sincerely,
Paula Perse
Paula Perse, Manager
Certification, and Enforcement Branch
Western Division of Survey and Certification

cc: CMS Quality Assurance

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: Margot Chappell, Deputy Administrator, DPBH
Erin Williams, ITM III, DPBH
Leticia Metherell, HPM III, DPBH
Brian Vezina, ASO I, DPBH

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

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

SUBJECT: TIN Review Completed – *VirtuSense Artificial Intelligence for Skilled Nursing Facilities* – T406200211074803

DATE: March 20, 2020

We have completed the review for Division of Public and Behavioral Health's (DPBH) – *VirtuSense Artificial Intelligence for Skilled Nursing Facilities* TIN.

The submitted TIN, for an estimated value of $640,000 supports application of AI Technology in Skilled Nursing Facilities. The State is acting as a pass through for Fed Money to the Vendor VirtuSense. The goal of the technology is to reduce falls and improve mobility of residents in skilled nursing facilities throughout the State.

This system if a fully developed private industry system developed by VirtuSense that has been successfully implemented in nursing homes in other states. There is no cost associated with developing or maintaining they system in any way to the state but instead the cost is to implement the system directly in Nevada's nursing homes. Once the CMP project ends (including any extensions) all costs to maintain the system will be the responsibility of each nursing home that choses to participate and continue using the system. The State will not be involved in developing, maintaining, hosting, accessing or using the system in any way except that if a surveyor is on inspection and needs information from the system, the surveyor would be able to request data, if needed as part of the inspection process. This will all be done by the participating nursing homes.

This solution will not contain or transmit State data and will not be on the State network.

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: **19387**

Amendment Number: **2**

Legal Entity Name: INFORMATIX, INC.

Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES**

Contractor Name: **INFORMATIX, INC.**

Agency Code: **407**

Address: **2485 NATOMAS PARK DR STE 430**

Appropriation Unit: **3238-23**

Is budget authority available?: **Yes**

City/State/Zip **SACRAMENTO, CA 95833-2937**

If "No" please explain: Not Applicable

Contact/Phone: 916/830-1400

Vendor No.: T29018702

NV Business ID: NV20081431872

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

	General Funds	0.00 %		Fees	0.00 %
X	Federal Funds	**66.00 %**		Bonds	0.00 %
	Highway Funds	0.00 %	**X**	Other funding	**34.00 % State Share of Collections**

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 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2022**

Contract term: **4 years and 109 days**

4. Type of contract: **Contract**

Contract description: **CSEP Disbrsmnt Sys**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing electronic application to assist the State Collection and Disbursement Unit in the collections and disbursements of Child Support payments to the custodial parent and to interface with the legacy Child Support Enforcement Program application for posting of these transactions. This amendment increases the maximum amount from $1,149,737.00 to $1,953,238.78 and revises Attachment A- Scope of Work due to the continued need for these services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$1,100,000.00	$1,100,000.00	$1,100,000.00	Yes - Action
	a. Amendment 1:	$49,737.00	$49,737.00	$49,737.00	Yes - Info
2.	Amount of current amendment (#2):	$803,501.78	$803,501.78	$853,238.78	Yes - Action
3.	New maximum contract amount:	$1,953,238.78			

II. JUSTIFICATION

7. What conditions require that this work be done?

Per Federal Regulation 45 CFR 302.32, SCaDU must disburse child support collections within two (2) business days of the payment being received, as long as sufficient information identifying the payee is provided. The Personal Responsibility & Work Opportunity Reconciliation Act (PRWORA) mandates the use of a statewide collection and disbursement system for child support enforcement payment processing. Failure to implement and maintain a statewide system will result in financial sanctions imposed by the federal government.

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

State employees do not have the expertise or resources to 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):

b. Soliciation Waiver: **Not Applicable**

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

Per NRS 332.195 authorizes the State of Nevada to join or use a contract that has been competitively bid by another governing body outside of the State;

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Currently under contract with the Division of Welfare & Supportive Services and providing satisfactory services.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorense	04/03/2020 14:57:08 PM
Division Approval	bberry	04/03/2020 15:01:23 PM

Department Approval	mwinebar	04/06/2020 08:17:56 AM
Contract Manager Approval	sjon23	04/06/2020 16:25:40 PM
EITS Approval	tgalluzi	04/15/2020 09:10:22 AM
Budget Analyst Approval	bwooldri	04/15/2020 16:01:45 PM
BOE Agenda Approval	bwooldri	04/15/2020 16:01:48 PM

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: Steve Fisher, Administrator, DWSS
Bart London, Chief IT Manager, DWSS
Brenda Berry, CFO, DWSS

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

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

SUBJECT: TIN Review Completed – *DWSS - Child Support Collections* – T407200211165440

DATE: April 15, 2020

We have completed the review for Division of Welfare and Supportive Services (DWSS) – *Child Support Collections* TIN.

The submitted TIN, for an estimated value of $1,953,239, supports the renewal or update of a maintenance, licensing, or consulting agreement already in place.

The purpose of this Technology Investment Notification (TIN) is to secure the funds required The Department of Health and Human Services (DHHS), Division of Welfare and Supportive Services (DWSS) is seeking to replace the aging CDS (Collection and Distribution System) with a modern Software-as-a-Service solution. The desired solution will capture incoming checks from non-custodial parents (NCPs) and organizations collecting payments from NCPs and supporting documents by scanning them in batches.

If there are to be any changes to mainframe usage, please notify EITS as soon as possible.

It is expected that this solution will follow established state security standards and policies. The Office of Information Security (OIS) is available, by request, to conduct security review of this solution.

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: **23017**

		Legal Entity Name:	ADVANCED CHEMICAL TECHNOLOGY
Agency Name:	**DEPARTMENT OF CORRECTIONS**	Contractor Name:	**ADVANCED CHEMICAL TECHNOLOGY**
Agency Code:	**440**	Address:	**INC**
Appropriation Unit:	**3752-09**		**8728 UTICA AVE**
Is budget authority available?:	**Yes**	City/State/Zip	**RANCHO CUCAMONGA, CA 91730-5115**
If "No" please explain:	Not Applicable	Contact/Phone:	Dan Earley 909/980-4556
		Vendor No.:	T29018816
		NV Business ID:	NV20101547478

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.

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 #: 440

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/13/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years and 19 days**

4. Type of contract: **Contract**

Contract description: **Water/ Boiler Treat.**

5. Purpose of contract:

This is a new contract for ongoing services to provide chemical testing, treatment, inspection, consulting services, maintenance and minor repairs for heating, ventilation and air conditioning water systems and water treatment systems at Carlin Conservation Camp, Ely State Prison, Florence McClure Women's Correctional Center, High Desert State Prison, Lovelock Correctional Center, Northern Nevada Correctional Center, Southern Desert Correctional Center, Three Lakes Valley Correctional Center and Warm Springs Correctional Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$250,000.00**

Other basis for payment: HDSP- 3762-09: FY20 $4620.00/ FY21 $18,480.00/ FY22 $18,480.00/ FY23 $19,034.40/ FY24 $19,044.00 ~ LLC- 3759-09: FY20 $1653.75/ FY21 $6000.00/ FY22 $6000.00/ FY23 $6180.00/ FY24 $6180.00 ~ NNCC - 3717-09: FY20 $1200.00/ FY21 $4800.00/ FY22 $4800.00/ FY23 $4944.00/ FY24 $4944.00 ~SDCC - 3738-09: FY20 $1550.00/ FY21 $6200.00/ FY22 $6200.00/ FY23 $6386.00/ FY24 $6386.00 ~ TLVCC 3725-09: FY20 $450.00/ FY21 $1800.00/ FY22 $1800.00/ FY23 $1854.00/ FY24 $1854.00 ~ WSCC 3716-09: FY20 $350.00/ FY21 $1400.00/ FY22 $1400.00/ FY23 $1442.00/ FY24 $1442.00*The following locations require services, but have not been historically represented in the budget, as needed. CCC:3752-09: FY20 $0.00/FY21 $0.00/FY22 $500.00/ FY23 $515.00/ FY24 $515.00 ~ESP 3751-09: FY20 $0.00/ FY21 $0.00/ FY22 $3880.00/ FY23 $3996.40/ FY24 $3996.40 ~ FMWCC 3761-09: FY20 $0.00/ FY21 $0.00/ FY22 $1800.00/ FY23 $1854.00/ FY24 $1854.00

II. JUSTIFICATION

7. What conditions require that this work be done?

For the health and safety of NDOC staff and offenders.

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

Historically, the Department has outsourced the water and boiler treatment services to ensure chemical usage is within FDA, GRAS and USDA approval guidelines. NDOC does not have the staff, expertise and/or equipment necessary to perform these services. No other State agency offers these services.

9. Were quotes or proposals solicited? Yes

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

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

San Joaquin Chemical, Inc.
Advanced Chemical Techology
Aqua-Serv Engineers, Inc.

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP#44DOC-S912, 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: 11/26/2019 Anticipated re-bid date: 12/01/2023

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:

NDOC-2008-Current. Their work 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	amonro1	04/02/2020 17:00:14 PM
Division Approval	amonro1	04/02/2020 17:00:18 PM
Department Approval	sewart	04/03/2020 08:06:13 AM
Contract Manager Approval	aroma2	04/03/2020 15:24:00 PM

Budget Analyst Approval	bmacke1	04/14/2020 14:27:24 PM
BOE Agenda Approval	jrodrig9	04/21/2020 11:40:46 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23027**

		Legal Entity Name:	PIPE MAINTENANCE SERVICE, INC.
Agency Name:	**DEPARTMENT OF CORRECTIONS**	Contractor Name:	**PIPE MAINTENANCE SERVICE, INC.**
Agency Code:	**440**	Address:	**DBA SILVER CITY PROCESSING**
Appropriation Unit:	**3760-09**		**16350 Park Ten Place, Ste 215**
Is budget authority available?:	**Yes**	City/State/Zip	**Houston, TX 77084-5053**
If "No" please explain:	Not Applicable	Contact/Phone:	Bill Baker 713/413-9400
		Vendor No.:	T81032110
		NV Business ID:	NV19951147697

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.

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 #: 440

2. Contract start date:

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

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years and 31 days**

4. Type of contract: **Contract**

Contract description: **Grease Pumping-So.NV**

5. Purpose of contract:

This is a new contract for ongoing services to provide regularly scheduled pumping of the grease receptors at Casa Grande Transitional Housing, Florence McClure Women's Correctional Center, Jean Conservation Camp, High Desert State Prison, Southern Desert Correctional Center and Three Lakes Valley Correctional Center.

6. NEW CONTRACT

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

Other basis for payment: CGTH 3760-09: $337.50 FY20/$1380.00 FY21/ $1410.00 FY22/ $1440.00 FY23 / $1470.00 FY23 - FMWCC 3761-09: $1305.00 FY20/ $5781.00 FY21 / $5892.00 FY22 / $6003.00 FY23 / $6114.00 FY24- HDSP 3762-09: $900.00 FY20/ $3680.00 FY21/ $3760.00 FY22/ $3840.00 FY23 / $3920.00 FY24 - JCC 3748-09: $337.50 FY20/ $1380.00 FY21/ $1410.00 FY22/ $1440.00 FY23/ $1470.00 FY24 - SDCC 3738-09: $1158.75 FY20/ $2840.50 FY21/ $2902.25 FY22/ $2964.00 FY23/ $3025.00 FY24 - TLVCC 3725-09: $1125.00 FY20/ $2300.00 FY21/ $2350.00 FY22/ $2400.00 FY23 / $2450.00 FY24

II. JUSTIFICATION

7. What conditions require that this work be done?

For the health of Nevada Department of Corrections staff and inmates.

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

Historically, Nevada Department of Corrections has outsourced pumping the grease traps at their facilities because this service requires the expertise of a company with the equipment necessary to pump the waste material from the grease traps and haul it away to a safe environment. No other State agency performs 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):

Southwaste DBA Pipe Maintenance Services
A+ Superior Sanitation Inc.
Rants Plumbing

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #44DOC-S962, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation

d. Last bid date: 12/10/2019 Anticipated re-bid date: 06/30/2023

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:

Nevada Department of Corrections-2006 to present. Work 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	gbarsegi	04/01/2020 14:55:22 PM
Division Approval	amonro1	04/02/2020 08:22:01 AM
Department Approval	sewart	04/03/2020 08:11:42 AM
Contract Manager Approval	aroma2	04/03/2020 15:10:50 PM
Budget Analyst Approval	bmacke1	04/14/2020 14:52:29 PM
BOE Agenda Approval	jrodrig9	04/21/2020 11:39:47 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: **19573**

		Amendment Number:	**1**
		Legal Entity Name:	ENVIRONMENTAL PROTECTION SERVICES, LLC
Agency Name:	**COMMISSION ON MINERAL RESOURCE**	Contractor Name:	**ENVIRONMENTAL PROTECTION SERVICES, LLC**
Agency Code:	**500**	Address:	**ENVIRONMENTAL PROTECTION SVCS**
Appropriation Unit:	**4219-39**		**PO BOX 21025**
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89721-1025**
If "No" please explain:	Not Applicable	Contact/Phone:	775/220-6687
		Vendor No.:	T27022506A
		NV Business ID:	NV20151733629

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

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

Agency Reference #: RFP # 3504

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 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **02/05/2022**

Contract term: **3 years and 358 days**

4. Type of contract: **Contract**

Contract description: **Abandoned Mine Lands**

5. Purpose of contract:

This is the first amendment to the original contract which provides the ability to safeguard and close abandoned mine land hazards as funding is available. This amendment increases the maximum amount from $1,500,000 to $2,400,000 due to an increased need for these services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$1,500,000.00	$1,500,000.00	$1,500,000.00	Yes - Action
2.	Amount of current amendment (#1):	$900,000.00	$900,000.00	$900,000.00	Yes - Action
3.	New maximum contract amount:	$2,400,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 513 requires the discovery and securing of dangerous conditions resulting form practices which took place at mines that are no longer operating. This work will ensure the mines remain secure.

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

NDOM employees do not have the time. Employees of other state agencies do not have the knowledge.

9. Were quotes or proposals solicited? Yes

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

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

   b. Soliciation Waiver: **Not Applicable**

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

   Pursuant to RFP # 3504, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

   d. Last bid date: 10/18/2017 Anticipated re-bid date: 09/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Current Vendor for this Agency, happy with work.

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

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

    Not Applicable

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

    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	dvisher	04/02/2020 08:29:54 AM
Division Approval	dvisher	04/02/2020 08:29:58 AM
Department Approval	dvisher	04/02/2020 08:30:01 AM
Contract Manager Approval	rghiglie	04/02/2020 13:37:02 PM
Budget Analyst Approval	nhovden	04/06/2020 10:54:37 AM
BOE Agenda Approval	nhovden	04/06/2020 10:57:36 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **20032**

Amendment Number: **1**

Legal Entity Name: ACCURATE BUILDING MAINTENANCE, LLC

Agency Name: **GCB - GAMING CONTROL BOARD**

Contractor Name: **ACCURATE BUILDING MAINTENANCE, LLC**

Agency Code: **611**

Address: **4435 W SUNSET RD.**

Appropriation Unit: **4061-04**

Is budget authority available?: **Yes**

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

If "No" please explain: Not Applicable

Contact/Phone: 7022208180

Vendor No.: T81039103

NV Business ID: NV19991074849

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2018**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **05/31/2020**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides janitorial services for the Pilot Road office building. This amendment extends the termination date from May 31, 2020 to May 31, 2022 and increases the maximum amount from $30,000 to $65,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$30,000.00	$30,000.00	$30,000.00	Yes - Info
2.	Amount of current amendment (#1):	$35,000.00	$35,000.00	$65,000.00	Yes - Action
3.	New maximum contract amount:	$65,000.00			
	and/or the termination date of the original contract has changed to:	05/31/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

Proper cleaning of the Gaming Control Board's Technology Division office is a necessary maintenance function.

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

State employees are not trained in proper janitorial techniques or handling of cleaning chemicals.

9. Were quotes or proposals solicited? Yes

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

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

   b. Soliciation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or 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	klay0	04/06/2020 16:02:23 PM
Division Approval	klay0	04/06/2020 16:02:26 PM
Department Approval	klay0	04/06/2020 16:02:30 PM
Contract Manager Approval	klay0	04/06/2020 16:02:33 PM
Budget Analyst Approval	hfield	04/10/2020 13:35:11 PM
BOE Agenda Approval	laaron	04/22/2020 11:57:27 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23050**

		Legal Entity Name:	AVANTI EQUINE NEVADA, LLC DBA
Agency Name:	**GCB - GAMING CONTROL BOARD**	Contractor Name:	**AVANTI EQUINE NEVADA, LLC DBA**
Agency Code:	**611**	Address:	**5000 N. Jones Blvd.**
Appropriation Unit:	**4061-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89130**
If "No" please explain:	Not Applicable	Contact/Phone:	Wyatt W. Winchell 702-595-4353
		Vendor No.:	
		NV Business ID:	NV20191566425

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 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/01/2024**

Contract term: **3 years and 336 days**

4. Type of contract: **Contract**

Contract description: **Equine Veterinarian**

5. Purpose of contract:

This is a new contract to provide ongoing equine veterinary practitioner services for the horse racing program.

6. NEW CONTRACT

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

Other basis for payment: upon receipt of state-approved invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is to provide services during Nevada's horse racing season in Ely and Elko, Nevada. Additional days of service may also be required as necessary for event preparation, horse and specimen testing.

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

The State of Nevada does not employ Equine Veterinarians.

9. Were quotes or proposals solicited? Yes

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

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

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #61GCB-S1044, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/02/2020 Anticipated re-bid date: 03/01/2024

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

    LLC

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	klay0	04/09/2020 09:44:40 AM
Division Approval	klay0	04/09/2020 09:44:44 AM
Department Approval	klay0	04/09/2020 09:44:48 AM
Contract Manager Approval	klay0	04/09/2020 09:44:52 AM
Budget Analyst Approval	hfield	04/15/2020 15:29:38 PM
BOE Agenda Approval	hfield	04/15/2020 15:29:42 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: **23065**

		Legal Entity Name:	Nevada Department of Wildlife
Agency Name:	**DCNR - CONSERVATION & NATURAL RESOURCES**	Contractor Name:	**Nevada Department of Wildlife**
Agency Code:	**700**	Address:	**6980 Sierra Center Parkway**
Appropriation Unit:	**4150-10**		**#120**
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89511**
If "No" please explain:	Not Applicable	Contact/Phone:	Alan Jenne 7756881500
		Vendor No.:	
		NV Business ID:	Government 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.

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 60 days**

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

Contract description: **SETT NDOW Interlocal**

5. Purpose of contract:

This is a new interlocal agreement to provide an ongoing collective and collaborative effort on Greater Sage Grouse and sagebrush research and projects, specifically improvements to the conservation credit system, habitat quantification tool and research to assist with implementation of the state's Greater Sage Grouse Conservation Plan.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$210,000.00**

Payment for services will be made at the rate of $105,000.00 per fiscal year

II. JUSTIFICATION

7. What conditions require that this work be done?

The need for continued research and development of appropriate monitoring, surveying, management, and habitat restoration activities related to the Greater Sage Grouse populations and sagebrush ecosystems to promote successful management of the species and its habitat.

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

The Nevada Department of Conservation and Natural Resources and the Nevada Department of Wildlife will work together to accomplish this work and will contract portions of the work out to entities or vendors that have the technical expertise, knowledge, or capacity to complete the required goals and objectives outlined in the scope of work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation Waiver: **Not Applicable**

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

Interlocal contract with Nevada Department of Wildlife

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    Katie Andrle, Wildlife Staff Specialist Ph: 775-687-2002

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kwilliam	03/31/2020 17:31:53 PM
Division Approval	kwilliam	03/31/2020 17:31:56 PM
Department Approval	kwilliam	03/31/2020 17:31:59 PM
Contract Manager Approval	kwilliam	04/20/2020 15:03:53 PM
Budget Analyst Approval	nhovden	04/21/2020 08:39:18 AM
BOE Agenda Approval	sbrown	04/21/2020 09:14:13 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: **22683**

		Legal Entity Name:	Department of Interior, National Park Service, Lake Mead National
Agency Name:	**DEPARTMENT OF WILDLIFE**	Contractor Name:	**Department of Interior, National Park Service, Lake Mead National**
Agency Code:	**702**	Address:	**601 NEVADA HWY**
Appropriation Unit:	**4463-14**		
Is budget authority available?:	**Yes**	City/State/Zip	**BOULDER CITY, NV 89005**
If "No" please explain:	Not Applicable	Contact/Phone:	702-293-8963
		Vendor No.:	T81074212F
		NV Business ID:	GOVERNMENT ENTITY

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 %	X	Fees	**66.00 %**	**Sportsmen**
X	Federal Funds	**34.00 %**		Bonds	0.00 %	
	Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 20-44

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 04/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **5 years**

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

Contract description: **Lake Mead boat slip**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing boat slip rental for law enforcement patrol vessels. The slip rentals allow boats to be water ready for any law enforcement, search and rescue, boating accident response or visitor assistance on Lake Mead.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$63,875.00**

Payment for services will be made at the rate of $12,775.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

These slips will be for our Law Enforcement patrol vessels. The slip rentals allow our boats to be water ready for any law enforcement, search and rescue, boating accident response or visitor assist on Lake Mead. The vessels will be moored at a government facility which is owned by the National Park Service. This contract will not only provide for the slip fees but maintenance costs associated with the dock facility.

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

The State of Nevada does not have the ability to provide marina slip facilities for boat storage.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

    Tammi Frost , Administrative Assistant Ph: 702-486-1463

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tdoucett	01/24/2020 11:28:47 AM
Division Approval	eobrien	03/06/2020 16:36:47 PM
Department Approval	eobrien	03/06/2020 16:36:50 PM
Contract Manager Approval	zalbert	03/09/2020 11:12:07 AM
Budget Analyst Approval	mlynn	04/01/2020 08:38:12 AM
BOE Agenda Approval	laaron	04/22/2020 12:00:13 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: **23064**

		Legal Entity Name:	Cardno, Inc.
Agency Name:	**DCNR - PARKS DIVISION**	Contractor Name:	**Cardno, Inc.**
Agency Code:	**704**	Address:	**5496 Reno Corporate Drive**
Appropriation Unit:	**4162-68**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89511**
If "No" please explain:	Not Applicable	Contact/Phone:	Coleen Shade 775-828-4362
		Vendor No.:	
		NV Business ID:	NV20111772626

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 60 days**

4. Type of contract: **Contract**

Contract description: **Environmental Assess**

5. Purpose of contract:

This is a new contract to provide an environmental assessment of Rafter 7 Management Unit of the Walker River State Recreation Area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$82,106.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The EA is required for the infrastructure to improve the park.

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

We don't have the staff or expertise and technical training 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):

EnviroSystems
BEC Environmental
TRC Environmental

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #20R7-01 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:

Heather Giger, Park & Rec Program Manager Ph: 775-684-2784

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	03/31/2020 14:59:16 PM
Division Approval	sdecrona	03/31/2020 14:59:19 PM
Department Approval	sdecrona	03/31/2020 14:59:22 PM
Contract Manager Approval	sdecrona	03/31/2020 15:00:39 PM
Budget Analyst Approval	nhovden	04/06/2020 12:53:43 PM
BOE Agenda Approval	nhovden	04/06/2020 12:53:48 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: **23051**

		Legal Entity Name:	Kokanee Bar & Grill, LLC
Agency Name:	**DCNR - PARKS DIVISION**	Contractor Name:	**Kokanee Bar & Grill, LLC**
Agency Code:	**704**	Address:	**4390 Tuscany Circle**
Appropriation Unit:	**4162-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno , NV 89523**
If "No" please explain:	Not Applicable	Contact/Phone:	Wendy-Lee Ollikkala 530-320-9869
		Vendor No.:	
		NV Business ID:	NV20191566722

To what State Fiscal Year(s) will the contract be charged? **2020-2025**

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

General Funds	0.00 %		Fees	0.00 %	
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 **05/12/2020**
   Anticipated BOE meeting date 05/2020

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **03/31/2025**
   Contract term: **4 years and 324 days**

4. Type of contract: **Revenue Contract**
   Contract description: **Bar & Grill**

5. Purpose of contract:

   This is a new revenue contract to provide a snack bar and grill at Lake Tahoe Nevada State Park.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$500,000.00**
   Other basis for payment: 12% of the gross profit

II. JUSTIFICATION

7. What conditions require that this work be done?

   Park visitors enjoy the availablity of food and beverages.

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

   We don't have the expertise or manpower.

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? Yes
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   95' Lobos LLC
   Char-Pit Sand Harbor

   b. Soliciation Waiver: **Not Applicable**
   c. Why was this contractor chosen in preference to other?

Pursuant to RFP #70CNR-S1034, and in accordance with NRS 333. the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/19/2020 Anticipated re-bid date: 02/01/2025

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:

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:

Allen Wooldridge, Park Supervisor Ph: 775-831-0494

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	04/07/2020 14:35:51 PM
Division Approval	sdecrona	04/07/2020 14:35:54 PM
Department Approval	sdecrona	04/07/2020 14:35:57 PM
Contract Manager Approval	sdecrona	04/07/2020 14:35:59 PM
Budget Analyst Approval	laaron	04/21/2020 07:53:06 AM
BOE Agenda Approval	laaron	04/21/2020 07:53:09 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: **23012**

		Legal Entity Name:	BROADBENT & ASSOCIATES, INC.
Agency Name:	**DCNR - ENVIRONMENTAL PROTECTION**	Contractor Name:	**BROADBENT & ASSOCIATES, INC.**
Agency Code:	**709**	Address:	**8 WEST PACIFIC AVENUE**
Appropriation Unit:	**3175-74**		
Is budget authority available?:	**Yes**	City/State/Zip	**HENDERSON, NV 89015**
If "No" please explain:	Not Applicable	Contact/Phone:	KIRK STOWERS, CEM, PG 702-563-0600
		Vendor No.:	T80989610
		NV Business ID:	NV19891031637

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

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

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

Agency Reference #: DEP20-067

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 05/2020

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: **BMI Environmental Cl**

5. Purpose of contract:

This is a new contract to provide technical review services and recommendations regarding reports generated by companies responsible for the environmental cleanup at the Black Mountain Industrial Complex near Henderson. Nevada Division of Environmental Protection regulatory oversight requires the scientific/technical support and advisory assistance services of several specialists including toxicologists and risk assessors, chemists, statisticians, hydrogeologists and environmental/civil engineers.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$4,000,000.00**
   Other basis for payment: NDEP Approval

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide technical reviews and provide comments to the State on required reports generated by the companies responsible for the environmental cleanup at the Black Mountain Industrial (BMI) Complex near Henderson, NV. NDEP regulatory oversight requires the scientific/technical support and advisory assistance services of several specialists including toxicologists and risk assessors, chemists, statisticians, hydrogeologists and environmental/civil engineers.

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 staffing or expertise available to perform these services.

9. Were quotes or proposals solicited? Yes

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

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

Broadbent & Associates
McGinley & Associates
Amentum Technical Services

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #70CNR-S1051, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

NDEP has had contract agreements with Broadbent & Associates, Inc. for many years and has been very satisfied.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sgotta	03/17/2020 15:01:03 PM
Division Approval	jdotchin	03/18/2020 12:33:51 PM
Department Approval	jdotchin	03/18/2020 12:34:29 PM
Contract Manager Approval	ssimpso2	03/18/2020 17:59:39 PM
Budget Analyst Approval	nhovden	03/30/2020 13:41:36 PM
BOE Agenda Approval	laaron	04/22/2020 12:02:22 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19065**

Amendment Number: **2**

Legal Entity Name: MESA ENERGY SYSTEMS, INC. DBA EMCOR SERVICES MESA ENERGY, INC.

Agency Name: **DETR - EMPLOYMENT SECURITY**

Contractor Name: **MESA ENERGY SYSTEMS, INC. DBA EMCOR SERVICES MESA ENERGY, INC.**

Agency Code: **902**

Address: **MESA ENERGY SYSTEMS**

Appropriation Unit: **4771-07**

6295 S PEARL ST, STE 1400

Is budget authority available?: **Yes**

City/State/Zip **LAS VEGAS, NV 89120-7205**

If "No" please explain: Not Applicable

Contact/Phone: Tony Dyer 702-597-0314

Vendor No.: T27027115A

NV Business ID: NV20071267110

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

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

Agency Reference #: 3078-20-ESD

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/30/2017**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2021**

Contract term: **4 years and 32 days**

4. Type of contract: **Contract**

Contract description: **HVAC MAINTENANCE**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing heating, ventilation and air conditioning maintenance services to the facilities located in southern Nevada. This amendment increases the maximum amount from $30,500 to $50,500 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:	$15,500.00	$15,500.00	$15,500.00	Yes - Info
	a. Amendment 1:	$15,000.00	$15,000.00	$30,500.00	Yes - Info
2.	Amount of current amendment (#2):	$20,000.00	$20,000.00	$50,500.00	Yes - Action
3.	New maximum contract amount:	$50,500.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Heating, ventilation, and air conditioning mechanical systems need to be maintained for longevity and effective operation of equipment.

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

State employees do not have the expertise to perform these tasks.

9. Were quotes or proposals solicited? Yes

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

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

Emcor Services DBA Mesa Energy Systems
Johnson Controls
Carrier Corporation

b. Soliciation Waiver: **Not Applicable**

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

One in a vendor pool.

d. Last bid date: 06/07/2017 Anticipated re-bid date: 04/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 the Department of Employment, Training, and Rehabilitation since 2013.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mjohns43	03/10/2020 11:29:43 AM
Division Approval	kdesoci1	03/25/2020 09:23:48 AM
Department Approval	kdesoci1	03/25/2020 09:23:55 AM
Contract Manager Approval	bdeem	03/25/2020 11:10:15 AM

Budget Analyst Approval	dbaughn	03/30/2020 09:43:14 AM
BOE Agenda Approval	cbrekken	04/01/2020 16:07:37 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22981**

		Legal Entity Name:	EIDE BAILLY, LLP
Agency Name:	**DETR - EMPLOYMENT SECURITY**	Contractor Name:	**EIDE BAILLY, LLP**
Agency Code:	**902**	Address:	**5441 KIETZKE LN STE 150**
Appropriation Unit:	**4772-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89511**
If "No" please explain:	Not Applicable	Contact/Phone:	Kurt Schlicker 775\689-9234
		Vendor No.:	T29026023B
		NV Business ID:	NV20001000409

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	**100.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3388-22-DETR

2. Contract start date:

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

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2021**

Contract term: **1 year and 244 days**

4. Type of contract: **Contract**

Contract description: **UI Trust Fund Audit**

5. Purpose of contract:

This is a new contract to provide audited financial statements for the Unemployment Insurance Trust Fund for calendar years 2020 and 2021.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$81,000.00**

Other basis for payment: Annual payment; 2020 $40,000; 2021 $41,000.

II. JUSTIFICATION

7. What conditions require that this work be done?

An audit of the UI Trust Fund is required to be included in the Comprehensive Annual Financial Report (CAFR) as well as audited financial statements provided to the State of Nevada Controllers Office each year.

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

State Employees do not have the expertise or resources to complete this service

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 service to various agencies since 2005.

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

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

Not Applicable

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

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	jbende2	04/06/2020 15:43:24 PM
Division Approval	kdesoci1	04/06/2020 15:54:27 PM
Department Approval	kdesoci1	04/06/2020 15:54:31 PM
Contract Manager Approval	bdeem	04/06/2020 15:59:14 PM
Budget Analyst Approval	dbaughn	04/10/2020 08:42:27 AM
BOE Agenda Approval	cbrekken	04/10/2020 11:01:50 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23057**

		Legal Entity Name:	Hyas Group LLC
Agency Name:	**ADMIN - DEFERRED COMPENSATION**	Contractor Name:	**Hyas Group LLC**
Agency Code:	**920**	Address:	**108 Northwest Ninth Avenue**
Appropriation Unit:	**1017-04**		**Suite 203**
Is budget authority available?:	**Yes**	City/State/Zip	**Portland , OR 97209**
If "No" please explain:	Not Applicable	Contact/Phone:	971-634-1514
		Vendor No.:	Pending
		NV Business ID:	NV20031277923

To what State Fiscal Year(s) will the contract be charged? **2020-2025**

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

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

Agency Reference #: RFP 08DOA-S395

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 05/2020

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

3. Termination Date: **05/31/2025**
   Contract term: **5 years**

4. Type of contract: **Contract**
   Contract description: **Deferred Comp Invest**

5. Purpose of contract:
   This is a new contract to provide ongoing investment consulting services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$357,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
   Deferred Compensation needs an Investment Consultant Service.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   This is a Specialized 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: 12/01/2020 Anticipated re-bid date: 12/01/2024

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:

Micah Salerno, AA2 Ph: 684-3398

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	04/14/2020 10:33:35 AM
Division Approval	ssands	04/14/2020 10:33:38 AM
Department Approval	ssands	04/14/2020 10:33:41 AM
Contract Manager Approval	ssands	04/14/2020 10:33:44 AM
Budget Analyst Approval	dlenzner	04/23/2020 08:56:27 AM
BOE Agenda Approval	hfield	04/23/2020 09:22:21 AM
BOE Final Approval	Pending	

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	BRITTANY EDWARDS, LLC	OTHER: VARIOUS AGENCIES	$150,000	
	Contract Description:	This is a new contract to provide ongoing therapy services in southern Nevada.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 22982		
2.		VARIOUS STATE AGENCIES	EPIC AVIATION, LLC	OTHER: VARIOUS AGENCIES	$118,500,000	
	Contract Description:	This is a new contract to provide ongoing bulk fuel purchase and delivery services statewide on an as needed basis for state owned tanks.				
		Term of Contract:	Upon Approval - 01/31/2024	Contract # 22798		
3.		VARIOUS STATE AGENCIES	GRAEAGLE CONSTRUCTION AND DEVELOPMENT, LLC	OTHER: VARIOUS AGENCIES	$300,000	
	Contract Description:	This is a new contract to provide ongoing home modification services to support job development and rehabilitation statewide.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 22953		
4.		VARIOUS STATE AGENCIES	SUBURBAN PROPANE, LP	OTHER: VARIOUS AGENCIES	$118,500,000	
	Contract Description:	This is a new contract to provide ongoing bulk fuel purchase and delivery services statewide on an as needed basis for state owned tanks.				
		Term of Contract:	Upon Approval - 01/31/2024	Contract # 22800		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22982**

		Legal Entity Name:	BRITTANY EDWARDS, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**BRITTANY EDWARDS, LLC**
Agency Code:	**MSA**	Address:	**5175 JERRY TARKANIAN WAY #320**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89148**
If "No" please explain:	Not Applicable	Contact/Phone:	Britanny Corbitt 702-824-6583
		Vendor No.:	T29042840
		NV Business ID:	NV20171612950

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**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 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 60 days**

4. Type of contract: **MSA**

Contract description: **Medical Services**

5. Purpose of contract:

This is a new contract to provide ongoing therapy services in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$150,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

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

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

b. Soliciation Waiver: **Not Applicable**

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

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	03/17/2020 15:54:36 PM
Division Approval	jthom17	03/17/2020 15:54:40 PM
Department Approval	ldeloach	03/18/2020 15:28:39 PM
Contract Manager Approval	rvradenb	03/18/2020 15:48:39 PM
Budget Analyst Approval	stilley	03/26/2020 09:28:25 AM
BOE Agenda Approval	hfield	03/26/2020 14:52:23 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22798**

		Legal Entity Name:	EPIC AVIATION, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**EPIC AVIATION, LLC**
Agency Code:	**MSA**	Address:	**222 WEST COLINAS BLVD STE 1425**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**IRVING, TX 75039**
If "No" please explain:	Not Applicable	Contact/Phone:	Kathleen Thomas 503/566-2490
		Vendor No.:	T29035498A
		NV Business ID:	NV19981067225

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

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

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

Agency Reference #: RFQ 99SWC-S818 NF

2. Contract start date:

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

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2024**

Contract term: **3 years and 275 days**

4. Type of contract: **MSA**

Contract description: **Bulk Fuel Purchase**

5. Purpose of contract:

This is a new contract to provide ongoing bulk fuel purchase and delivery services statewide on an as needed basis for state owned tanks.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$118,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

State Agencies have the need for bulk fuel purchase and delivery services.

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

The State does not employ bulk fuel purchase and delivery services for the State.

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):

Ferrellgas
Rebel Oil
River City

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFQ 99SWC-S818 and in accordance with NRS 333, this vendor met the qualifications of the RFQ and is on of 11 Vendors selected by the appointed evaluation committee.

d. Last bid date: 08/19/2013 Anticipated re-bid date: 10/18/2023

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:

Epic Aviation is contracted under the previous RFQ 3064 for Bulk Fuel Purchase and Delivery.

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

No If "Yes", please provide details of the litigation 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:

Nancy Feser, Purchasing Officer Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	02/11/2020 08:31:38 AM
Division Approval	jthom17	02/11/2020 08:31:41 AM
Department Approval	ldeloach	02/18/2020 10:55:32 AM
Contract Manager Approval	nfese1	04/13/2020 08:08:29 AM
Budget Analyst Approval	stilley	04/13/2020 17:12:32 PM
BOE Agenda Approval	hfield	04/21/2020 08:38:48 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22953**

		Legal Entity Name:	GRAEAGLE CONSTRUCTION AND DEVELOPMENT, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**GRAEAGLE CONSTRUCTION AND DEVELOPMENT, LLC**
Agency Code:	**MSA**	Address:	**5016 CECILE AVE**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89115**
If "No" please explain:	Not Applicable	Contact/Phone:	JERRY PASQUALE 702-248-0170
		Vendor No.:	T81200201
		NV Business ID:	NV20011062218

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

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

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

Agency Reference #: S165-TB

2. Contract start date:

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

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 60 days**

4. Type of contract: **MSA**

Contract description: **Home Modification**

5. Purpose of contract:

This is a new contract to provide ongoing home modification services to support job development and rehabilitation statewide.

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. Soliciation 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-S165 for Job Development 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	03/18/2020 13:36:08 PM
Division Approval	jthom17	03/18/2020 13:36:11 PM
Department Approval	ldeloach	03/18/2020 15:34:17 PM
Contract Manager Approval	rvradenb	03/27/2020 11:46:06 AM
Budget Analyst Approval	stilley	03/27/2020 14:03:12 PM
BOE Agenda Approval	hfield	04/01/2020 14:25:07 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22800**

		Legal Entity Name:	SUBURBAN PROPANE, LP
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**SUBURBAN PROPANE, LP**
Agency Code:	**MSA**	Address:	**400 WOLVERINE WAY STE A**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**SPARKS, NV 89431-5741**
If "No" please explain:	Not Applicable	Contact/Phone:	Matt Reudelhuber 775-384-7257
		Vendor No.:	
		NV Business ID:	NV19961040108

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

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

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

Agency Reference #: RFQ 99SWC-S818 NF

2. Contract start date:

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

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2024**

Contract term: **3 years and 275 days**

4. Type of contract: **MSA**

Contract description: **Bulk Fuel Purchase**

5. Purpose of contract:

This is a new contract to provide ongoing bulk fuel purchase and delivery services statewide on an as needed basis for state owned tanks.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$118,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

State Agencies have the need for bulk fuel purchase and delivery services.

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

The State does not employ bulk fuel purchase and delivery services for the state.

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):

Ferrellgas
River City
Rebel Oil

b. Soliciation Waiver: **Not Applicable**

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

This vendor was part of a multi-vendor award.

d. Last bid date: 08/19/2013 Anticipated re-bid date: 10/18/2023

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:

Suburban Propane is contracted under the previous RFQ 3064 for Bulk Fuel Purchase and Delivery.

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

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

Not Applicable

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

LP

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jthom17	03/27/2020 15:44:19 PM
Division Approval	jthom17	03/27/2020 15:44:22 PM
Department Approval	gdavi6	03/27/2020 15:47:13 PM
Contract Manager Approval	nfese1	03/27/2020 15:55:29 PM
Budget Analyst Approval	stilley	04/11/2020 11:12:41 AM
BOE Agenda Approval	hfield	04/13/2020 16:17:14 PM
BOE Final Approval	Pending	

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	015	GOVERNOR'S OFFICE - GOVERNOR'S OFFICE OF FINANCE - SPECIAL APPROPRIATIONS	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, RENO - CONTROLLERS	GENERAL	$15,840	
	Contract Description:	This is a new interlocal agreement to provide geographic information system mapping and reporting services for the 2020 Census.				
		Term of Contract:	04/08/2020 - 08/01/2020	Contract # 22960		
2.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE	MELISSA PIASECKI, MD, PC	AGCAP	$10,000	Professional Service
	Contract Description:	This is a new contract to provide evaluation and expert reporting in a Federal Habeas matter in preparation for an evidentiary hearing.				
		Term of Contract:	01/29/2020 - 07/31/2020	Contract # 22893		
3.	040	SECRETARY OF STATE'S OFFICE	GARTNER, INC.	GENERAL	$31,617	
	Contract Description:	This is a new Work Plan under Master Service Agreement contract #18964 which provides research and advisory service related to information technology. This Work Plan is for the support of SilverFlume Nevada's Business Portal strategic initiatives.				
		Term of Contract:	07/01/2020 - 06/30/2021	Contract # 23013		
4.	040	SECRETARY OF STATE'S OFFICE	JAH CONSULTING, LLC	GENERAL	$23,500	
	Contract Description:	This is the first amendment to the original contract which provides case load management services. This amendment extends the termination date from June 30, 2020 to June 30, 2021 and increases the maximum amount from $23,500 to $47,000 due to the continued need for these services.				
		Term of Contract:	06/28/2019 - 06/30/2021	Contract # 22115		
5.	060	CONTROLLER'S OFFICE	BOTTOMLINE TECHNOLOGIES, DE, INC.	OTHER: STATE SHARE COLLECTIONS 34% FEDERAL 66%	$41,100	Sole Source
	Contract Description:	This is a new contract to provide upgrades to the Advantage Financial System's Bottomline Check Printing application to run on a Microsoft SQL Server database.				
		Term of Contract:	04/06/2020 - 06/30/2020	Contract # 22838		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERAN'S CIP PROJECTS - NON-EXEC	SGF ENGINEERING, LLC	GENERAL 31% FEDERAL 69%	$25,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Plumb Lane Armory - Packaged Rooftop Unit and Lighting Upgrade CIP Project, to include design and construction administration for the replacement of rooftop units, complete exterior lighting upgrade for all buildings on-site and interior lighting upgrade for the gym: SPWD Project No. 19-M44; Contract No.113421.				
		Term of Contract:	04/02/2020 - 06/30/2023	Contract # 23039		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	RO ANDERSON ENGINEERING, INC.	GENERAL	$29,810	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Caliente Youth Center - Pavement Preservation and Maintenance CIP project, to include project design and construction administration for maintenance on existing asphalt pavement and the reconstruction of severely derogated areas of the site: SPWD Project No. 19-S05(2); Contract No. 113411.				
		Term of Contract:	04/02/2020 - 06/30/2023	Contract # 23036		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	SAAREM CONSULTING ENGINEERS, LLC	HIGHWAY	$28,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Department of Motor Vehicles (Carson City Office) - Rooftop Unit Replacement CIP project, to include design construction and bid documents as well as construction administration services for the replacement of the rooftop units serving portions of the Computer and Warehouse buildings: SPWD Project No. 19-M37; Contract No. 113425.				
		Term of Contract:	04/02/2020 - 06/30/2023	Contract # 23038		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	MELROY ENGINEERING, INC. DBA MSA ENGINEERING CONSULTANTS	OTHER: AGENCY FUNDED CIP	$11,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for Carson City DMV - Uninterruptible Power Supply Replacement CIP Project, to include design, development, and bidding documents for the replacement of the existing 100 KVA UPS located in the Warehouse facility: CIP Project No. 20-A015; SPWD Contract No. 113343.				
		Term of Contract:	03/24/2020 - 06/30/2024	Contract # 23028		
10.	300	DEPARTMENT OF EDUCATION - EDUCATOR EFFECTIVENESS	I3DIGITAL, PD, LLC	FEDERAL	$49,500	Exempt
	Contract Description:	This is a new contract to provide project management for the development of a Nevada Digital Learning Collaborative Network to assist educators with distance learning and virtual instruction, due to COVID-19.				
		Term of Contract:	04/16/2020 - 06/30/2022	Contract # 23116		
11.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - MAIL SERVICES	NV PRESORT & MAIL MARKETING	FEDERAL	$20,000	
	Contract Description:	This is a new contract to provide labor for the collation, folding, and insertion of letters into envelopes due to the abundance of mail for the Department of Employment, Training and Rehabilitation, as a result of the COVID-19 pandemic.				
		Term of Contract:	04/01/2020 - 07/31/2020	Contract # 23123		
12.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	THE W.W. WILLIAMS COMPANY, LLC	GENERAL	$35,320	
	Contract Description:	This is a new contract to provide ongoing service, testing, and maintenance of campus wide emergency generators for the Las Vegas campus.				
		Term of Contract:	04/08/2020 - 03/31/2022	Contract # 22714		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH ADMINISTRATION	PUBLIC CONSULTING GROUP, INC.	GENERAL 61% OTHER: INDIRECT 39%	$37,329	Sole Source
	Contract Description:	This is a new contract to provide ongoing cost allocation development, maintenance, support and reporting services.				
		Term of Contract:	11/01/2019 - 06/30/2020	Contract # 22803		
14.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT	MY OFFICE STAFF	FEDERAL	$33,710	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides onsite and desk monitoring activities, single audit reviews, consulting services, technical assistance and evaluations of sub-recipients in the administration of federal grant programs, laws and other applicable regulations. This amendment increases the maximum amount from $76,350 to $110,060 to complete the activities authorized on the contract's scope of work.				
		Term of Contract:	07/01/2019 - 06/30/2020	Contract # 22132		
15.	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	RADIATION CONTROL FEES 93.1% FEDERAL 6.9%	($12,783)	
	Contract Description:	This is the first amendment to the original interlocal agreement which provides funding for the Oral Health Program, the State Dental Health Officer as set forth in NRS 439.272 and the State Public Health Dental Hygienist as set forth in NRS 439.279. This amendment decreases the maximum amount from $406,272 to $393,489 due to revising the detailed budget. This amendment also revises Attachment A -Scope of Work and Deliverable's to provide administrative and technical support to the Oral Health Program.				
		Term of Contract:	07/01/2019 - 06/30/2020	Contract # 21894		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	INFORMATIX, INC.	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	$49,737	
	Contract Description:	This is the first amendment to the original contract which provides ongoing electronic application to assist the State Collection and Disbursement Unit in the collections and disbursements of Child Support payments to the custodial parent and to interface with the legacy Child Support Enforcement Program application for posting of these transactions. This amendment extends the termination date from March 31, 2020 to March 31, 2022 and increases the maximum amount from $1,100,000 to $1,149,737 and revises Attachment A- Scope of Work due to the continued need for these services.				
		Term of Contract:	12/12/2017 - 03/31/2022	Contract # 19387		
17.	611	GAMING CONTROL BOARD	COIT SERVICES OF RENO, LLC	GENERAL	$26,000	Exempt
	Contract Description:	This is a new contract to provide a commercial environmental cleaning of the Carson City office.				
		Term of Contract:	04/14/2020 - 04/30/2020	Contract # 23069		
18.	611	GAMING CONTROL BOARD - INVESTIGATION FUND	FINANCIAL RISK MITIGATION, INC.	FEE: INVESTIGATIVE	$48,000	
	Contract Description:	This is a new contract to provide ongoing investigative services in foreign jurisdictions.				
		Term of Contract:	04/01/2020 - 01/31/2022	Contract # 23048		
19.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS	MAVERICK ACTIVITIES, LLC	OTHER: REVENUE	$10,000	
	Contract Description:	This is a new contract to provide fishing charters, sightseeing and dive tours at Lake Tahoe Nevada State Park.				
		Term of Contract:	04/06/2020 - 04/30/2021	Contract # 23047		
20.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS	MUTINY DIVERS	OTHER: REVENUE	$10,000	
	Contract Description:	This is a new contract to provide scuba classes and tours from Sand Harbor and Cave Rock State Parks.				
		Term of Contract:	04/15/2020 - 04/30/2021	Contract # 23095		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	CLEAN HARBORS, INC. DBA H2O ENVIRONMENTAL, INC.	FEE: MAINTENANCE OF STATE PARKS	$42,512	
	Contract Description:	This is a new contract to provide septic services for Big Bend of the Colorado State Recreation Area.				
		Term of Contract:	03/30/2020 - 02/28/2024	Contract # 22996		
22.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	SUMMIT PLUMBING CO., LLC	OTHER: UTILITY SURCHARGE	$38,606	
	Contract Description:	This is a new contract to provide ongoing on call plumbing, pumping and portable toilet rentals for Sand Harbor State Parks.				
		Term of Contract:	04/14/2020 - 04/25/2022	Contract # 23071		
23.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - BASIN ACCOUNT REGION 1 - NON-EXEC	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, UNIVERSITY OF NEVADA, RENO - DEPARTMENT OF ECONOMICS	OTHER: BASIN FUNDS	$12,000	
	Contract Description:	This is a new interlocal agreement to complete an economic analysis of the annual economic value of an acre-foot of water for irrigated agricultural operations that use surface water in the Humboldt River Basin.				
		Term of Contract:	03/30/2020 - 12/31/2020	Contract # 23008		
24.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	AUTHENTIC PROMOTIONS.COM	GENERAL 21.3% FEDERAL 78.7%	$25,000	
	Contract Description:	This is a new contract to provide branded promotional and informational items to the Bureau of Vocational Rehabilitation to advertise the existence of and the services provided by the Bureau.				
		Term of Contract:	08/01/2020 - 07/31/2022	Contract # 22950		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	ALPINE ACADEMY	GENERAL 21.3% FEDERAL 78.7%	$43,000	
	Contract Description:	This is a new interlocal agreement to provide ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths, ages 16 - 21, to provide the tools that will enable them to seek and retain employment. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128).				
		Term of Contract:	04/10/2020 - 12/31/2021	Contract # 22831		
26.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - DISABILITY ADJUDICATION	MISSION CRITICAL SPECIALISTS, INC.	FEDERAL	$13,970	
	Contract Description:	This is a new contract to provide ongoing quarterly inspections and yearly maintenance/testing of a federally required back-up generator located in Carson City in order to maintain the generator's warranty.				
		Term of Contract:	03/31/2020 - 02/28/2022	Contract # 22855		
27.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY	CARRIER CORPORATION	OTHER: COST ALLOCATION	$15,500	
	Contract Description:	This is a new contract to provide ongoing heating, ventilation and air conditioning maintenance services to facilities located in southern Nevada.				
		Term of Contract:	04/14/2020 - 03/31/2022	Contract # 23005		
28.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY	CASHMAN EQUIPMENT COMPANY	OTHER: COST ALLOCATION	$44,595	
	Contract Description:	This is a new contract to provide ongoing Uninterrupted Power Supply (UPS) maintenance for the Carson City Administrative office UPS module.				
		Term of Contract:	04/14/2020 - 03/31/2022	Contract # 23025		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY	JOHNSON CONTROLS, INC.	OTHER: COST ALLOCATION	$15,500	
	Contract Description:	This is a new contract to provide ongoing Heating, Ventilation and Air Conditioning maintenance services to the facilities located in southern Nevada.				
		Term of Contract:	04/16/2020 - 03/31/2022	Contract # 23004		
30.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY	XCEL MAINTENANCE SERVICES, INC.	OTHER: COST ALLOCATION	$10,000	
	Contract Description:	This is a new contract to provide emergency, special project, and temporary janitorial services for various facilities in southern Nevada.				
		Term of Contract:	03/20/2020 - 04/30/2022	Contract # 23063		
31.	030	ATTORNEY GENERAL'S OFFICE – ADMINISTRATIVE	SOROKAC LAW OFFICE, PLLC DBA REISMAN SOROKAC	AGCAP	$22,500	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides outside counsel in conjunction with deposition preparation, deposition attendance and response to request for records related to an employee of the Department of Taxation. This amendment extends the termination date from June 30, 2020 to December 31, 2020 and increases the maximum amount from $20,000 to $42,500 due to continued need for services.				
		Term of Contract:	10/01/2019 - 12/31/2020	Contract # 22537		
32.	B002	LICENSING BOARDS AND COMMISSIONS - ARCHICECTURE, INTERIOR DESIGN AND RESIDENTIAL DESIGN	BLACK, LOBELLO & ASSOCIATES, PLLC	FEE: LICENSING	$41,250	
	Contract Description:	This is a new contract to provide assistance in preparing, planning and responding to legislative issues, statute and regulation changes and public protection issues.				
		Term of Contract:	07/01/2020 - 06/30/2023	Contract # 22867		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	B003	LICENSING BOARDS AND COMMISSIONS - AUDIOLOGY AND SPEECH PATHOLOGY	SILVER STATE GOVERNMENT RELATIONS SERVICES	FEE: LICENSING	$34,750	
	Contract Description:	This is a new contract to provide legislative services in preparing for and representing the Boards interests during the Interim and 2021 Legislative Session.				
		Term of Contract:	02/01/2020 - 06/30/2021	Contract # 22987		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22960**

		Legal Entity Name:	BOARD OF REGENTS-UNR CONTROLLERS
Agency Name:	**GOVERNOR'S FINANCE OFFICE**	Contractor Name:	**BOARD OF REGENTS-UNR CONTROLLERS**
Agency Code:	**015**	Address:	**MAIL STOP 0124**
Appropriation Unit:	**1301-37**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89557-0011**
If "No" please explain:	Not Applicable	Contact/Phone:	775-682-9146
		Vendor No.:	D35000816
		NV Business ID:	GOVERNMENT 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.

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 #: ASD 2834038

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/08/2020**

Anticipated BOE meeting date 04/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/01/2020**

Contract term: **115 days**

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

Contract description: **2020 Census**

5. Purpose of contract:

This is a new interlocal agreement to provide geographic information system mapping and reporting services for the 2020 Census.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$15,840.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Geographic Information System (GIS) mapping and reporting on GIS information is required to determine the response rate by geographic area for the Census and to help determine the effects of funding allocated based on Census data. This will also help determine where hard to count communities are located within the state to ensure more localized marketing is those geographic areas to encourage those communities to respond to the 2020 Census.

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

GIS systems require special skills and education that current stat employees are not trained for. Additionally, there is only one state employee, the State Demographer, who is working on this information. A contracted GIS trained individual is needed to ensure the work gets completed during the 2020 census.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Not Applicable

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

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

    Not Applicable

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

    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

    Catherine Bartlett, Executive Branch Officer Ph: 775-684-0239

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	04/02/2020 09:19:46 AM
Division Approval	ssands	04/02/2020 09:19:49 AM
Department Approval	ssands	04/02/2020 09:19:53 AM
Contract Manager Approval	ssands	04/02/2020 09:19:57 AM
Budget Analyst Approval	mranki1	04/08/2020 15:16:43 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22893**

		Legal Entity Name:	MELISSA PIASECKI MD PC
Agency Name:	**ATTORNEY GENERAL'S OFFICE**	Contractor Name:	**MELISSA PIASECKI MD PC**
Agency Code:	**030**	Address:	**561 KEYSTONE AVE STE 104**
Appropriation Unit:	**1030-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89503-4304**
If "No" please explain:	Not Applicable	Contact/Phone:	775/722-1077
		Vendor No.:	T27018059
		NV Business ID:	NV20051422118

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 %**	**AG Cap**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/29/2020**
   Anticipated BOE meeting date 05/2020

Retroactive? **Yes**

If "Yes", please explain

We are requesting that this contract be retroactively approved to January 29, 2020 due to the Federal District Court scheduling this hearing prior to the OAG having an opportunity to consult with an expert.

3. Termination Date: **07/31/2020**
   Contract term: **183 days**
4. Type of contract: **Contract**
   Contract description: **Expert Witness**
5. Purpose of contract:

This is a new contract to provide evaluation and expert report in a Federal Habeas matter in preparation for an evidentiary hearing.

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?

The OAG is preparing for an evidentiary hearing using an evaluation and expert report in a Federal Habeas matter.

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

State employees do not have the expertise needed for this matter

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

   b. Soliciation 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?

Yes If "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 OAG is currently using services by Dr. Piasecki and they 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:

Charles Finlayson, DAG Ph: 775-684-1115

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	04/14/2020 15:44:28 PM
Division Approval	jhoba2	04/14/2020 15:44:34 PM
Department Approval	jhoba2	04/14/2020 15:44:39 PM
Contract Manager Approval	lramire7	04/15/2020 06:26:09 AM
Budget Analyst Approval	hfield	04/16/2020 15:14:27 PM

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Chief of Staff

RACHEL J. ANDERSON
General Counsel

HEIDI PARRY STERN
Solicitor General

STATE OF NEVADA

OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street
Carson City, Nevada 89701

MEMORANDUM

Date: February 5, 2020

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

From: Lesley Volkov, Management Analyst II

Subject: Retroactive Approval for contract for Melissa Piasecki MD PC

We request that this contract be retroactively approved to January 29, 2020 due to the Federal District Court scheduling this hearing prior to the OAG having an opportunity to consult with an expert.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23013**

		Legal Entity Name:	GARTNER INC
Agency Name:	**SECRETARY OF STATE'S OFFICE**	Contractor Name:	**GARTNER INC**
Agency Code:	**040**	Address:	**PO BOX 911319**
Appropriation Unit:	**1050-23**		
Is budget authority available?:	**Yes**	City/State/Zip	**DALLAS, TX 75391-1319**
If "No" please explain:	Not Applicable	Contact/Phone:	239/561-4815
		Vendor No.:	PUR0005339A
		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.

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 05/2020

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: **MSA Work Plan**

5. Purpose of contract:

This is a new Work Plan under Master Service Agreement contract #18964 which provides research and advisory service related to information technology. This Work Plan is for the support of SilverFlume Nevada's Business Portal strategic initiatives.

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?

The NV SOS organization is evolving its business and technology strategies to meet current customer needs, and Gartner is able to provide industry insight that would be difficult or impossible to obtain without the Gartner research. This includes such items as the IT Market Clock for Programming Language that provides insights as to which technologies are emerging and which are becoming obsolete and should have a transition plan.

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

State employees lack the time, knowledge, and expertise to complete the work.

9. Were quotes or proposals solicited? No

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

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

b. Soliciation Waiver: **Not Applicable**

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

This is a Service Agreement filed with State Purchasing.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	shudder	03/19/2020 11:36:36 AM
Division Approval	shudder	03/19/2020 11:36:39 AM
Department Approval	shudder	03/19/2020 11:36:49 AM
Contract Manager Approval	adale	03/24/2020 08:57:49 AM
Budget Analyst Approval	dlenzner	04/16/2020 14:39:15 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22115**

		Amendment Number:	**1**
		Legal Entity Name:	JAH CONSULTING LLC
Agency Name:	**SECRETARY OF STATE'S OFFICE**	Contractor Name:	**JAH CONSULTING LLC**
Agency Code:	**040**	Address:	**6725 KOSTNER ST**
Appropriation Unit:	**1050-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89149-0519**
If "No" please explain:	Not Applicable	Contact/Phone:	702/499-7479
		Vendor No.:	T27034960
		NV Business ID:	NV20141350505

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

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

X	General Funds	**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 **06/28/2019**

Anticipated BOE meeting date 04/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **2 years and 3 days**

4. Type of contract: **Contract**

Contract description: **JAH CONSULTING**

5. Purpose of contract:

This is the first amendment to the original contract which provides case load management services. This amendment extends the termination date from June 30, 2020 to June 30, 2021 and increases the maximum amount from $23,500 to $47,000 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:	$23,500.00	$23,500.00	$23,500.00	Yes - Info
2.	Amount of current amendment (#1):	$23,500.00	$23,500.00	$47,000.00	Yes - Info
3.	New maximum contract amount:	$47,000.00			
	and/or the termination date of the original contract has changed to:	06/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

Within the SOS Securities Division, the requirement for review and analysis of backlogged cases is critical as the caseload exceeds the authorized number of compliance/audit investigators. This service will greatly assist in the compliance/inspection cases from tri-annual audits of licensed Investment Advisors and Broker Dealer throughout Nevada. Additional services required involves unresolved investigation files backlog from complaints from outside agencies such as the Securities Exchange Commission. The service will address a shortfalls in the caseload backlog but also the training of Compliance/Audit Investigators within the SOS Securities Division, which includes training on investigatory techniques and report writing. The incumbent providing these contract services possesses an unequalled level of experience and expertise, and the backlog of cases not investigated or resolved is dramatically reducing with her involvement.

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

State employees lack the time, knowledge, and expertise to complete the work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date

Budget Account Approval	shudder	03/23/2020 11:27:33 AM
Division Approval	shudder	03/23/2020 11:27:36 AM
Department Approval	shudder	03/23/2020 11:27:41 AM
Contract Manager Approval	svaldez	03/23/2020 11:28:40 AM
Budget Analyst Approval	dlenzner	04/21/2020 08:41:37 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: **22838**

		Legal Entity Name:	BOTTOMLINE TECHNOLOGIES DE INC
Agency Name:	**CONTROLLER'S OFFICE**	Contractor Name:	**BOTTOMLINE TECHNOLOGIES DE INC**
Agency Code:	**060**	Address:	**325 CORPORATE DRIVE**
Appropriation Unit:	**1130-26**		
Is budget authority available?:	**Yes**	City/State/Zip	**PORTSMOUTH, NH 03801**
If "No" please explain:	Not Applicable	Contact/Phone:	JOSEPH TARR 603-501-5338
		Vendor No.:	PUR0003417B
		NV Business ID:	n/a

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.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Transfer from DHHS/DWSS IAW Inter-Local Contract Amendment #1**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/06/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2020**

Contract term: **85 days**

4. Type of contract: **Contract**

Contract description: **Bottomline Upgrade**

5. Purpose of contract:

This is a new contract to provide upgrades to the Advantage Financial System's Bottomline Check Printing application to run on a Microsoft SQL Server database.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$41,100.00**

Other basis for payment: Fees for Professional Services will be invoiced as professional services are performed.

II. JUSTIFICATION

7. What conditions require that this work be done?

The US Treasury, Internal Revenue Service (IRS), has identified issues concerning protection of Personally Identifiable Information (PII) in the State Controller's systems that print checks for the Department of Health and Human Services, Division of Welfare and Supportive Systems and other state agencies. These systems contain information that the IRS identifies as Federal Tax Information (FTI), which must be protected from disclosure. The IRS has identified the current Oracle Database running on a legacy AIX IBM system to be outdated and non-compliant in protecting PII.

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 programming expertise nor the authority to upgrade the proprietary programming of the Bottomline Check Printing application.

9. Were quotes or proposals solicited? No

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

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 191201
Approval Date: 12/03/2019

c. Why was this contractor chosen in preference to other?

Bottomline Technologies check printing software is already being used at the Controller's Office. Bottomline owns the rights to the Bottomline check printing application, and is the only organization with the authority to upgrade their application.

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:

Prior update of the Bottomline check printing application in 2015/2016 via purchase order PC083 00000065377. Service provided was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

Per Kimberley Perondi, Deputy Secretary of State for Commercial Recordings, 1/17/2020, "I have reviewed the explanation provided by your contractor and am in agreement that a business license is not required at this time."

16. a. Is 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.

Per Kimberley Perondi, Deputy Secretary of State for Commercial Recordings, 1/17/2020, "I have reviewed the explanation provided by your contractor and am in agreement that a business license is not required at this time."

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.

Per Kimberley Perondi, Deputy Secretary of State for Commercial Recordings, 1/17/2020, "I have reviewed the explanation provided by your contractor and am in agreement that a business license is not required at this time."

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lhoove1	03/31/2020 15:11:45 PM
Division Approval	lhoove1	03/31/2020 15:11:50 PM
Department Approval	lhoove1	03/31/2020 15:11:55 PM

Contract Manager Approval	hbill1	03/31/2020 15:31:18 PM
EITS Approval	tgalluzi	03/31/2020 16:02:20 PM
Budget Analyst Approval	cbrekken	04/06/2020 10:41:12 AM

Purchasing Use Only:	
Approval #:	191201 (Ca)

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

H. Wes Bills, CCM — 12/02/2019

Print Name of Agency Representative Initiating Request — Date

Signature of Agency Head Authorizing Request

Lori Hoover, Chief Deputy Controller — 12/02/2019

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 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.

Approved by:

Administrator, Purchasing Division or Designee — 12/3/19

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: **23039**

		Legal Entity Name:	SGF ENGINEERING LLC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**SGF ENGINEERING LLC**
Agency Code:	**082**	Address:	**9441 DOUBLE DIAMOND PKW., SUITE 13**
Appropriation Unit:	**1577-43**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89521-2989**
If "No" please explain:	Not Applicable	Contact/Phone:	775-591-4123
		Vendor No.:	T27042760A
		NV Business ID:	NV20181807757

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.

X	General Funds	**31.00 %**	Fees	0.00 %
X	Federal Funds	**69.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 113421

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/02/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **3 years and 89 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Plumb Lane Armory - Packaged Rooftop Unit and Lighting Upgrade Project, to include design and construction administration for the replacement of rooftop units, complete exterior lighting upgrade for all buildings on-site and interior lighting upgrade for the gym. SPWD Project No. 19-M44; Contract No.113421.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$25,500.00**

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 are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

    Bassi, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	03/25/2020 14:57:56 PM
Division Approval	lwildes	03/25/2020 14:57:59 PM
Department Approval	lwildes	03/25/2020 14:58:01 PM
Contract Manager Approval	lwildes	03/25/2020 14:58:03 PM
Budget Analyst Approval	nkephart	04/02/2020 13:46:12 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: **23036**

		Legal Entity Name:	RO ANDERSON ENGINEERING INC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**RO ANDERSON ENGINEERING INC**
Agency Code:	**082**	Address:	**1603 ESMERALDA AVE**
Appropriation Unit:	**1585-64**		
Is budget authority available?:	**Yes**	City/State/Zip	**MINDEN, NV 89423**
If "No" please explain:	Not Applicable	Contact/Phone:	775-782-2322
		Vendor No.:	T29003022A
		NV Business ID:	NV19921072789

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.

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 #: 113411

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/02/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **3 years and 89 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Caliente Youth Center - Pavement Preservation and Maintenance, to include project design and construction administration for maintenance on existing asphalt pavement and reconstruct and area where the accessible parking has fallen into disrepair: SPWD Project No. 19-S05(2); Contract No. 113411.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$29,810.00**

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. Soliciation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

    McEntee, Marcus, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	03/25/2020 15:15:32 PM
Division Approval	lwildes	03/25/2020 15:15:34 PM
Department Approval	lwildes	03/25/2020 15:15:36 PM
Contract Manager Approval	lwildes	03/25/2020 15:15:39 PM
Budget Analyst Approval	nkephart	04/02/2020 09:30:18 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23038**

		Legal Entity Name:	SAAREM CONSULTING ENGINEERS
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**SAAREM CONSULTING ENGINEERS**
Agency Code:	**082**	Address:	**LLC**
Appropriation Unit:	**1590-19**		**2188 ALFRED WAY**
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89703-7128**
If "No" please explain:	Not Applicable	Contact/Phone:	775-772-9846
		Vendor No.:	T32004288
		NV Business ID:	NV20151426231

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 %
X	Highway Funds	**100.00 %**	Other funding	0.00 %

Agency Reference #: 113425

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/02/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **3 years and 89 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Department of Motor Vehicles - Rooftop Unit Replacement in Carson City, to include design construction and bid documents as well as construction administration services for the replacement of the rooftop units serving portions of the Computer and Warehouse buildings: SPWD Project No. 19-M37; Contract No. 113425.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$28,000.00**

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 are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

    Bassi, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	03/25/2020 15:01:18 PM
Division Approval	lwildes	03/25/2020 15:01:21 PM
Department Approval	lwildes	03/25/2020 15:01:23 PM
Contract Manager Approval	lwildes	03/25/2020 15:01:27 PM
Budget Analyst Approval	nkephart	04/02/2020 11:26:38 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23028**

		Legal Entity Name:	MELROY ENGINEERING INC DBA
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**MELROY ENGINEERING INC DBA**
Agency Code:	**082**	Address:	**MSA ENGINEERING CONSULTANTS**
Appropriation Unit:	**All Appropriations**		**4599 LONGLEY LANE**
Is budget authority available?:	**No**	City/State/Zip	**RENO, NV 89502**
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 4715, expenditure category 26, Information Services.		Contact/Phone:	775-828-4889
		Vendor No.:	T29022618
		NV Business ID:	NV19971093631

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Agency funded CIP**

Agency Reference #: 113343

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/24/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2024**

Contract term: **4 years and 99 days**

4. Type of contract: **Contract**

Contract description: **Arch / End**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for Carson City DMV - Uninterruptible Power Supply (UPS) Replacement CIP Project, to include design, development, and bidding documents for the replacement of the existing 100 KVA UPS located in the Warehouse facility at the Carson City DMV: CIP Project No. 20-A015; SPWD Contract No. 113343.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$11,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2020 Leg. Approved CIP

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. Soliciation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Aviles, Jason, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	03/23/2020 14:52:24 PM
Division Approval	lwildes	03/23/2020 14:52:27 PM
Department Approval	lwildes	03/23/2020 14:52:30 PM
Contract Manager Approval	lwildes	03/23/2020 14:52:32 PM
Budget Analyst Approval	nkephart	03/24/2020 10:25:56 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23116**

		Legal Entity Name:	i3DigitalPD
Agency Name:	**NDE - DEPARTMENT OF EDUCATION**	Contractor Name:	**i3DigitalPD**
Agency Code:	**300**	Address:	**2232 TEDESCA DR**
Appropriation Unit:	**2612-32**		
Is budget authority available?:	**Yes**	City/State/Zip	**HENDERSON , NV 89502**
If "No" please explain:	Not Applicable	Contact/Phone:	Kim Loomis 702-279-4910
		Vendor No.:	
		NV Business ID:	NV20151034636

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	**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 **04/16/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **2 years and 75 days**

4. Type of contract: **Contract**

Contract description: **Projct Mgmt Services**

5. Purpose of contract:

This is a new contract to provide project management for the development of a Nevada Digital Learning Collaborative Network to assist educators with distance learning and virtual instruction.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$49,500.00**

Other basis for payment: Per Itemized Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Due to COVID-19 precautions, educators must implement distance learning protocols to ensure continuity of instruction for P-12 students. Proper resources and supports for these protocols do not currently exist in all districts.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources or expertise to provide these services

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Pursuant to NAC 333.114, the Department was authorized to proceed without a solicitation. Vendor was selected by Superintendent based upon prior experience nationally and in Nevada.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bfarra2	04/15/2020 13:12:38 PM
Division Approval	bfarra2	04/15/2020 13:12:42 PM
Department Approval	bfarra2	04/15/2020 13:12:48 PM
Contract Manager Approval	bfarra2	04/15/2020 13:12:56 PM
Budget Analyst Approval	cbrekken	04/16/2020 12:18:15 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23123**

		Legal Entity Name:	NV PRESORT & MAIL MARKETING
Agency Name:	**ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS**	Contractor Name:	**NV PRESORT & MAIL MARKETING**
Agency Code:	**332**	Address:	**1560 HYMER AVE**
Appropriation Unit:	**1346-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**SPARKS, NV 89431-5614**
If "No" please explain:	Not Applicable	Contact/Phone:	775-358-1066
		Vendor No.:	T27042099
		NV Business ID:	NV20161736110

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 %**	**Charge back to DETR**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2020**
   Anticipated BOE meeting date 05/2020

   Retroactive? **Yes**
   If "Yes", please explain

   Massive mailing needed by DETR during COVID-19 crisis.

3. Termination Date: **07/31/2020**
   Contract term: **121 days**

4. Type of contract: **Contract**
   Contract description: **Emergency contract**

5. Purpose of contract:

   This is a new emergency contract to provide labor for the collation, folding, and insertion of letters into envelopes due to the abundance of mail for the Department of Employee, Training and Rehabilitation, as a result of the COVID-19 crisis.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$20,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This is an emergency request contract due to the overabundance of mail that Mail Services needs to process for DETR during the COVID-19 crisis.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   Not enough personnel for the increased workload.

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?

Emergency approval granted by Kevin Doty, Purchasing Administrator, see attached

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Sue Conn, State Mail Coordinator Ph: 684-1862

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ssands	04/15/2020 17:00:12 PM
Division Approval	ssands	04/15/2020 17:00:15 PM
Department Approval	ssands	04/15/2020 17:00:18 PM
Contract Manager Approval	ssands	04/16/2020 10:34:32 AM
Budget Analyst Approval	mlynn	04/16/2020 12:17:38 PM

DATA SHARING AGREEMENT BETWEEN THE EMPLOYMENT SECURITY DIVISION AND NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS

I. PARTIES TO THE AGREEMENT

The Parties to this Data Sharing Agreement shall be the Employment Security Division (ESD) of the Department of Employment, Training and Rehabilitation (DETR) and Nevada State Library, Archives and Public Records (NSLAPR)

II. PURPOSE OF THE AGREEMENT

The sole purpose of this agreement is to facilitate the sharing of confidential Unemployment Insurance (UI) data between the parties to the agreement within the bounds of the appropriate federal and state laws as outlined below.

III. CERTIFICATION OF QUALIFICATIONS TO RECEIVE CONFIDENTIAL UNEMPLOYMENT INSURANCE DATA

I understand that to qualify to receive confidential Unemployment Insurance (UI) Data from ESD, must meet the definition of a "public official" pursuant to 20 C.F.R. 603.2(d)(1)-(5), which is as follows:

> An official, agency, or public entity within the executive branch of Federal, State, or local government who (or which) has responsibility for administering or enforcing a law, or an elected official in the Federal, State, or local government. 20 C.F.R. 603.2(d)(1).
>
> Public postsecondary educational institutions established and governed under the laws of the State. 20 C.F.R. 603.2(d)(2).
>
> Performance accountability and customer information agencies designated by the Governor of a State to be responsible for coordinating the assessment of State and local education or workforce training program performance and/or evaluating education or workforce training provider performance. 20 C.F.R. 603.2(d)(3).
>
> The chief elected official of a local area as defined in WIOA sec. 3(9). 20 C.F.R. 603.2(d)(4).
>
> A State educational authority, agency, or institution as those terms are used in the Family Educational Rights and Privacy Act, to the extent they are public entities. 20 C.F.R. 603.2(d)(5).

I certify that Nevada State Library, Archives and Public Records (NSLAPR)
meets the definition of "public official" pursuant to 20 C.F.R. 603.2(d)(1)-(5) in the following manner:

- Under NRS 378.080 3. (b)

Accept, administer and distribute, in accordance with the terms thereof, any money, materials or other aid granted, appropriated or made available to the State Library, Archives and Public Records for library purposes by the United States or any of its agencies or by any other source, public or private

- And under NRS 378.149 Central Mailing Room: Establishment; use; duties of staff:

The Division shall establish and conduct a Central Mailing Room for all state officers, departments and agencies located at Carson City, Nevada.

2. Any state officer, department or agency or local government or other governmental entity may use the Central Mailing Room facilities if the state officer, department or agency or local government or governmental entity pays the cost of such use as determined by the Division.

3. The staff of the Central Mailing Room shall deliver incoming mail and pick up and process outgoing mail, except outgoing parcel post from the Legal Division of the Legislative Counsel Bureau, other than interoffice mail, of all state officers, departments and agencies and local governments using the Central Mailing Room facilities.

I further understand that in addition to qualification under 20 C.F.R. 603.2(d)(1)-(5) Nevada State Library, Archives and Public Records (NSLAPR) must qualify for release of UI data under an appropriate section of NRS 612.265, which is attached to this agreement.

I certify that Nevada State Library, Archives and Public Records (NSLAPR) qualifies under section 4 (a) of NRS 612.265 in the following manner:

I am qualified under section 4 (a) the NSLAPR provides public assistance. Through public libraries, I am charged with public assistance.

I understand that Nevada State Library, Archives and Public Records (NSLAPR) must provide a copy of the charter and/or organizational documents creating Nevada State Library, Archives and Public Records (NSLAPR) and/or the statute creating Nevada State Library, Archives and Public Records (NSLAPR) as verification of the above certifications.

IV. ACKNOWLEGEMENT OF CONFINDENTIALTY REQUIREMENT REGARDING UNEMPLOYMENT INSURANCE DATA

I certify that Nevada State Library, Archives and Public Records (NSLAPR) understands that the information received from ESD pursuant this agreement is confidential unemployment insurance data and is privileged pursuant to Nevada Revised Statutes 612.265 and 20 C.F.R 603.

I further certify that Nevada State Library, Archives and Public Records (NSLAPR) understands that the confidential unemployment insurance data received by Nevada State Library, Archives and Public Records (NSLAPR) pursuant to this agreement is specifically exempt from being open to public for inspection in any manner pursuant to NRS 239.010(1).

V. PROHIBITION AGAINST DISSEMINATION OR DISCLOSURE. REQUIRED ACTIONS IN THE EVENT OF UNLAWFUL OR UNAUTHORIZED DISCLOSURE

I certify that Nevada State Library, Archives and Public Records (NSLAPR) understands that data received pursuant to this agreement shall not be disclosed, re-disclosed or disseminated in whole or in part to any other entity that is not a party to this agreement for any reason, except as follows:

a. Data may be aggregated into groups which protect any individual entity's information. To protect the information of any individual employee or employing unit, such groups must contain at least 10 unique employers identified by unemployment insurance account number if provided, or by employer name if the unemployment insurance account number is not provided, and such unique employers must have at least 1 employee each.
b. Group data may not be intentionally aggregated in such a way that it can be foreseeably combined with other publicly available data to reveal the information of any particular employee or employing unit.

Group data which is aggregated according to the specifications above may be shared with other entities who are not a party to this agreement including the public under the following conditions:

a. A copy of such group data released must be retained and made available to the Department of Employment, Training, and Rehabilitation upon request.
b. If it is discovered that any published group data reveals any identifying particular of any employee or employing unit, or may be combined with other publicly available data to reveal any identifying particular of any employee or employing unit, then this data must be removed from public access and may no longer be shared.
c. Aggregated data which covers all the records for an entire industry in an entire county for a particular period may only be published if the corresponding industry, area, and period have been published by the U.S. Bureau of Labor Statistics and Nevada Department of Employment, Training and Rehabilitation.

I further certify and acknowledge that all personnel of Nevada State Library, Archives and Public Records (NSLAPR) will adhere to NRS 612.265 and 20 C.F.R. 603 and the requirements of this agreement.

I further certify that if Nevada State Library, Archives and Public Records (NSLAPR) becomes aware of unauthorized or unlawful disclosure or dissemination of the data received pursuant to this agreement in whole or in part Nevada State Library, Archives and Public Records (NSLAPR) will contact the DETR/ESD within 24 hours of the discovery of the unlawful disclosure to discuss the actions and potential remedies regarding the incident.

I further certify to the extent permitted by state and federal law, Nevada State Library, Archives and Public Records (NSLAPR) understands and agrees that, as a result of the DETR/ESD determination or reasonable belief that unauthorized or unlawful disclosure has taken place, DETR/ESD may refuse to release further data to Nevada State Library, Archives and Public Records (NSLAPR) for a period of time to be determined by DETR/ESD or may unilaterally and immediately terminate this agreement and require Nevada State Library, Archives and Public Records (NSLAPR) to destroy all data received pursuant to this agreement.

I further certify that Nevada State Library, Archives and Public Records (NSLAPR) is a governmental agency and maintains records, which contain personal information of residents of this State. Nevada State Library, Archives and Public Records (NSLAPR) shall, to the extent practicable, with respect to the collection, dissemination and maintenance of those records, comply with the current version of the CIS Controls as published by the Center for Internet Security, Inc. or its successor organization, or corresponding standards adopted by the National Institute of Standards and Technology of the United States Department of Commerce.

VI. DATA SECURITY, RETENTION, AND DESTRUCTION

The certifications in the following paragraphs are made by the undersigned on behalf of Nevada State Library, Archives and Public Records (NSLAPR):
I certify that Nevada State Library, Archives and Public Records (NSLAPR) will comply with all state and federal laws applicable to the privacy or security of data received pursuant to this agreement.

I further certify that Nevada State Library, Archives and Public Records (NSLAPR) will take all steps reasonably required to ensure that information received from DETR/ESD as a result of this agreement is not disclosed or disseminated in violation of NRS 612.265 or 20 C.F.R. 603, and is safeguarded and stored in a place physically secure from access by unauthorized persons, and in such a manner so that unauthorized persons cannot obtain the information by any means. Additionally, destruction practices will conform to type and standards as set forth in state law and/or regulation, or as described by federal law and regulations and in keeping with industry best practices to insure confidentiality and security is maintained through the point of destruction.

I further certify that to the extent permitted by state or federal law, the original data received and any derivative files that contain original identification of individuals and/or business entities from the DETR/ESD will be retained by Nevada State Library, Archives and Public Records (NSLAPR) after expiration of the agreement for no more than a maximum of two (2) years, unless the Nevada State Library, Archives and Public Records' (NSLAPR) current retention and/or destruction policy on file with the State of Nevada establishes a different timetable.

I further certify that any revisions to the Nevada State Library, Archives and Public Records' (NSLAPR) data retention timetable, after the execution of this agreement, but before its expiration shall be reported to DETR/ESD in writing within 10 business days following the adoption of the new retention and/or destruction policy.

I further certify that any destruction of files shall occur at the Nevada State Library, Archives and Public Records' (NSLAPR) expense, and the Nevada State Library, Archives and Public Records (NSLAPR) agrees to send a statement certifying their destruction to the DETR/ESD within 30 days of the destruction.

I further certify that Nevada State Library, Archives and Public Records (NSLAPR) agrees that no data received from DETR/ESD's original records, or any parts thereof, shall be retained when the aforementioned files are expunged, so long as such expungement is not inconsistent with federal or state law.

I further certify that Nevada State Library, Archives and Public Records (NSLAPR) agrees and understands that DETR/ESD is, and remains, the custodian of record with respect to the information provided pursuant to this agreement.

VII. RESOLUTION OF DISAGREEMENTS

Should disagreement arise on the interpretation of the provisions of this agreement, or amendments and/or revisions thereto, that cannot be resolved at the operating level, the area(s) of disagreement shall be stated in writing by each party and presented to the other party for consideration. If

agreement on interpretation is not reached within thirty (30) days, the parties shall forward the written presentation of the disagreement to respective agency heads for the appropriate resolution.

VIII. DURATION OF AGREEMENT, AMENDMENTS, MODIFICATIONS OR TERMINATION

The parties certify by their respective signatures that this agreement constitutes the entire agreement between the parties.

This agreement shall become effective and/or replace all existing agreements upon the signatures of the parties and shall remain in effect for two (2) years from the date of the last signature.

If, at the end of two (2) years, the parties wish to continue the relationship, they must execute a new agreement.

Notwithstanding all other provisions of this agreement, the Parties agree that this agreement may be amended at any time by written mutual consent of both parties.

The parties shall review this agreement at least once every two (2) years, or whenever a state or federal statute or regulation is enacted that materially affects the substance of the agreement, in order to determine whether the agreement should be revised, renewed or canceled.

This agreement may be terminated immediately by ESD if changes of governing state or federal laws or regulations render performance hereunder illegal, impracticable or impossible.

Either party may terminate this agreement upon thirty (30) days written notice to the other party.

IX. CONSENT TO AUDITS BY DETR/ESD

I further certify that in conjunction with DETR/ESD's federal requirements, Nevada State Library, Archives and Public Records (NSLAPR) will be subject to audits and/or on-site inspections by DETR/ESD, to the extent they are needed, to assure that the requirements of NRS 612.265, 20 C.F.R. 603 and this agreement are being met. The cost of such audits is to be paid by Nevada State Library, Archives and Public Records (NSLAPR)

X. TERMS AND CONDITIONS

Pursuant to this agreement and based on the representations made above Nevada State Library, Archives and Public Records (NSLAPR), DETR/ESD agrees to transmit the following data to Nevada State Library, Archives and Public Records (NSLAPR)

The data will be transmitted securely in the following manner:
These data are physical objects contained within paper mailings; we will have transient physical custody of the items below for mail processing only:
LET 142 = *notice of monetary determination 1 piece of mail*

LET 7712 = *non-monetary determination* NOTE: 2 pieces of mail

The Cost of the data transmitted pursuant to this agreement shall be paid by Nevada State Library, Archives and Public Records (NSLAPR) at a cost of $0.

XI. SIGNATURES AND APPROVALS

The signatories to this agreement certify that they have authority to bind the respective parties to the agreement to the commitments set forth above.

Nevada State Library, Archives and Public Records (NSLAPR)

Tammy A. Westergard — April 1, 2020
Signature — Date

Tammy Westergard — 775-684-3306
Printed name — Phone #

Administrator
Title

100 N. Stewart Street, Carson City, NV 89701
Billing Address

twestergard@admin.nv.gov
Email Address

DETR/ESD:

Kimberly S. Gaa — 04/01/2020
Signature — Date

Kimberly S. Gaa
Printed name

ESD Administrator
Title

Revised 1/15/2020

NEVADA REVISED STATUTE 612.265

Disclosure of Information by Employment Security Division

NRS 612.265 Disclosure of information by Employment Security Division and Administrator; duty of Division of Industrial Relations of Department of Business and Industry to provide certain information to Administrator; penalty for improper use or dissemination of certain information.

1. Except as otherwise provided in this section and NRS 239.0115 and 612.642, information obtained from any employing unit or person pursuant to the administration of this chapter and any determination as to the benefit rights of any person is confidential and may not be disclosed or be open to public inspection in any manner which would reveal the person's or employing unit's identity.

2. Any claimant or a legal representative of a claimant is entitled to information from the records of the Division, to the extent necessary for the proper presentation of the claimant's claim in any proceeding pursuant to this chapter. A claimant or an employing unit is not entitled to information from the records of the Division for any other purpose.

3. The Administrator may, in accordance with a cooperative agreement among all participants in the statewide longitudinal data system developed pursuant to NRS 400.037 and administered pursuant to NRS 223.820, make the information obtained by the Division available to:

(a) The Board of Regents of the University of Nevada for the purpose of complying with the provisions of subsection 4 of NRS 396.531; and

(b) The Director of the Department of Employment, Training and Rehabilitation for the purpose of complying with the provisions of paragraph (d) of subsection 1 of NRS 232.920.

4. Subject to such restrictions as the Administrator may by regulation prescribe, the information obtained by the Division may be made available to:

(a) Any agency of this or any other state or any federal agency charged with the administration or enforcement of laws relating to unemployment compensation, public assistance, workers' compensation or labor and industrial relations, or the maintenance of a system of public employment offices;

(b) Any state or local agency for the enforcement of child support;

(c) The Internal Revenue Service of the Department of the Treasury;

(d) The Department of Taxation;

(e) The State Contractors' Board in the performance of its duties to enforce the provisions of chapter 624 of NRS; and

(f) The Secretary of State to operate the state business portal established pursuant to chapter 75A of NRS for the purposes of verifying that data submitted via the portal has satisfied the necessary requirements established by the Division, and as necessary to maintain the technical integrity and functionality of the state business portal established pursuant to chapter 75A of NRS.

➥ Information obtained in connection with the administration of the Division may be made available to persons or agencies for purposes appropriate to the operation of a public employment service or a public assistance program.

5. Upon written request made by the State Controller or a public officer of a local government, the Administrator shall furnish from the records of the Division the name, address and place of employment of any person listed in the records of employment of the Division. The request may be made electronically and must set forth the social security number of the person about whom the request is made and contain a statement signed by the proper authority of the State Controller or local government certifying that the request is made to allow the proper authority to enforce a law to recover a debt or obligation assigned to the State Controller for collection or owed to the local government, as applicable. Except as otherwise provided in NRS 239.0115, the information obtained by the State Controller or local government is confidential and may not be used or disclosed for any purpose other than the collection of a debt or obligation assigned to the State Controller for collection or owed to that local government. The Administrator may charge a reasonable fee for the cost of providing the requested information.

6. The Administrator may publish or otherwise provide information on the names of employers, their addresses, their type or class of business or industry, and the approximate number of employees employed by each such employer, if the information released will assist unemployed persons to obtain employment or will be generally useful in developing and diversifying the economic interests of this State. Upon request by a state agency which is able to demonstrate that its intended use of the information will benefit the residents of this State, the Administrator may, in addition to the information listed in this subsection, disclose the number of employees employed by each employer and the total wages paid by each employer. The Administrator may charge a fee to cover the actual costs of any administrative expenses relating to the disclosure of this information to a state agency. The Administrator may require the state agency to certify in writing that the agency will take all actions necessary to maintain the confidentiality of the information and prevent its unauthorized disclosure.

7. Upon request therefor, the Administrator shall furnish to any agency of the United States charged with the administration of public works or assistance through public employment, and may furnish to any state agency similarly charged, the name,

address, ordinary occupation and employment status of each recipient of benefits and the recipient's rights to further benefits pursuant to this chapter.

8. To further a current criminal investigation, the chief executive officer of any law enforcement agency of this State may submit a written request to the Administrator that the Administrator furnish, from the records of the Division, the name, address and place of employment of any person listed in the records of employment of the Division. The request must set forth the social security number of the person about whom the request is made and contain a statement signed by the chief executive officer certifying that the request is made to further a criminal investigation currently being conducted by the agency. Upon receipt of such a request, the Administrator shall furnish the information requested. The Administrator may charge a fee to cover the actual costs of any related administrative expenses.

9. In addition to the provisions of subsection 6, the Administrator shall provide lists containing the names and addresses of employers, and information regarding the wages paid by each employer to the Department of Taxation, upon request, for use in verifying returns for the taxes imposed pursuant to chapters 363A, 363B and 363C of NRS. The Administrator may charge a fee to cover the actual costs of any related administrative expenses.

10. Upon the request of any district judge or jury commissioner of the judicial district in which the county is located, the Administrator shall, in accordance with other agreements entered into with other district courts and in compliance with 20 C.F.R. Part 603, and any other applicable federal laws and regulations governing the Division, furnish the name, address and date of birth of persons who receive benefits in any county, for use in the selection of trial jurors pursuant to NRS 6.045. The court or jury commissioner who requests the list of such persons shall reimburse the Division for the reasonable cost of providing the requested information.

11. The Division of Industrial Relations of the Department of Business and Industry shall periodically submit to the Administrator, from information in the index of claims established pursuant to NRS 616B.018, a list containing the name of each person who received benefits pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS. Upon receipt of that information, the Administrator shall compare the information so provided with the records of the Employment Security Division regarding persons claiming benefits pursuant to this chapter for the same period. The information submitted by the Division of Industrial Relations must be in a form determined by the Administrator and must contain the social security number of each such person. If it appears from the information submitted that a person is simultaneously claiming benefits under this chapter and under chapters 616A to 616D, inclusive, or chapter 617 of NRS, the Administrator shall notify the Attorney General or any other appropriate law enforcement agency.

12. The Administrator may request the Comptroller of the Currency of the United States to cause an examination of the correctness of any return or report of any national banking association rendered pursuant to the provisions of this chapter, and may in connection with the request transmit any such report or return to the Comptroller of the Currency of the United States as provided in section 3305(c) of the Internal Revenue Code of 1954.

13. The Administrator, any employee or other person acting on behalf of the Administrator, or any employee or other person acting on behalf of an agency or entity allowed to access information obtained from any employing unit or person in the administration of this chapter, or any person who has obtained a list of applicants for work, or of claimants or recipients of benefits pursuant to this chapter, is guilty of a gross misdemeanor if he or she:

(a) Uses or permits the use of the list for any political purpose;
(b) Uses or permits the use of the list for any purpose other than one authorized by the Administrator or by law; or
(c) Fails to protect and prevent the unauthorized use or dissemination of information derived from the list.

14. All letters, reports or communications of any kind, oral or written, from the employer or employee to each other or to the Division or any of its agents, representatives or employees are privileged and must not be the subject matter or basis for any lawsuit if the letter, report or communication is written, sent, delivered or prepared pursuant to the requirements of this chapter.

[Part 4:59:1941; A 1945, 119; 1955, 518] — (NRS A 1965, 115; 1967, 627; 1971, 749; 1983, 409, 858; 1987, 1463; 1989, 1170; 1991, 351, 2464, 2466; 1993, 534, 624, 657, 803, 1811; 1995, 579, 1580, 1997; 1997, 579; 1999, 1756; 2003, 20th Special Session, 214; 2007, 2123; 2013, 96, 2210; 2015, 136, 2674, 2705, 2934, 3373; 2017, 3584, 3882, 4327)

Steve Sisolak
Governor

Laura Freed
Director

Colleen Murphy
Deputy Director

Tammy Westergard
Division Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Nevada State Library, Archives and Public Records

100 N. Stewart Street | Carson City, Nevada 89701
Phone: (775) 684-3313 | TDD: (775) 687-8338 | Fax: (775) 684-3311

DATE: April 15, 2020

TO: Susan Brown
Clerk of the Board of Examiners
Governor's Finance Office – Budget Division

THROUGH Michele Lynn, Executive Branch Budget Officer
Governor's Finance Office

FROM: Tammy Westergard, Administrator
Nevada State Library, Archives and Public Records

RE: Request for Emergency Contract with NV Presort and Mail Marketing

This memorandum serves as a request for an emergency of contract from April 1, 2020 – July 31, 2020 with NV Presort and Mail Marketing. The contract is necessary to assist State Mail Services in processing an unprecedented volume of mail currently generated from the Department of Employee, Training and Rehabilitation.

File Name: Re Mailing Services.msg PDF Conversion Status is Warning: File type not supported

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22714**

		Legal Entity Name:	W.W. Williams, LLC
Agency Name:	**DHHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**W.W. Williams, LLC**
Agency Code:	**406**	Address:	**2680 Losee Rd.**
Appropriation Unit:	**3161-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**N. Las Vegas, NV 89030**
If "No" please explain:	Not Applicable	Contact/Phone:	Dan Mathis 702-672-4596
		Vendor No.:	T29041024
		NV Business ID:	NV20161487647

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.

X	General Funds	**100.00 %**	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 17545

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/08/2020**
   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 357 days**

4. Type of contract: **Contract**
   Contract description: **Generator Service**

5. Purpose of contract:

   This is a new contract to provide ongoing service, testing, and maintenance of campus wide emergency generators for the Las Vegas campus.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$35,320.00**
   Payment for services will be made at the rate of $12,660.00 per Year
   Other basis for payment: $5,000 per year contingency

II. JUSTIFICATION

7. What conditions require that this work be done?

   Pursuant to Joint Commission accreditation standards for health and safety, generators are required to be serviced to meet the needs of the Southern Nevada Adult Mental Health Services campus in the event of a power failure. If the generators are not properly maintained and serviced, their life expectancy can be shortened as well as having the potential for catastrophic failure.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   There are no State employees in the agency or available elsewhere in the State to do the required work needed to maintain this equipment to safety standards.

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):

Loftin Equipment
W.W. Williams
Power Plus

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee

d. Last bid date: 11/20/2019 Anticipated re-bid date: 11/19/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

    Brett Phillips, Facility Manager Ph: 702/486-5135

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	chadwic1	03/12/2020 18:51:03 PM
Division Approval	chadwic1	03/12/2020 18:51:05 PM
Department Approval	mwinebar	03/23/2020 09:58:49 AM
Contract Manager Approval	kquinter	04/08/2020 16:12:38 PM
Budget Analyst Approval	afrantz	04/08/2020 16:15:46 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: **22803**

		Legal Entity Name:	PUBLIC CONSULTING GROUP INC
Agency Name:	**DHHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**PUBLIC CONSULTING GROUP INC**
Agency Code:	**406**	Address:	**148 State Street, 10th Floor**
Appropriation Unit:	**3168-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**Boston, MA 02109**
If "No" please explain:	Not Applicable	Contact/Phone:	Kelly Gallagher 919-576-2251
		Vendor No.:	T32000898
		NV Business ID:	NV20021466314

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.

X	General Funds	**61.00 %**		Fees	0.00 %
	Federal Funds	0.00 %		Bonds	0.00 %
	Highway Funds	0.00 %	**X**	Other funding	**39.00 % Indirect**

Agency Reference #: C 17567

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2019**

Anticipated BOE meeting date 05/2020

Retroactive? **Yes**

If "Yes", please explain

This contract was delayed because the previous contract expired on October 31, 2019 while the agency was preparing an amendment to continue services. The prepared amendment was unfortunately overlooked and found after the expiration date. Additional contract negotiations then took place with the vendor delaying the approval process further. If this contract is not approved, there will be a lapse in cost allocation services, which could seriously jeopardize federal funding.

3. Termination Date: **06/30/2020**

Contract term: **242 days**

4. Type of contract: **Contract**

Contract description: **Cost Allocation**

5. Purpose of contract:

This is a new contract to provide ongoing cost allocation development, maintenance, support and reporting services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$37,329.00**

Payment for services will be made at the rate of $37,329.00 per Attachment A

II. JUSTIFICATION

7. What conditions require that this work be done?

Centers for Medicare and Medicaid Services' (CMS) requirements. The Division of Public and Behavioral Health requires assistance to maximize federal revenues while complying with all federal regulations. This includes assistance with rate setting and complying with requirements for certified public expenditures. CMS requirements are becoming increasingly stringent, and failure to complete this work correctly and within required time frames could seriously jeopardize federal funding.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The work requires individuals with a high level of expertise in federal cost allocation requirements and awareness of best practices for compliance while maximizing federal revenues. Division of Public and Behavioral Health staff does not have the level of expertise required.

9. Were quotes or proposals solicited? No

   Was the solicitation (RFP) done by the Purchasing Division? No

   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

   b. Soliciation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
   Approval #: 180303
   Approval Date: 03/15/2018

   c. Why was this contractor chosen in preference to other?

   The vendor has provided cost saving proprietary services to all DHHS agencies for more than 5 years.

   d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    Provided services for DPBH since 4/11 - satisfactory
    Aging and Disability Services since 1/12- satisfactory
    Health Care Financing & Policy since 9/09 - satisfactory
    Welfare & Support Services since 1/18 - satisfactory
    Child & Family Division since 5/13 - 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	rmorse	01/24/2020 07:47:28 AM
Division Approval	rmorse	01/24/2020 07:47:30 AM

Department Approval	mwinebar	04/07/2020 09:01:55 AM
Contract Manager Approval	cmoriart	04/14/2020 10:37:56 AM
Budget Analyst Approval	afrantz	04/14/2020 10:39:19 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: January 15, 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: **Brooke Barlow**
Administrative Services Officer II
Division of Public and Behavioral Health

SUBJECT: **REQUEST FOR RETROACTIVE START DATE OF CONTRACT –Public Consulting Group (CETS #22803)**

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Vendor: **Public Consulting Group, Inc.**
- Services to be provided: **This is a new contract to provide ongoing cost allocation development, maintenance, support and reporting services.**
- Funding source and expenditure category: **BA 3168 - CAT 04; GFUND & BA 3223 – CAT 04; IND**
- Requested start date of work: **November 1, 2019**
- Expected execution date of agreement: **March 15, 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 because the previous contract expired on October 31, 2019 while the agency was preparing an amendment to continue services. The prepared amendment was unfortunately overlooked and was found after the expiration date. Additional contract negotiations then took place with the vendor delaying the approval process further.**
  - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **If this contract is not approved, there will be a lapse in consulting services and access to the software used to run the cost allocation. The Centers for Medicare & Medicaid Services' requirements are becoming increasingly stringent, and failure to complete this work correctly and within required time frames could seriously jeopardize federal funding.**
  - Explain how the program/bureau will prevent future retroactive requests: **The agency will start negotiations early to meet GFO deadlines and State procedures.**

If you have any questions, please contact Conni Bohemier at (775) 684-5932 or c.bohemier@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

State of Nevada
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300
Carson City, NV 89701

Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:	
Approval#:	180303

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	**Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:**		
	State Agency:	*Department of Health and Human Services* *All Divisions*	
	Contact Name and Title	*Phone Number*	*Email Address*
	Rick Morse, DPBH Contract Manager	*775-684-5932*	rmorse@health.nv.gov

	Vendor Information:	
1b	Identify Vendor:	*Public Consulting Group, Inc. (PCG)*
	Contact Name:	*Kara Hammer*
	Address:	*148 State Street, 10th Floor, Boston, MA 02109*
	Telephone Number:	*617-426-2026 ext. 1386*
	Email Address:	khammer@pcgus.com

1c	**Type of Waiver Requested – Check the appropriate type:**	
	Sole or Single Source:	*X*
	Professional Service Exemption:	

	Contract Information:				
1d	Is this a new Contract?	Yes	*X*	No	
	Amendment:	#			
	CETS:	#			

1e	**Term:**				
	One (1) Time Purchase:				
	Contract:	Start Date:	*11/1/2018*	End Date:	*10/31/2023*

1f	**Funding:**	
	State Appropriated:	*50%*
	Federal Funds:	*50%*
	Grant Funds:	
	Other (Explain):	

1g	**Total Estimated Value of this Service Contract, Amendment or Purchase:**
	$3,000,000.00

2	**Provide a description of work/services to be performed or commodity/good to be purchased:** *It is the intention to request a waiver for DHHS and award contracts for each agency within DHHS under the authorization of the department wide waiver. This authorization will allow DHHS to maintain the current AlloCAP system used by all divisions within DHHS and provide consultation for the implementation of a Time and Effort system; consultation for Medicaid billable and reimbursable services and consultation for Cost Allocation Plans. These services also provide DHHS agencies the ability to receive consultation for inquiries on the system and cost allocation plans; receive technical assistance; develop custom reports and assist with single state and/or federal audits. AlloCAP is a proprietary web-based cost allocation plan (CAP) solution.*

3	**What are the unique features/qualifications required for this service or good that are not available from any other vendor:** *PCG developed and owns proprietary rights to the AlloCAP software used by every DHHS division for Medicare/Medicaid billing and other cost allocation activities.*

4	**Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:** *DHHS divisions began using services of PCG SFY 09 to establish Cost Allocation Plans for departmental agencies. In SFY 11, an amendment to the original contract provided for AlloCAP software development and installation for up to four agencies of DHHS. The system is a compiled database owned and trademarked by the vendor. The proprietary system can only be modified by PCG.* *Originally, after the initial installation of AlloCAP Access-based Software and related training, there was no longer a need for additional support or services from PCG. The cost allocation software functioned properly and the user reports supplied were beneficial. Since the original installation, Health Care Reform (HCR) increased the number of Medicare/Medicaid programs and advantages to provide low income Nevadans with medical services. The tracking of these additional HCR expenditures requires updates to AlloCAP and formatting revisions that can only be performed by PCG. Additionally, the HCR expenditures require subject matter expertise on Medicaid billable and reimbursable services in order to maximize the State's benefit of Medicaid services. In the future, the growth of Medicare/Medicaid programs as they relate to project cost allocations will require maintenance and upgrades to PCG's web-based software.* *With the complexity of entitlement programs and policy changes, there is an ongoing need for additional support and the services listed (cost allocation plan amendments).*

5	**Were alternative services or commodities evaluated? Check One.**	Yes:		No:	*X*
	a. *If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.*				
	b. *If not, why were alternatives not evaluated?*				
	DHHS wide agencies all use AlloCAP as part of the overall Medicare/Medicaid billing process in the state; therefore, there is no feasible option to develop or deploy an alternative system.				

2	**Provide a description of work/services to be performed or commodity/good to be purchased:** *It is the intention to request a waiver for DHHS and award contracts for each agency within DHHS under the authorization of the department wide waiver. This authorization will allow DHHS to maintain the current AlloCAP system used by all divisions within DHHS and provide consultation for the implementation of a Time and Effort system; consultation for Medicaid billable and reimbursable services and consultation for Cost Allocation Plans. These services also provide DHHS agencies the ability to receive consultation for inquiries on the system and cost allocation plans; receive technical assistance; develop custom reports and assist with single state and/or federal audits. AlloCAP is a proprietary web-based cost allocation plan (CAP) solution.*

3	**What are the unique features/qualifications required for this service or good that are not available from any other vendor:** *PCG developed and owns proprietary rights to the AlloCAP software used by every DHHS division for Medicare/Medicaid billing and other cost allocation activities.*

4	**Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:** *DHHS divisions began using services of PCG SFY 09 to establish Cost Allocation Plans for departmental agencies. In SFY 11, an amendment to the original contract provided for AlloCAP software development and installation for up to four agencies of DHHS. The system is a compiled database owned and trademarked by the vendor. The proprietary system can only be modified by PCG.* *Originally, after the initial installation of AlloCAP Access-based Software and related training, there was no longer a need for additional support or services from PCG. The cost allocation software functioned properly and the user reports supplied were beneficial. Since the original installation, Health Care Reform (HCR) increased the number of Medicare/Medicaid programs and advantages to provide low income Nevadans with medical services. The tracking of these additional HCR expenditures requires updates to AlloCAP and formatting revisions that can only be performed by PCG. Additionally, the HCR expenditures require subject matter expertise on Medicaid billable and reimbursable services in order to maximize the State's benefit of Medicaid services. In the future, the growth of Medicare/Medicaid programs as they relate to project cost allocations will require maintenance and upgrades to PCG's web-based software.* *With the complexity of entitlement programs and policy changes, there is an ongoing need for additional support and the services listed (cost allocation plan amendments).*

5	**Were alternative services or commodities evaluated? Check One.**	Yes:		No:	*X*
	a. *If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.*				
	b. *If not, why were alternatives not evaluated?*				
	DHHS wide agencies all use AlloCAP as part of the overall Medicare/Medicaid billing process in the state; therefore, there is no feasible option to develop or deploy an alternative system.				

6	**Has the agency purchased this service or commodity in the past? Check One.** *Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.*	Yes:	*X*	No:

a. *If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:*

Term Start and End Dates		*Value*	*Short Description*	*Type of Procurement (RFP#, RFQ#, Waiver #)*
11/1/14	*10/31/18*	*$484,483.00*	*Cost Allocation (DHCFP)*	*Exempt - Waiver #140807*
6/11/13	*6/30/17*	*$254,942.00*	*Cost Allocation (DPBH)*	*Informal – original contract amount was $49, 999.*
8/1/16	*8/31/16*	*$24,843.00*	*Cost Allocation Training (DPBH)*	*Informal*
7/1/11	*6/30/13*	*$9,990.00*	*Cost Allocation (DPBH) – this contract was pre-web-based computation and was strictly cost allocation consultation.*	*Exempt - Waiver #110503*

7	**What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?**
	The combined usage of this software throughout DHHS would incur sizeable expenditures to State funding if the system were to be replaced. The vendor is in good standing with the Secretary of State's office and DHHS.

8	**What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?**
	The services of PCG were previously solicited through a Solicitation Waiver #140807. *Recommend the following language:* *AlloCAP is now being utilized by all DHHS Divisions to ensure standardized methodology of cost allocation for federal grants/entitlements and billings for administration costs to DHCFP for Medicaid Reimbursement. DWSS is in the beginning stages of implementing AlloCAP.*

9	**Will this purchase obligate the State to this vendor for future purchases?** *Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.*	Yes:	*X*	No:

a. *If yes, please provide details regarding future obligations or needs.*

The current web-based system requires annual maintenance and hosting fees.

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Richard Morse

Agency Representative Initiating Request

Rick Morse, Division Contract Manager (DPBH) — 2/6/18

Print Name of Agency Representative Initiating Request — Date

Signature of Agency Head Authorizing Request

Mark Winebarger, ASO IV — 2-6-18

Print Name of Agency Head Authorizing Request — Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review — Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

Administrator, Purchasing Division or Designee — 3-15.2018

Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22132**

		Amendment Number:	**1**
		Legal Entity Name:	MY OFFICE STAFF
Agency Name:	**DHHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**MY OFFICE STAFF**
Agency Code:	**406**	Address:	**PO BOX 7689**
Appropriation Unit:	**3170-28**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89510-7689**
If "No" please explain:	Not Applicable	Contact/Phone:	Debbra King 775-813-6687
		Vendor No.:	T29039317
		NV Business ID:	NV20161320565

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.

	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 17226

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: **06/30/2020**

Contract term: **1 year**

4. Type of contract: **Contract**

Contract description: **Subaward Monitoring**

5. Purpose of contract:

This is the first amendment to the original contract which provides onsite and desk monitoring activities, single audit reviews, consulting services, technical assistance and evaluations of sub-recipients in the administration of federal grant programs, laws and other applicable regulations. This amendment increases the maximum amount from $76,350 to $110,060 to complete the activities authorized on the contract's scope of work.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$76,350.00	$76,350.00	$76,350.00	Yes - Action
2.	Amount of current amendment (#1):	$33,710.00	$33,710.00	$33,710.00	Yes - Info
3.	New maximum contract amount:	$110,060.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Bureau of Behavioral Health Wellness and Prevention has had multiple repeat single audit findings related to sub-recipient monitoring, single audit reviews of sub-recipients, the issuance of management decision letters and general federal compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

At the recommendation of Eide Bailey, additional staff to conduct onsite and desk monitors was discussed in December of 2018 during the Division of Public and Behavioral Health's recent single audit exit interview. Additionally, the Bureau has experienced a history of high turnover. With an influx of new staff into the Bureau, there is not enough staff that has the experience level to correct the issues without consulting guidance.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor with DPBH since 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:

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	chadwic1	02/03/2020 15:30:04 PM
Division Approval	chadwic1	02/03/2020 15:30:07 PM
Department Approval	mwinebar	02/21/2020 12:36:32 PM
Contract Manager Approval	ttilto1	02/21/2020 14:38:52 PM
Budget Analyst Approval	afrantz	04/08/2020 10:55:15 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: **21894**

		Amendment Number:	**1**
		Legal Entity Name:	Board of Regents-UNLV
Agency Name:	**DHHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**Board of Regents-UNLV**
Agency Code:	**406**	Address:	**School of Dental Medicine**
Appropriation Unit:	**3220-16**		**4505 South Maryland Parkway**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89154**
If "No" please explain:	Not Applicable	Contact/Phone:	Antonino Capurro, D.M.D 702-774-2573
		Vendor No.:	D35000813
		NV Business ID:	Governmental Entity

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.

	General Funds	0.00 %	X	Fees	**93.10 %**	**Radiation Control Fees**
X	Federal Funds	**6.90 %**		Bonds	0.00 %	
	Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: C 17117

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: **06/30/2020**

Contract term: **1 year**

4. Type of contract: **Interlocal Agreement**

Contract description: **Oral Health Program**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement which provides funding for the Oral Health Program, the State Dental Health Officer as set forth in NRS 439.272 and the State Public Health Dental Hygienist as set forth in NRS 439.279. This amendment decreases the maximum amount from $406,272 to $393,489 due to revising the detailed budget. This amendment also revises Attachment A -Scope of Work and Deliverable's to provide administrative and technical support to the Oral Health Program.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$406,272.00	$406,272.00	$406,272.00	Yes - Action
2.	Amount of current amendment (#1):	-$12,783.00	-$12,783.00	-$12,783.00	Yes - Info
3.	New maximum contract amount:	$393,489.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will fund the positions of the State of Nevada Dental Health Officer and State Public Health Dental 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. 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:

These services have been provided since 2016. 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	03/04/2020 14:57:01 PM
Division Approval	ttilto1	04/07/2020 16:32:39 PM
Department Approval	mwinebar	04/08/2020 16:21:54 PM
Contract Manager Approval	cmoriart	04/14/2020 10:03:16 AM
Budget Analyst Approval	afrantz	04/14/2020 10:05:12 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19387**

Amendment Number: **1**

Legal Entity Name: INFORMATIX INC

Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES**

Contractor Name: **INFORMATIX INC**

Agency Code: **407**

Address: **2485 NATOMAS PARK DR STE 430**

Appropriation Unit: **3238-18**

Is budget authority available?: **Yes**

City/State/Zip **SACRAMENTO, CA 95833-2937**

If "No" please explain: Not Applicable

Contact/Phone: 916/830-1400

Vendor No.: T29018702

NV Business ID: NV20081431872 To

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

	General Funds	0.00 %		Fees	0.00 %
X	Federal Funds	**66.00 %**		Bonds	0.00 %
	Highway Funds	0.00 %	**X**	Other funding	**34.00 % State Share of Collections**

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 04/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2020**

Contract term: **4 years and 109 days**

4. Type of contract: **Contract**

Contract description: **CSEP Disbrsmnt Sys**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing electronic application to assist the State Collection and Disbursement Unit in the collections and disbursements of Child Support payments to the custodial parent and to interface with the legacy Child Support Enforcement Program application for posting of these transactions. This amendment extends the termination date from March 31, 2020 to March 31, 2022 and increases the maximum amount from $1,100,000 to $1,149,737 and revises Attachment A- Scope of Work due to the continued need for these services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$1,100,000.00	$1,100,000.00	$1,100,000.00	Yes - Action
2.	Amount of current amendment (#1):	$49,737.00	$49,737.00	$49,737.00	Yes - Info
3.	New maximum contract amount:	$1,149,737.00			
	and/or the termination date of the original contract has changed to:	03/31/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

Per Federal Regulation 45 CFR 302.32, SCaDU must disburse child support collections within two (2) business days of the payment being received, as long as sufficient information identifying the payee is provided. The Personal Responsibility & Work Opportunity Reconciliation Act (PRWORA) mandates the use of a statewide collection and disbursement system for child support enforcement payment processing. Failure to implement and maintain a statewide system will result in financial sanctions imposed by the federal government.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise or resources to 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):

Informatix, Inc.

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per NRS 332.195 authorizes the State of Nevada to join or use a contract that has been competitively bid by another governing body outside of the State;

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with the Division of Welfare & Supportive Services and providing satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorense	08/21/2019 09:53:21 AM
Division Approval	bberry	02/21/2020 09:49:31 AM

Department Approval	mwinebar	02/25/2020 10:31:33 AM
Contract Manager Approval	sjon23	03/20/2020 17:08:43 PM
EITS Approval	tgalluzi	03/23/2020 11:46:37 AM
Budget Analyst Approval	bwooldri	03/27/2020 10:54:40 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: **23069**

		Legal Entity Name:	COIT SERVICES OF RENO LLC
Agency Name:	**GCB - GAMING CONTROL BOARD**	Contractor Name:	**COIT SERVICES OF RENO LLC**
Agency Code:	**611**	Address:	**105 E PARR BLVD**
Appropriation Unit:	**4061-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89512-1006**
If "No" please explain:	Not Applicable	Contact/Phone:	775/322-4266
		Vendor No.:	T29014945
		NV Business ID:	NV20051259352

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.

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 **04/14/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2020**

Contract term: **16 days**

4. Type of contract: **Contract**

Contract description: **Office Cleaning**

5. Purpose of contract:

This is a new contract to provide a commercial environmental cleaning of the Carson City office.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$26,000.00**

Other basis for payment: upon completion of work and receipt of state-approved invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Due to a possible exposure to the COVID - 19 virus, a commercial environmental cleaning of the Carson City office is needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not employ personnel with the expertise needed 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: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Pursuant to NAC 333.114, the Administrator of Purchasing has approved the emergency purchase.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	klay0	04/01/2020 14:27:50 PM
Division Approval	klay0	04/01/2020 14:27:55 PM
Department Approval	klay0	04/01/2020 14:27:58 PM
Contract Manager Approval	klay0	04/01/2020 14:28:01 PM
Budget Analyst Approval	hfield	04/14/2020 16:49:30 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: **23048**

		Legal Entity Name:	FINANCIAL RISK MITIGATION, INC
Agency Name:	**GCB - GAMING CONTROL BOARD**	Contractor Name:	**FINANCIAL RISK MITIGATION, INC**
Agency Code:	**611**	Address:	**2332 N. ARNOUTL RD.**
Appropriation Unit:	**4063-10**		
Is budget authority available?:	**Yes**	City/State/Zip	**METAIRIE, LA 70001**
If "No" please explain:	Not Applicable	Contact/Phone:	Derek DeHoog 504-620-0686
		Vendor No.:	
		NV Business ID:	EXEMPT

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 %**	**INVESTIGATIVE**
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 **04/01/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2022**

Contract term: **1 year and 305 days**

4. Type of contract: **Contract**

Contract description: **Foreign Inv. Service**

5. Purpose of contract:

This is a new contract to provide ongoing investigative services in foreign jurisdictions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$48,000.00**

Other basis for payment: upon receipt of state-approved invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

The NGCB must conduct thorough investigations of foreign-based applicants. Difficulty in performing research in large, foreign records facilities characterized by poor indices mandates use of outside contractors to perform some of this work.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

On-site appearances at records locations or contractual relationships with data providers are required. In many cases, it is not economically feasible for gaming agents alone to physically search all available databases.

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):

Financial Risk Mitigation, Inc.
Applied Facts
Berkeley Research Group
B2G Global Strategies

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor was the second highest scoring proposer as determined by an evaluation committee. This is the second contract awarded from this solicitation.

d. Last bid date: 12/02/2019 Anticipated re-bid date: 06/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

    The Secretary of State's has granted an exemption to Financial Risk Mitigation, Inc. for the business license requirement pursuant to NRS 76.100(7)(b).

16. a. Is 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	klay0	03/27/2020 10:50:05 AM
Division Approval	klay0	03/27/2020 10:50:08 AM
Department Approval	klay0	03/27/2020 10:50:10 AM
Contract Manager Approval	klay0	03/27/2020 10:50:13 AM
Budget Analyst Approval	hfield	04/01/2020 14:30:05 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: **23047**

		Legal Entity Name:	Maverick Activities, LLC
Agency Name:	**DCNR - PARKS DIVISION**	Contractor Name:	**Maverick Activities, LLC**
Agency Code:	**704**	Address:	**PO Box 301**
Appropriation Unit:	**4162-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Zephyr Cove, NV 89448**
If "No" please explain:	Not Applicable	Contact/Phone:	7755884102
		Vendor No.:	
		NV Business ID:	NV20171197719

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 **04/06/2020**
   Anticipated BOE meeting date 06/2020

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **04/30/2021**
   Contract term: **1 year and 24 days**

4. Type of contract: **Revenue Contract**
   Contract description: **Boat Charters**

5. Purpose of contract:
   This is a new contract to provide fishing charters, sightseeing and dive tours at Lake Tahoe Nevada State Park.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$10,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
   Vendor request to provide tours from Cave Rock-Lake Tahoe Nevada State Park

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   N/A

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?
   Noncompetitive.
   d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Previous Revenue Contract with Lake Tahoe State Park-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:

Allen Woodridge, Park Supervisor Ph: 775-831-0494

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jidema	03/27/2020 10:52:10 AM
Division Approval	jidema	03/27/2020 10:52:13 AM
Department Approval	sdecrona	03/27/2020 10:52:54 AM
Contract Manager Approval	sdecrona	03/27/2020 10:56:39 AM
Budget Analyst Approval	nhovden	04/06/2020 12:02:15 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23095**

		Legal Entity Name:	Mutiny Divers
Agency Name:	**DCNR - PARKS DIVISION**	Contractor Name:	**Mutiny Divers**
Agency Code:	**704**	Address:	**209 Kingsbury Grade Unit 1D**
Appropriation Unit:	**4162-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Stateline , NV 89449**
If "No" please explain:	Not Applicable	Contact/Phone:	Matthew Meunier 775-884-3483
		Vendor No.:	
		NV Business ID:	NV 20111568435

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 **04/15/2020**
   Anticipated BOE meeting date 05/2020

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **04/30/2021**
   Contract term: **1 year and 15 days**

4. Type of contract: **Revenue Contract**
   Contract description: **Scuba Classes & Tour**

5. Purpose of contract:
   Mutiny Divers will offer scuba classes and tours from Sand Harbor and Cave Rock- State Parks.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$10,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
   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 or time 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. Soliciation Waiver: **Not Applicable**
   c. Why was this contractor chosen in preference to other?
   d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

    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:

    Kevin Fromherz, Park Ranger Ph: 775-831-0494 Ext 222

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	04/10/2020 07:27:07 AM
Division Approval	sdecrona	04/10/2020 07:27:10 AM
Department Approval	sdecrona	04/10/2020 07:27:12 AM
Contract Manager Approval	sdecrona	04/10/2020 07:29:20 AM
Budget Analyst Approval	nhovden	04/15/2020 11:21:17 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: **22996**

		Legal Entity Name:	Clean Harbors, Inc. DBA H2O Environmental, Inc.
Agency Name:	**DCNR - PARKS DIVISION**	Contractor Name:	**Clean Harbors, Inc. DBA H2O Environmental, Inc.**
Agency Code:	**704**	Address:	**42 Longwater Drive**
Appropriation Unit:	**4605-32**		
Is budget authority available?:	**Yes**	City/State/Zip	**Norwell, MA 02061**
If "No" please explain:	Not Applicable	Contact/Phone:	Frank Silva 702-396-4148
		Vendor No.:	T27000924
		NV Business ID:	NV19961214703

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 %**	**Maintenance of State Parks**
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 **03/30/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2024**

Contract term: **3 years and 335 days**

4. Type of contract: **Contract**

Contract description: **Septic Pumping BB**

5. Purpose of contract:

This is a new contract to provide septic services for Big Bend of the Colorado State Recreation Area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$42,512.00**

Other basis for payment: Approx. 4 services a year at $2,657; $10,628 per year for four years not to exceed $42,512.

II. JUSTIFICATION

7. What conditions require that this work be done?

Septic system required pumping to meet health and safety requirements.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We don't have the equipment or training.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Las Vegas Septic Services
Joes Sanitation
H2O Environmental

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the lowest qualified bidder.

d. Last bid date: 12/10/2019 Anticipated re-bid date: 11/01/2023

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:

This vendor has been under contract with a couple of Nevada State Parks with satisfactory compliance.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Jonathan Brunjes, Regional Manager Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	03/11/2020 09:01:36 AM
Division Approval	sdecrona	03/11/2020 09:01:38 AM
Department Approval	sdecrona	03/11/2020 09:01:41 AM
Contract Manager Approval	sdecrona	03/11/2020 09:13:43 AM
Budget Analyst Approval	nhovden	03/30/2020 13:51:24 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: **23071**

		Legal Entity Name:	Summit Plumbing Co. LLC
Agency Name:	**DCNR - PARKS DIVISION**	Contractor Name:	**Summit Plumbing Co. LLC**
Agency Code:	**704**	Address:	**1749 Timber Court**
Appropriation Unit:	**4605-16**		
Is budget authority available?:	**Yes**	City/State/Zip	**Gardnerville, NV 89410**
If "No" please explain:	Not Applicable	Contact/Phone:	Jeremy Weston 775-588-9987
		Vendor No.:	T29008376
		NV Business ID:	NV19991021762

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Utility Surcharge**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2020**
   Anticipated BOE meeting date 06/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/25/2022**
   Contract term: **2 years and 11 days**

4. Type of contract: **Contract**
   Contract description: **Plumbing on call**

5. Purpose of contract:

This is a new contract to provide ongoing on call plumbing, pumping and portable toilet rentals for Sand Harbor State Parks.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$38,606.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To remain open the pumping services and plumbing are reqiured for health and safety.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We don't have the resources or expertise.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

   b. Soliciation Waiver: **Not Applicable**
   c. Why was this contractor chosen in preference to other?

This vendor had the lowest overall bid.

   d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Lake Tahoe Nevada State Park has done business with this vendor since 2013 with satisfactory compliance.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Joe Fountaine, Faciliy Supervisor Ph: 775-831-0494 ext 227

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sdecrona	04/03/2020 09:49:33 AM
Division Approval	sdecrona	04/03/2020 09:49:35 AM
Department Approval	sdecrona	04/03/2020 09:49:38 AM
Contract Manager Approval	sdecrona	04/03/2020 09:49:40 AM
Budget Analyst Approval	nhovden	04/14/2020 12:29:32 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: **23008**

		Legal Entity Name:	BOARD OF REGENTS-NSHE OBO UNR DEPT. OF ECONOMICS
Agency Name:	**DCNR - DIVISION OF WATER RESOURCES**	Contractor Name:	**BOARD OF REGENTS-NSHE OBO UNR DEPT. OF ECONOMICS**
Agency Code:	**705**	Address:	**1664 NORTH VIRGINA STREET**
Appropriation Unit:	**4503 - All Categories**		**MAIL STOP 204**
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89557**
If "No" please explain:	Not Applicable	Contact/Phone:	MICHAEL H. TAYLOR, ASSISTANT PROFESSOR OF ECONOMICS 775-784-1679
		Vendor No.:	D35000849
		NV Business ID:	GOVERNMENT 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 %**	**BASIN FUNDS**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/30/2020**
   Anticipated BOE meeting date 05/2020

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **12/31/2020**
   Contract term: **276 days**

4. Type of contract: **Interlocal Agreement**
   Contract description: **UNR Humboldt Study**

5. Purpose of contract:

   This is a new interlocal agreement to complete the economics analysis of the annual economic value of an acre-foot of water for irrigated agricultural operations that use surface water in the Humboldt River Basin.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$12,000.00**
   Other basis for payment: Payable within 30 days, upon completion and receipt of final report.

II. JUSTIFICATION

7. What conditions require that this work be done?

   Groundwater pumping by junior water right holders may be conflicting with the rights of senior water right holders, requiring a method to estimate the annual economic value of an acre-foot of water as an input to represent irrigated agricultural operations that use surface water in the Humboldt River Basin.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   These studies require a very high level of expertise and resources that the State does not have.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    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?

    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:

    Adam Sulliven, Deputy Administrator Ph: 775-684-2867

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bre00	03/13/2020 16:25:14 PM
Division Approval	bre00	03/13/2020 16:25:16 PM
Department Approval	kwilliam	03/17/2020 11:44:56 AM
Contract Manager Approval	bre00	03/20/2020 15:07:13 PM
Budget Analyst Approval	nhovden	03/30/2020 15:59:45 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22950**

		Legal Entity Name:	AUTHENTIC PROMOTIONS.COM
Agency Name:	**DETR - REHABILITATION DIVISION**	Contractor Name:	**AUTHENTIC PROMOTIONS.COM**
Agency Code:	**901**	Address:	**6151 FAIR OAKS BLVD STE 103**
Appropriation Unit:	**3265-09**		
Is budget authority available?:	**Yes**	City/State/Zip	**CARMICHAEL, CA 95608-4833**
If "No" please explain:	Not Applicable	Contact/Phone:	Amy Warner 916-838-3127
		Vendor No.:	T29042886
		NV Business ID:	NV20201715522

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	**21.30 %**	Fees	0.00 %
X	Federal Funds	**78.70 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3385-22-REHAB

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 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2022**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Branded Promotional**

5. Purpose of contract:

This is a new contract to provide branded promotional and informational items to the Bureau of Vocational Rehabilitation to advertise the existence of and the services provided by the Bureau. The Bureau needs to raise the awareness of the services available to persons with physical and intellectual disabilities, in order to meet Federal funding requirements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$25,000.00**

Other basis for payment: Due to the nature and changing costs of branded promotional and informational items/materials, the vendor must provide a written cost estimate/quote based on the branded materials requested, for prior approval by BVR staff. Total contract not to exceed $25,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Workforce Innovation and Opportunity Act (WIOA) requires that 15% of all grant funding be spent on Pre-ETS programs. BVR needs to raise awareness of the pre-employment program and the services that are provided to persons with physical and intellectual disabilities, in order to be able to meet the WIOA requirement.

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 materials to generate the branded promotional materials.

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):

Panda
Ad Pro
Dynagraphics
Authentic Promotions

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to submit a complete proposal.

d. Last bid date: 11/19/2019 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:

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	jbende2	03/05/2020 09:03:32 AM
Division Approval	kdesoci1	03/25/2020 09:27:26 AM
Department Approval	kdesoci1	03/25/2020 09:27:29 AM
Contract Manager Approval	bdeem	04/14/2020 11:59:15 AM
Budget Analyst Approval	dbaughn	04/16/2020 16:22:53 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22831**

		Legal Entity Name:	Alpine Academy
Agency Name:	**DETR - REHABILITATION DIVISION**	Contractor Name:	**Alpine Academy**
Agency Code:	**901**	Address:	**605 Boxington**
Appropriation Unit:	**3265-09**		**Suite 112**
Is budget authority available?:	**Yes**	City/State/Zip	**Sparks, NV 89434-6918**
If "No" please explain:	Not Applicable	Contact/Phone:	Nurit W. Stites 775-356-1166
		Vendor No.:	T27023332
		NV Business ID:	Governmental Entity

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.

X	General Funds	**21.30 %**	Fees	0.00 %
X	Federal Funds	**78.70 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3377-21-REHAB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/10/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2021**

Contract term: **1 year and 265 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **2020-01 Alpine Camp**

5. Purpose of contract:

This is a new interlocal agreement that continues ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths, ages 16 - 21, to provide the tools that will enable them to seek and retain employment. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128), which requires that 15% of all federal Rehabilitation funding must be focused on Pre-ETS.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$43,000.00**

Other basis for payment: Summer Rates: $825/student (class size is under 15 students), $860/student (class size is 15 students or more), $415/student (class size is under 15 students) - Student only attends one week of instruction, $430/student (class size is 15 students or more) - Student only attends one week of instruction. Class Size: Minimum 10 students, Maximum 25 students. 2-week program (Monday - Friday), Times: 8:00am-Noon. Student must attend at least three days per week for payment. Maximum of $21.500.00 per camp. Invoices payable upon receipt of accepted Final Report and approval of detailed invoice by authorized REHAB staff. Total Contract not to exceed: $43,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Workforce Innovation and Opportunity Act , Public Law 113-128 (2014) or WIOA requires that 15% of all grant funding be spent on Pre-ETS programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the Pre-ETS training.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    This vendor has been providing satisfactory services to REHAB since July 2016 and the Department of Education since 2009.

14. Is the contractor currently involved in litigation with the State 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	03/25/2020 07:57:31 AM
Division Approval	kdesoci1	03/30/2020 09:47:32 AM
Department Approval	kdesoci1	03/30/2020 09:47:35 AM
Contract Manager Approval	bdeem	04/10/2020 09:15:55 AM
Budget Analyst Approval	dbaughn	04/10/2020 09:17:34 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22855**

		Legal Entity Name:	Mission Critical Specialists Inc.
Agency Name:	**DETR - REHABILITATION DIVISION**	Contractor Name:	**Mission Critical Specialists Inc.**
Agency Code:	**901**	Address:	**6080 Enterprise Dr.**
Appropriation Unit:	**3269-04**		**Unit A**
Is budget authority available?:	**Yes**	City/State/Zip	**Diamond Springs, CA 95619-9394**
If "No" please explain:	Not Applicable	Contact/Phone:	Matt Rey 530-621-4785
		Vendor No.:	T27040742
		NV Business ID:	NV20161585881

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	**100.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3372-22-BDA

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/31/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2022**

Contract term: **1 year and 334 days**

4. Type of contract: **Contract**

Contract description: **BDA Generator Svc**

5. Purpose of contract:

This is new contract that continues ongoing quarterly inspections and yearly maintenance/testing of a federally required back-up generator located at the Bureau of Disability Adjudication's office in Carson City in order to maintain the generator's warranty.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$13,970.00**

Other basis for payment: Yearly Scheduled Maintenance: $5,485.00/Yr.; Repair Reserves: $3,000.00. Invoices Will Not Be Paid Unless Approved By Authorized BDA Personnel. Total contract not to exceed: $13,970.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Social Security Administration requires a generator system in the event of power failure and as such, this system requires quarterly inspections and annual service to ensure compliance with SSA requirements.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State workers do not have the skills or equipment to perform the work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Performance Electric
Gen-Tech
Nevada Energy Systems
Mission Critical Services

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to respond

d. Last bid date: 12/15/2019 Anticipated re-bid date: 12/01/2021

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:

This contractor has been under contract since 2/2012 with the Bureau of Disability Adjudication and 12/2012 with the Nevada National Guard and has performed 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:

Robert Dean, MAI Ph: 775-885-3702

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mjohns43	02/24/2020 14:34:37 PM
Division Approval	kdesoci1	03/25/2020 11:52:22 AM
Department Approval	kdesoci1	03/25/2020 11:52:24 AM
Contract Manager Approval	bdeem	03/25/2020 11:54:27 AM
Budget Analyst Approval	dbaughn	03/31/2020 09:16:55 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23005**

		Legal Entity Name:	CARRIER CORPORATION
Agency Name:	**DETR - EMPLOYMENT SECURITY**	Contractor Name:	**CARRIER CORPORATION**
Agency Code:	**902**	Address:	**PO BOX 22359**
Appropriation Unit:	**All Budget Accounts - Category 04**		
Is budget authority available?:	**Yes**	City/State/Zip	**CHICAGO, IL 60673-2359**
If "No" please explain:	Not Applicable	Contact/Phone:	Dan Perham 702-274-3304
		Vendor No.:	PUR0002775B
		NV Business ID:	NV19791006562

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Cost Allocation**

Agency Reference #: 3394-22-ESD

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2020**

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 351 days**

4. Type of contract: **Contract**

Contract description: **HVAC Maintenance**

5. Purpose of contract:

This is a new contract that provides ongoing Heating, Ventilation and Air Conditioning (HVAC) maintenance services to the facilities located in Southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$15,500.00**

Other basis for payment: $50 Truck Charge per service call; $170.00 per regular hour (7:00 am - 4:00 pm Monday through Friday); $255.00 per overtime hour (all non-regular hours excluding Sundays and Holidays); $340.00 per hour on Sundays and Holidays. Material Mark-Up 20%

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC mechanical systems require service when malfunctions occur.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform these tasks

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Emcor services of Nevada
Carrier Corporation
Johnson Controls

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Both vendors to respond were awarded to ensure service.

d. Last bid date: 02/11/2020 Anticipated re-bid date: 02/05/2024

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:

This vendor has performed satisfactorily with the Department of Employment, Training and Rehabilitation since August of 2017

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	03/17/2020 07:38:41 AM
Division Approval	kdesoci1	03/31/2020 16:23:41 PM
Department Approval	kdesoci1	03/31/2020 16:23:44 PM
Contract Manager Approval	bdeem	04/14/2020 08:08:36 AM
Budget Analyst Approval	dbaughn	04/14/2020 10:35:07 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: **23025**

		Legal Entity Name:	CASHMAN EQUIPMENT COMPANY
Agency Name:	**DETR - EMPLOYMENT SECURITY**	Contractor Name:	**CASHMAN EQUIPMENT COMPANY**
Agency Code:	**902**	Address:	**600 GLENDALE AVE**
Appropriation Unit:	**All Budget Accounts - Category 04**		
Is budget authority available?:	**Yes**	City/State/Zip	**SPARKS, NV 89431**
If "No" please explain:	Not Applicable	Contact/Phone:	Jered Betancourt 775-332-2465
		Vendor No.:	PUR0000249A
		NV Business ID:	NV19601000406

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Cost Allocated**

Agency Reference #: 3396-22-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2020**

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 351 days**

4. Type of contract: **Contract**

Contract description: **UPS Maintenance**

5. Purpose of contract:

This is a new contract that provides ongoing Uninterrupted Power Supply (UPS) maintenance for the Carson City DETR Administrative office UPS module.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$44,595.00**

Payment for services will be made at the rate of $44,595.00 per Contract

II. JUSTIFICATION

7. What conditions require that this work be done?

Parts of the Department's UPS must be replaced to ensure proper function.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform these tasks.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Briggs Electric
Cashman Equipment Company
Nelson Electric

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to respond.

d. Last bid date: 11/19/2019 Anticipated re-bid date: 11/19/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor worked for Vocational Rehabilitation and services have been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	03/23/2020 13:22:23 PM
Division Approval	kdesoci1	03/30/2020 09:52:59 AM
Department Approval	kdesoci1	03/30/2020 09:53:03 AM
Contract Manager Approval	bdeem	03/30/2020 16:24:39 PM
Budget Analyst Approval	dbaughn	04/14/2020 08:42:05 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: **23004**

		Legal Entity Name:	JOHNSON CONTROLS INC
Agency Name:	**DETR - EMPLOYMENT SECURITY**	Contractor Name:	**JOHNSON CONTROLS INC**
Agency Code:	**902**	Address:	**1545 Pama Ln**
Appropriation Unit:	**All Budget Accounts - Category 04**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89119**
If "No" please explain:	Not Applicable	Contact/Phone:	Dennis Downing 702-659-3905
		Vendor No.:	T10346500A
		NV Business ID:	NV19571000769

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Cost Allocation**

Agency Reference #: 3393-22-ESD

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/16/2020**

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 349 days**

4. Type of contract: **Contract**

Contract description: **HVAC Maintenance**

5. Purpose of contract:

This is a new contract that provides ongoing Heating, Ventilation and Air Conditioning (HVAC) maintenance services to the facilities located in Southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$15,500.00**

Other basis for payment: Standard Hourly Rate; $148.00 Chillers, $168.00 Controls, $132.00 Commercial. Overtime Hourly Rate; $222.00 Chillers, $252.00 Controls, $198.00 Commercial. Double Time Hourly Rate; $296.00 Chillers, $336.00 Controls, $264.00 Commercial.

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC mechanical systems require service when malfunctions occur.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform these tasks

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Carrier Corporation
EMCOR Services of Nevada
Johnson Controls INC

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Both vendors to respond were awarded to ensure service.

d. Last bid date: 02/11/2020 Anticipated re-bid date: 02/05/2024

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:

This vendor has performed satisfactorily with the Department of Employment, Training and Rehabilitation since August of 2017.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	03/17/2020 07:38:23 AM
Division Approval	kdesoci1	03/30/2020 09:51:41 AM
Department Approval	kdesoci1	03/30/2020 09:51:44 AM
Contract Manager Approval	bdeem	04/08/2020 11:58:29 AM
Budget Analyst Approval	dbaughn	04/16/2020 09:47:22 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23063**

		Legal Entity Name:	XCEL MAINTENANCE SERVICES INC
Agency Name:	**DETR - EMPLOYMENT SECURITY**	Contractor Name:	**XCEL MAINTENANCE SERVICES INC**
Agency Code:	**902**	Address:	**8920 COLORFUL PINES AVE**
Appropriation Unit:	**All Budget Accounts - Category 04**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89143-4403**
If "No" please explain:	Not Applicable	Contact/Phone:	Kathia Winchell 702/341-9235
		Vendor No.:	T81103343
		NV Business ID:	NV20021426879

To what State Fiscal Year(s) will the contract be charged? **2020-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Cost Allocation**

Agency Reference #: 3403-22-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/20/2020**

Anticipated BOE meeting date 05/2020

Retroactive? **Yes**

If "Yes", please explain

This includes necessary deep cleaning required due to COVID-19. Email was sent to Kevin Doty and is included in attachments.

3. Termination Date: **04/30/2022**

Contract term: **2 years and 41 days**

4. Type of contract: **Contract**

Contract description: **Emergency Janitorial**

5. Purpose of contract:

This is a new contract that allows emergency, special projects, and temporary janitorial services (as needed) for various owned and leased department facilities in Southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$10,000.00**

Other basis for payment: $21.00 per employee per hour (Mon - Sat, 8 hours); $31.50 per employee per hour (Mon - Sat, after 8 hours); $38.00 per employee per hour (Sundays and Holidays)

II. JUSTIFICATION

7. What conditions require that this work be done?

Due to pandemic, the Department needs to deep clean 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 or equipment 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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor currently provides services to the Department and know their expectations and needs.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor has been providing satisfactory service to the Department of Employment, Training and Rehabilitation since January of 2016.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	04/08/2020 13:35:29 PM
Division Approval	kdesoci1	04/10/2020 17:36:33 PM
Department Approval	kdesoci1	04/10/2020 17:36:36 PM
Contract Manager Approval	bdeem	04/15/2020 14:24:49 PM
Budget Analyst Approval	dbaughn	04/16/2020 10:48:16 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: **22537**

Amendment Number: **2**

Legal Entity Name: SOROKAC LAW OFFICE, PLLC DBA REISMAN SOROKAC

Agency Name: **ADMIN - BOARD OF EXAMINERS**

Contractor Name: **SOROKAC LAW OFFICE, PLLC DBA REISMAN SOROKAC**

Agency Code: **930**

Address: **8965 SOUTH EASTERN AVE STE 382**

Appropriation Unit: **4892-10**

Is budget authority available?: **Yes**

City/State/Zip **LAS VEGAS, NV 89123**

If "No" please explain: Not Applicable

Contact/Phone: JOSH REISMAN 702-727-6258

Vendor No.: T27043222

NV Business ID: NV20091355427

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 %**	**STATUTORY CONTINGENCY FUND**

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 05/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2020**

Contract term: **1 year and 92 days**

4. Type of contract: **Contract**

Contract description: **Outisde Counsel**

5. Purpose of contract:

This is the second amendment to the original contract which provides outside counsel for representation in conjunction with deposition preparation, deposition attendance and response to request for records related to an employee of the Department of Taxation. This amendment extends the termination date from June 30, 2020 to December 31, 2020 and increases the maximum amount from $20,000 to $42,500 due to continual need for services. This contract is to be paid from the reserve from the Statutory Contingency account pursuant to NRS 41.03435.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$10,000.00	$10,000.00	$10,000.00	Yes - Info
	a. Amendment 1:	$10,000.00	$10,000.00	$20,000.00	Yes - Info
2.	Amount of current amendment (#2):	$22,500.00	$22,500.00	$42,500.00	Yes - Info
3.	New maximum contract amount:	$42,500.00			
	and/or the termination date of the original contract has changed to:	12/31/2020			

II. JUSTIFICATION

7. What conditions require that this work be done?

Preparation and accompaniment to a videotaped deposition.

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 for this matter

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation 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	jhoba2	03/23/2020 14:00:54 PM
Division Approval	jhoba2	03/23/2020 14:01:08 PM
Department Approval	jhoba2	03/23/2020 14:01:12 PM
Contract Manager Approval	hfield	03/26/2020 12:54:59 PM
Budget Analyst Approval	hfield	03/26/2020 12:55:02 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22867**

		Legal Entity Name:	BLACK, LOBELLO & ASSOCIATES, PLLC
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**BLACK, LOBELLO & ASSOCIATES, PLLC**
Agency Code:	**BDC**	Address:	**10777 W. Twain Ave., Suite 300**
Appropriation Unit:	**B002 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89135**
If "No" please explain:	Not Applicable	Contact/Phone:	James Wadhams (702) 318-50
		Vendor No.:	
		NV Business ID:	NV20071658868

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 %**	**LICENSING**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**
   Anticipated BOE meeting date 05/2020

   Retroactive? **No**
   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2023**
   Contract term: **2 years and 364 days**

4. Type of contract: **Contract**
   Contract description: **Lobbyist Services**

5. Purpose of contract:

   This is a new contract to provide assistance in preparing, planning and responding to legislative issues, statute and regulation changes, and public protection issues.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$41,249.88**
   Payment for services will be made at the rate of $1,145.83 per MONTH

II. JUSTIFICATION

7. What conditions require that this work be done?

   NRS Chapter 623 requires the Nevada State Board of Architecture to recommend the creation and/or amendment of laws regarding the field of Architecture in the State of Nevada. To complete this legislative requirement, it is a necessity for the Board to receive expert advice on government affairs matters. In addition, the issues require special skills, expertise and knowledge of an experienced legislative liaison to assure optimal results for the Board and the citizens it serves.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   Assistance and time is needed in the planning and dissemination of information to legislative members with the expertise and required knowledge of the Nevada Legislature. The Board operates with limited amount of staff and does not have the ability, expertise or knowledge that can be uniquely performed by the contractor

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Black & LoBello
Neena Laxalt
Kaempfer Crowell

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vwind1	03/30/2020 13:18:33 PM
Division Approval	vwind1	03/30/2020 13:18:38 PM
Department Approval	vwind1	03/30/2020 13:18:45 PM
Contract Manager Approval	vwind1	03/30/2020 13:18:50 PM
Budget Analyst Approval	hfield	04/09/2020 09:37:13 AM

Nevada State Board of Architecture, Interior Design and Residential Design

Memorandum

Date: February 5, 2020

To: **Susan Brown, Clerk of the Board of Examiners**

From: Monica Harrison, Executive Director

RE: Request for Approval of Retroactive Date of July 1, 2019

The Nevada State Board of Architecture, Interior Design and Residential Design (NSBAIDRD) respectfully request approval for the retroactive contract between the NSBAIDRD and Mr. Jim Wadhams, so that Mr. Wadhams can continue to provide ongoing legislative assistance to our agency.

NSBAIDRD is requesting a retroactive effective date of July 1, 2019 as we would like to fully comply with the state contracting requirements. Furthermore, Mr. Wadhams has been providing financial services for our agency for almost 30 years. As stated on the contract, Mr. Wadhams's fees have not increased his fees since 1994.

Thank you for your consideration in this matter.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22987**

		Legal Entity Name:	SILVER STATE GOVERNMENT RELATIONS SERVICES
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**SILVER STATE GOVERNMENT RELATIONS SERVICES**
Agency Code:	**BDC**	Address:	**204 N. MINNESOTA STREET, SUITE**
Appropriation Unit:	**B003 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89703**
If "No" please explain:	Not Applicable	Contact/Phone:	Sarah Adler 775-742-3222
		Vendor No.:	
		NV Business ID:	NV20171110864

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**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2020**
   Anticipated BOE meeting date 05/2020

   Retroactive? **Yes**

   If "Yes", please explain

   The contract manager did not have CETS or VPN access until March 2020.

3. Termination Date: **06/30/2021**
   Contract term: **1 year and 149 days**

4. Type of contract: **Contract**
   Contract description: **Govt Relations Svcs**

5. Purpose of contract:

   This is a new contract to provide legislative services in preparing for and representing the Boards interests during the Interim and 2021 Legislative Session.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$34,750.00**
   Payment for services will be made at the rate of $0.00 per Various
   Other basis for payment: Upon approval of invoice as services are rendered.

II. JUSTIFICATION

7. What conditions require that this work be done?

   The Board is in need of professional legislative services to assist in preparing for and representing its interests during the Interim and 2021 Legislative Session. Services include conducting outreach with stakeholders, legislators, state agencies, professional boards and organizations, and representing the Board during the session including bill tracking and follow up activities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   The Board has a very small staff and does not have the capacity/expertise for this additional 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):

JK Belz and Associates
Silver State Government Relations
Strategies 360

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor submitted a strong proposal and was the most cost-effective of the bids received.

d. Last bid date: 12/02/2019 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:

    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	piercej2	03/30/2020 08:38:11 AM
Division Approval	piercej2	03/30/2020 08:38:14 AM
Department Approval	piercej2	03/30/2020 08:38:18 AM
Contract Manager Approval	piercej2	03/30/2020 08:38:20 AM
Budget Analyst Approval	hfield	04/01/2020 15:51:08 PM

State of Nevada
Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

6170 Mae Anne Avenue, Suite, Reno, NV 89523
(775) 787-3421 / Fax (775) 746-4105
www.nvspeechhearing.org Email board@nvspeechhearing.org

MEMO

Date: March 30, 2020

To: Board of Examiners

From: Jennifer R. Pierce, Executive Director,
Speech-Language Pathology, Audiology & Hearing Aid Dispensing Board

RE: Request for Retroactive Contract Approval

The attached contract is requested for retroactive approval to support our Board in legislative efforts during the interim and in anticipation of the 2021 Legislative Session. I apologize for the delayed submission and retroactive request but did not have CETS or VPN access until March 2020.

Thank you in advance for your consideration.

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: April 2, 2020

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Nikki Hovden, 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 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 3rd 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 733 square feet of restored coverage and an increase to the Land Bank of $27,670.

Statutory Authority: NRS 321.5954

Nevada Division of
STATE LANDS

STATE OF NEVADA
Department of Conservation & Natural Resources
Steve Sisolak, *Governor*
Bradley Crowell, *Director*
Charles Donohue, *Administrator*

March 31, 2020

MEMORANDUM

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 – 3RD QUARTER FY 2020 BOARD OF EXAMINERS MEETING DATE OF MAY 12, 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. The enabling legislation is listed below.

Nevada Land Bank Program:

The Nevada Land Bank is a program housed in the Nevada Division of State Lands and operated by the Nevada Tahoe Resource Team on behalf of the Tahoe Regional Planning Agency 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.

This memorandum is to report real property or interests in real property transferred under this program during the quarter ending March 31, 2020.

- There were no acquisitions of land during this quarter. However, two transfers of interest in real property occurred during this quarter and is listed below:

  On **January 09, 2020**, a transaction was finalized involving the sale of **660 square feet of Class 1b Potential** land coverage to Bisnar Family Trust to provide the buyer the additional coverage required as one of the conditions for TRPA permit ERSP2019-1014 to authorize the construction of a new single-family dwelling. This transaction resulted in **$24,750.00** in proceeds for the Nevada Land Bank.

  On **February 13, 2020**, a transaction was finalized involving the sale of **73 square feet of Class 1b, Restored Soft** land coverage to LAM Irrevocable Trust to authorize the rebuild and relocation of a detached garage, construction of a new garage attached to the residence, installation of a new driveway with bridge spanning the Stream Environment Zone, and modifications to the footprint of the exiting residence. This transaction resulted in **$2,920.00** 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

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: April 29, 2020

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Aaron Frantz, 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 Health and Human Services
Division of Public and Behavioral Health

Agenda Item Write-up:

Pursuant to NRS 353.263, the Department requested and was approved by the Clerk of the Board to use $186,039 from Board of Examiner's Emergency account and an additional saving within budget account 3162 of $62,661 to replace a Heating, Ventilation, and Air Conditioning (HVAC) unit on the Northern Nevada Adult Mental Health Services (NNAMHS) campus.

Additional Information:

Division of Public and Behavioral Health operates Building 8A on the NNAMHS campus. Division of Child and Family Service leases this building as their Adolescent Treatment Center. The HVAC unit failed in January and forced the occupants to be temporarily displaced. For occupancy to be restored, the HVAC system needs to be replaced. Costs including permits, design and inspection are approximately $250,000. The division has submitted work program C49810 to move $62,661 in saving within the budget to category 07 to partially fund the project, however the division needs an additional $186,039 to fully fund the project.

Statutory Authority:
BOE approval required pursuant to NRS 353.263.

REVIEWED: _____

INFO ITEM: _____

Steve Sisolak
Governor

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Director's Office

Helping people. It's who we are and what we do.

Richard Whitley, MS
Director

February 14, 2020

Susan Brown, Clerk of the Board
Board of Examiners

On behalf of the Division of Public and Behavioral Health, I am requesting the Board of Examiners approve a disbursement of funds from the Contingency Account per Nevada Revised Statute 353.268. A corresponding work program will be submitted to the April 2020 Interim Finance Committee requesting $186,039.

The HVAC system of Building 8A on the NNAMHS Campus has failed. The Division of Child and Family Services (DCFS) leases this building as their Adolescent Treatment Center (ATC). The HVAC system failure has forced the occupants to seek other temporary accommodations elsewhere on the NNAMHS' Campus; however, these temporary accommodations are not a long-term solution for the clients. It is imperative that the design and replacement of the failed HVAC system begin immediately to restore the heating, cooling, and ventilation required for the building's occupancy.

On January 28, 2020, the State Public Works Division's (SPWD) Board determined that an emergency exists which threatens the health, safety and welfare of the public and therefore approved a contract with Gardner Engineering without complying with state solicitation requirements. Costs including permits, design and inspection (paid to SPWD) are expected to be approximately $250,000. The division does not have available funding to fund this project; therefore, at the March Board of Examiners meeting, the division submitted a request to pay invoices out of the Emergency Account established by NRS 353.263 until the work program for Contingency Account funds is approved. This work program requests the allocation from the Contingency Account to pay those costs not previously paid by the Emergency Account.

Please find attached the Agency Project Application and NNAMHS Operating Statement in support of this request.

Thank you for your consideration.

Sincerely,

Richard Whitley, MS
Director

CC:
Aaron Frantz, Budget Analyst, Governor's Finance Office
Christian Thauer, Policy Analyst, Legislative Counsel Bureau
Stacey Johnson, Deputy Director, Department of Health and Human Services
Lisa Sherych, Administrator, Division of Public and Behavioral Health
Debi Reynolds, Deputy Administrator, Division of Public and Behavioral Health

4126 Technology Way, Suite 100 • Carson City, Nevada 89706
775-684-4000 • Fax 775-684-4010 • dhhs.nv.gov

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

January 28, 2020

Ward Patrick, Administrator
State Public Works Division
515 East Musser Street, Suite 102
Carson City, Nevada 89701

Re: Emergency Repair Requested

Mr. Ward Patrick,

The Nevada Department of Health and Human Services (DHHS) Division of Public and Behavioral Health (DPBH) operates Building 8A at the Northern Nevada Adult Mental Health Services (NNAMHS) Campus. The mechanical system of Building 8A has failed, forcing the occupants to seek other temporary accommodations at the NNAMHS Campus. These temporary accommodations are not a long-term solution for the tenants who occupy Building 8A.

It is imperative that the design and replacement of the failed mechanical systems begin immediately to restore the heating, cooling, and ventilation required for the building's occupancy.

Sincerely,

Lisa Sherych, Administrator
Division of Public and Behavioral Health (DPBH)
Nevada Department of Health and Human Services (DHHS)

Steve Sisolak
Governor

Laura Freed
Director

Ward D. Patrick, PE
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Carson City Office:
515 East Musser Street, Suite 102
Carson City, Nevada 89701
Phone: (775) 684-4141

Building & Grounds Section
Phone: (775) 684-1800

Las Vegas Office:
2300 McLeod Street
Las Vegas, Nevada 89104
Phone: (702) 486-5115

Buildings & Grounds Section
Phone: (702) 486-4300

January 28, 2020

Via email:
adamhand@unr.edu

Adam Hand, Chairperson
State Public Works Board
515 E. Musser Street, Suite 102
Carson City, NV 89701

RE: Emergency Contract for Replacement of Mechanical Equipment
Northern Nevada Adult Mental Health Services (NNAMHS) Campus Building 8A

Dear Mr. Hand:

Please see attached correspondence from Lisa Sherych, Administrator for the Division of Public and Behavioral Health requesting that this project proceed on an emergency basis. As SPWD Administrator, I request that you allow us to proceed on an emergency basis as authorized by NRS 338.011 and NAC 341.145.

Sincerely,

Ward D. Patrick, P.E., SPWD Administrator

Steve Sisolak
Governor

Laura Freed
Director

Ward D. Patrick, PE
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Carson City Office:
515 East Musser Street, Suite 102
Carson City, Nevada 89701
Phone: (775) 684-4141

Building & Grounds Section
Phone: (775) 684-1800

Las Vegas Office:
2300 McLeod Street
Las Vegas, Nevada 89104
Phone: (702) 486-5115

Buildings & Grounds Section
Phone: (702) 486-4300

January 28, 2020

RE: Emergency Contract for Replacement of Mechanical Equipment
Northern Nevada Adult Mental Health Services (NNAMHS) Campus Building 8A

To Whom It May Concern:

I am the Chairperson for the State Public Works Board. I have reviewed the January 28, 2020 correspondence from Ward Patrick, SPWD Administrator and Lisa Sherych, Administrator for the Division of Public and Behavioral Health (attached). Based upon the correspondence, I have determined that pursuant to NRS 338.011 an emergency exists which threatens the health, safety and welfare of the public. Therefore, under my authority set forth in NAC 341.151, Ward Patrick, State Public Works Division Administrator may award contracts to meet this emergency without complying with the governing regulations in Chapters 341 and 338 and relevant statutes in Chapters 341 and 338 of the Nevada Revised Statutes.

Sincerely,

Adam Hand, SPWB Chairperson

State Public Works Division Project Budget Sheet

2/20/20

Project Name:	HVAC System Replacement, NNAMHS Bldg. 8A	**Project No.:**	20-A017
Project Manager:	TJ Dobson, P.E.	**Fund Code No.:**	101-406-3162
Using Agency:	NNAMHS, DHHS	**Contract No.:**	-

A/E Advertise Date A/E Selection Date Design Start Date	SD Submittal Date DD Submittal Date CD Submittal Date	Advertise Date Bid Opening Date NTP Date	Construction Complete Total Cost of CO's CO % of Base Contract	Calendar Days Calendar Days Added Construction End Date	CSC Date Move-In Date Final Payment Date
-	-	-	0%	59	4/17/20
-	-	-	$204,897.00	0	-
-	1/31/20	2/18/20	0.00%	4/17/20	-

PROFESSIONAL SERVICES	Amount
A/E Design & Supervision	0.00
Surveying	0.00
Geotechnical Services	0.00
Materials Testing Services	0.00
Structural Plan Check	2,500.00
Mechanical Plan Check	0.00
Electrical Plan Check	0.00
Civil Plan Check	0.00
ADA Plan Check	0.00
Fire Marshal Plan Check	0.00
Code Compliance Plan Check	0.00
Constructability Plan Check	0.00
CMAR Pre-Construction Services	0.00
Project Management & Inspection	10,000.00
Third Party Commissioning Services	0.00
FF&E Design Services	0.00
Hazardous Testing Services	580.00
xxx	0.00
Subtotal:	$13,080.00

CONSTRUCTION COSTS	
Construction Contract	204,897.00
Remaining Construction Contingency	32,023.00
Miscellaneous Construction Contracts	0.00
Utility/Off-Site Costs	0.00
Utility Design/Connection Fees	0.00
Data/Telecom Wiring & Equipment	0.00
Furnishings & Equipment (FF&E)	0.00
Roofing Maintenance Agreement	0.00
Local Government Requirements	0.00
Hazardous Materials Abatement	0.00
Purchase Orders	0.00
xxx	0.00
xxx	0.00
Subtotal:	$236,920.00

MISCELLANEOUS	
Advertising	0.00
Printing	0.00
Bond Sale Costs	0.00
Agency Moving Costs	0.00
Land Purchase	0.00
Purchase Orders	0.00
xxx	0.00
xxx	0.00
Subtotal:	$0.00

UNOBLIGATED:	$0.00
TOTAL PROJECT BUDGET:	$250,000.00

PROFESSIONAL SERVICES AGREEMENTS		
A/E Agreement:		0.00
Endorsements:		0.00
	Total:	$0.00
Survey Agreement:		0.00
Endorsements:		0.00
	Total:	$0.00
Geotechnical Agreement:		0.00
Endorsements:		0.00
	Total:	$0.00
Materials Testing Agreement:		0.00
Endorsements:		0.00
	Total:	$0.00

CONSTRUCTION CONTRACT		
Prime Construction Contract:		204,897.00
Change Order Subtotal:		0.00
	Total:	$204,897.00

CHANGE ORDER SUMMARY SHEET INFO	
Designated Construction Contingency:	32,023.00
Change Order Subtotal:	
Remaining Construction Contingency:	$32,023.00

FF&E	
Designated FF&E Budget:	0.00
FF&E Expenditures:	0.00
Remaining FF&E Budget:	$0.00

REMARKS

PM & Inspection Fee Summary

SPWD Project Manager	60 Hrs	$130	$7,800
(plan checking, bid documents, and construction administration)			
SPWD Inspection	20 Hrs	$97	$1,940
Total SPWD PM & Inspection Fees			$9,740

Prepared By: TJ Dobson
Reviewed By: Kent LeFevre

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: March 16, 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 second quarter of State Fiscal Year 2020 (FY20) report for the period beginning October 1, 2019 and ending December 31, 2019.

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 2nd quarter, the DMV collected a total of $78,314 voluntary contributions for the Complete Streets Program. The following tables demonstrates the percent contributed by county alongside the previous 1st quarter of this year and the same period last year:

Contributions

2nd Quarter			1st Quarter			2nd Quarter		
FY 2020	Total 2nd Quarter		FY 2020	Total 1st Quarter		FY 2019	Total Collected 2nd	
By County	2nd Quarter	% of Total	By County	1st Quarter	% of Total	By County	2nd Quarter	% of Total
Carson City	$ 2,242.00	2.86%	Carson City	$ 2,855.00	3.20%	Carson City	$ 2,394.00	3.02%
Clark	$ 61,598.00	78.66%	Clark	$ 69,838.00	78.16%	Clark	$ 61,852.00	78.06%
Douglas	$ 2,140.00	2.73%	Douglas	$ 2,404.00	2.69%	Douglas	$ 2,352.00	2.97%
Washoe	$ 12,334.00	15.75%	Washoe	$ 14,256.00	15.95%	Washoe	$ 12,638.00	15.95%
Total	$ 78,314.00	100.00%	Total	$ 89,353.00	100%	Total	$ 79,236.00	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 $783.14 for the 1% costs for DMV to administer the program, Clark County received $60,982.02; Washoe County received $12,210.66; Carson City received $2,219.58; and Douglas County received $2,118.60. The following tables demonstrates the percent of the DMV 1% commission by county alongside the previous 1st quarter of this year and the same period last year:

DMV Commission (1%)

2nd Quarter			1st Quarter			2nd Quarter		
FY 2020	Total 2nd Quarter		FY 2020	Total 1st Quarter		FY 2019	1% DMV	
By County	2nd Quarter	% of Total	By County	1st Quarter	% of Total	By County	2nd Quarter	% of Total
Carson City	$ 22.42	2.86%	Carson City	$ 28.55	3.20%	Carson City	$ 23.94	3.02%
Clark	$ 615.98	78.66%	Clark	$ 698.38	78.16%	Clark	$ 618.52	78.06%
Douglas	$ 21.40	2.73%	Douglas	$ 24.04	2.69%	Douglas	$ 23.52	2.97%
Washoe	$ 123.34	15.75%	Washoe	$ 142.56	15.95%	Washoe	$ 126.38	15.95%
Total	$ 783.14	100.00%	Total	$ 893.53	100%	Total	$ 792.36	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 October 1, 2019 and ending December 31, 2019.

FY 20 Total	Carson City	Clark	Douglas	Washoe
Donations	$ 2,549	$ 65,718	$ 2,272	$ 13,295
Registrations	$ 20,895	$ 444,855	$ 24,087	$ 124,276
% of Registrations that Donate	12.20%	14.77%	9.43%	10.70%

FY 20 Total	Total FY 20
Donations	$ 83,834
Registrations	614,113
Average %	11.78%

For FY20 2nd quarter, Clark County received on average 14.76% where Douglas County received on average 9.81% of vehicle registrations donating.

The following table demonstrates the percentage of registrations that donated by quarter for fiscal year 2019:

Total FY19	1st	2nd	3rd	4th
Donations	44,951	39,618	44,593	45,297
Registrations	321,654	283,407	300,110	324,069
% of Registrations that Donate	13.97%	13.98%	14.86%	13.98%

Total FY19	
Donations	174,459
Registrations	1,229,240
Average %	14.198%

Uses:

The uses reports from the local jurisdictions will be reported on a fiscal year basis and is anticipated for the August 2020 Board of Examiners meeting.

Statutory Authority:

NRS 482.1825

REVIEWED: _____

INFO ITEM: _____