

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: February 9, 2021, 10:00 AM

Location:

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

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

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

Conference Call Line For Public Comment 775-687-0999 or 702-486-5260
Please call 775-684-0222 for a 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 January 12, 2021 Minutes** (For possible action)

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

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Mary Harmon to perform project management duties for the Department of Employment, Training and Rehabilitation through Master Service Agreement #21167 Guidesoft Inc., dba Knowledge Services.

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

Pursuant to NRS 41.950 and NRS 41.970, the Governor's Finance Office requests the Board of Examiners to approve a payment of \$990,000.00 from the Statutory Contingency Account to Reginald Mason (aka Reginald Hayes) representing compensation for his wrongful conviction.

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 December 17, 2020 through January 15, 2021.

10. Information Item Reports

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

Pursuant to NRS 321.5954, Subsection 4, the State Land Registrar is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. Pursuant to Chapter 355, Statutes of Nevada, 1993, on page 1153, the agency is to report quarterly on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. This submittal reports on program activities for the 2nd quarter of fiscal year 2021.

B. GFO – Stale Claims Account, ER Account, Statutory Contingency Account, General Fund Balance.

Pursuant to NRS Chapter 353, the Governor’s Finance Office, Budget Division presents a reconciled fund balance report for the TORT Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of January 21, 2021.

The TORT Claim Fund is the State Treasury Fund for Insurance Premiums. The Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency supplement funding for eligible agencies within statutory authority.

Below is the available balance for each account prior to any projected outstanding claims.

TORT Claim Fund	\$ 5,169,168.62
Statutory Contingency Account	\$ 2,715,387.17
Stale Claims Account	\$ 578,767.30
Emergency Account	\$ 114,972.00
Disaster Relief Account	\$ 5,645,331.95
IFC Unrestricted Contingency Fund General Fund	\$ 7,527,099.95
IFC Unrestricted Contingency Highway Fund	\$ 1,638,068.35
IFC Restricted Contingency Fund General Fund	\$ 10,457,242.00
IFC Restricted Contingency Highway Fund	\$ 2,287,561.00

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

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

Governor Steve Sisolak
Chairman

Susan Brown
Clerk of the Board



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: January 12, 2021, 10:00 AM

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

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

Conference Call Line 775-687-0999 or 702-486-5260
For Public Comment: Please call 775-684-0222 for a collaboration code

MEMBERS PRESENT:

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

STAFF PRESENT:

Susan Brown, Clerk of the Board
Rosalie Bordelove, Board Counsel – on the phone
Dale Ann Luzzi, Board Secretary

1. Call to Order / Roll Call

Governor: I would like to call today's meeting for January 12, 2021 of the State of Nevada, Board of Examiners to order. Could I ask the Clerk to take the roll please?

Board Secretary: Governor Sisolak.

Governor: Here.

Board Secretary: Secretary of State Cegavske.

Secretary of State: I'm here. Thank you.

Board Secretary: Attorney General Ford.

Attorney General: Yes, thanks.

Clerk of the Board: 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: 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 come forward, identify yourself for the record and comments will be limited to three minutes. Do we have any written public comments? Do we have anyone for Las Vegas? Do we have anyone for Carson City? Do we have anyone on the phone? Seeing and hearing none, I will close public comment.

- 3. Approval of the December 8, 2020 Minutes** (For possible action)

Governor: Item number 3, *Approval of the December 8, 2020 Minutes*. Do I have a motion?

Secretary of State: I move approval.

Governor: We have a motion on the floor from Secretary of State Cegavske. 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. Authorization to Contract with a Current and/or Former State Employee**
(For possible action)

A. Department of Employment, Training and Rehabilitation

Pursuant to Nevada Revised Statute (NRS) 333.705, subsection 1, the Department requests authority to contract with former employee Jeffrey Frishmann to perform administrative duties through Master Service Agreement #18404 between Department of Administration, Purchasing Division and HAT Limited Partnership, dba Manpower.

B. Department of Public Safety – Division of Emergency Management

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

C. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the Department requests the authority to contract with a retired state employee, Lisa Schilling. Ms. Schilling retired from state service in October of 2020. She is now employed by Atkins North America, Inc., who is proposing to utilize Ms. Schilling to work on various Task Orders through current and future On-Call Service Provider Agreements with the Department - Traffic Operations Division.

D. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the Department requests the authority to contract with a retired state employee, Paul Peterson. Mr. Peterson retired from state service in March 2019. He is now employed by Atkins North America, Inc., who is proposing to utilize Mr. Peterson to fill an Inspector position in the Full Administration of Contract 3842 on NDOT Agreement P745-19-040.

Governor: Item number 4, *Authorization to Contract with a Current and/or Former State Employee*. Ms. Brown.

Clerk of the Board: There are 4 requests to contract with former employees pursuant to NRS 333.705, subsection 1 under this agenda item. The first is from the Department of Administration, Purchasing Division on behalf of the Department of Employment, Training and Rehabilitation to contract with a former employee to perform administrative duties for the Pandemic Unemployment program. This individual will be employed through Manpower through MSA #18404.

The second request is from the Department of Administration, Purchasing Division on behalf of the Department of Public Safety, Division of Emergency Management to contract with a former employee to perform resource and incident management coordination duties. This individual will be employed through Manpower through MSA #18404.

The third request is from the Department of Transportation to contract with a former employee to work on Task Orders through the current and future On-Call Service Provider Agreements with the Traffic Operations Division. The individual will be employed by Atkins North America.

The fourth request is from the Department of Transportation to contract with a former employee as an Inspector for the Full Administration of Contract 3842. This individual will also be employed by Atkins North America. Are there any questions on any of these items?

Governor: Do we have any questions?

Attorney General: None here.

Governor: Do I have a motion on this item?

Attorney General: Move approval.

Governor: I have a motion for approval from General Ford. Is there any discussion on the motion? Hearing and seeing none. All in favor, signify by saying aye. Are any opposed? The motion passes.

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

A. Office of the Military

Pursuant to NRS 353.268, the Office requests the Board's recommendation to the Interim Finance Committee for \$816,237 from the Contingency Account to cover costs associated with the implementation and operation of the Nevada Youth Challenge Program and the maintenance of National Guard facilities.

B. Judicial Discipline Commission

Pursuant to NRS 353.268, the Commission requests the Board's recommendation to the Interim Finance Committee for \$69,000 from Contingency Account to cover the cost of judicial discipline investigations.

Governor: Item number 5, *Request for Recommendation of Approval to the Interim Finance Committee for an Allocation Amount from the Contingency Account.*

Clerk of the Board: This item is for 2 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 \$8.4 million to cover unanticipated costs for the remainder of this biennium. If these items are approved, the remaining balance in the account will be approximately \$7.5 million.

The first request is from the Office of the Military for an allocation of \$816,237 to cover costs associated with the implementation and operation of the Nevada Youth Challenge Program and for maintenance of National Guard facilities.

The second request is from the Judicial Discipline Commission. This is for an allocation of \$69,000 to cover the cost of judicial discipline investigations. Are there questions on these items?

Governor: Do we have any questions?

Attorney General: None here.

Governor: Do we have anybody from the Office of the Military to answer this or I maybe I can go to Susan – my understanding, and correct me if I'm wrong here, is that this was

because of a delay in the implementation of the program and that's why it was carried over from one year to the next.

Clerk of the Board: That is correct, yes.

Governor: That answers my question. Do we have a motion on item number 5?

Attorney General: I'll move approval.

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

6. Request to Pay a Court Order (For possible action)

Pursuant to Article 5, Section 21 of the Nevada Constitution, the State Board of Examiners may approve, settle or deny any claim or action against the State, any of its agencies or any of its present or former officers, employees, immune contractors or State Legislators.

Department of Employment, Training and Rehabilitation – Unemployment Insurance

The Department has been ordered to pay an Order of Contempt, case number CV20-00755. The Department requests approval to pay the Court's order of contempt in the amount of \$1,000 to Washoe Legal Services.

Governor: Item number 6, *Request to Pay a Court Order*.

Clerk of the Board: Item number 6 is a request for approval of a court-ordered payment of \$1,000 for an Order of Contempt in case CV20-00755 regarding a dispute concerning unemployment compensation for eligible unemployed Nevadans for the Department of Employment, Training and Rehabilitation.

Governor: Do we have any comments or questions on the request to pay a court order?

Attorney General: None.

Secretary of State: Governor, I just want to say I hope with all of the situations and changes that you've made that we'll have this under control now.

Governor: Well, I sure hope so.

Secretary of State: I know.

Governor: This is just, frankly, a division that was never set up to handle the amount of volume that was put into it quickly and-

Secretary of State: Right.

Governor: -the office that was there did an incredible job and-

Secretary of State: I know.

Governor: -it's a tough situation balancing the amount of fraud that was occurring and protecting the State against that and ultimately protecting the employers because if we pay the fraud, the rates are going to go up.

Secretary of State: Right.

Governor: It's a very difficult situation but hopefully, we're handling it.

Secretary of State: Do we have the fraud under control because I know that was the biggest issue of all of this, is how much has been taken and we'll never get it back I'm sure but I just hope we have that under control.

Governor: I think, certainly, it's much more under control than it was at the beginning. There will probably still be isolated cases but they did a magnificent job getting us this far. I can assure you of that.

Secretary of State: Thanks for answering my question.

Governor: Certainly.

Do we have a motion on this one?

Attorney General: Move approval.

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

Attorney General: I'm hearing that the video stream hasn't started yet for this meeting so if someone could check on that.

Governor: I've got a technician here. Is the video working or not working? It's not working.

Counsel, can we just keep going as it is? Alright, they'll post the recording later.

7. Approval of Proposed Leases (For possible action)

Governor: Item number 7, *Approval of Proposed Leases*.

Clerk of the Board: There are 5 leases in this for approval by the Board today. Are there any questions on any of these items?

Governor: I do not have any questions. You answered all of mine during my briefings. Do we have any questions on item number 7?

Secretary of State: No and since you mention it, I'd like to thank your staff for helping my staff go through all this. Thank you very much.

Governor: You're very welcome. I'm going to commend them again. I go into my briefings with all kinds of questions and sticky notes on my binder and come out with all the questions answered. They do a remarkable job. Thank you.

Do I have a motion on item number 7, *Approval of Proposed Leases*?

Secretary of State: Move for approval.

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

8. Approval of Proposed Contracts (For possible action)

Governor: Item number 8, *Approval of Proposed Contracts*.

Clerk of the Board: There are 26 contracts in this agenda item for approval by the Board this morning. Are there any questions on any of these items?

Governor: Any questions on the contracts? Do I have a motion?

Attorney General: Move approval.

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

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

Governor: Item number 9, *Approval of Master Service Agreements*.

Clerk of the Board: There are 7 Master Service agreements in agenda item 9 for approval by the Board this morning. Do we have additional questions on these items?

Governor: I do not have any questions on this. Do we have any questions on item number 9?

Attorney General: None here.

Secretary of State: No. Move for approval.

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

10. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from November 17, 2020 through December 16, 2020.

Governor: Item number 10, *information item, Clerk of the Board Contracts*. Do we have any questions on this one?

Attorney General: No.

Secretary of State: None.

Governor: Hearing and seeing none. We'll close item number 10.

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.)

Governor: Moving on to item number 11, *Public Comment*. This is the second time set aside for Public Comment. Anyone wishing to address the Board on any item, please step forward, identify yourself for the record and comments will be limited to three minutes. Do we have anybody for Las Vegas? No one. Anybody for Carson City? None. Do we have any written public comment? Do we have anyone on the phone? We do not. I will close item number 11.

12. Adjournment (For possible action)

Governor: Item number 12, *Adjournment*. Do we have a motion to adjourn?

Attorney General: So, moved.

Governor: Is there any discussion on the motion? Hearing and seeing none. All in favor, signify by saying aye. Are any opposed? The motion passes.

I look forward to having one of these meetings in person with you folks again soon. Thank you.

Attorney General: Yeah, I'm with you.

Secretary of State: Thanks, Governor.

Governor: All have a great day.

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: January 22, 2021
To: Susan Brown, Clerk of the Board
Governor's Finance Office
From: Shauna Tilley, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Mary Harmon to perform project management duties for the Department of Employment, Training and Rehabilitation through Master Service Agreement #21167 Guidesoft, Inc., dba Knowledge Services.

Additional Information:

Ms. Harmon retired from the Department of Employment, Training and Rehabilitation as the Chief Information Technology Manager in November 2020 and is currently receiving pension benefits. Her skills and experience are needed to implement a Fraud Case Management System and Fraud Prevention by integrating Unemployment Insurance application UInV with identity check solutions, working from February 15 through June 30, 2021. This project is mandated by the Department of Labor, and stringent timelines and increased workload prevents current staff from performing this function.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____
ACTION ITEM: _____



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

MEMORANDUM

To: Shauna Tilley, Budget Officer, Governor's Finance Office
From: Ryan Vradenburg, Purchasing Officer, State Purchasing
Date: January 25, 2021
Subject: Authorization to Contract with a Former Employee request – Mary Harmon

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Mary Harmon, whom DETR is intending to hire as a Project Manager 4 now working with Guidesoft Inc. dba Knowledge Services, Inc. DETR is aware that they may not hire Mary Harmon until this form receives BOE approval.

Mary Harmon left state service in November 2020 and is within the two-year window. Mary Harmon is currently receiving benefits from PERS.

If you have any questions, please contact me at rhradenburg@admin.nv.gov

Ryan Vradenburg
Purchasing Officer II, State Purchasing



MEMORANDUM

DATE: January 5, 2021

TO: Susan Brown, Director
Governor's Finance Office

FROM: Elisa Cafferata, Director

SUBJECT: Request to Contract with former state employee Mary Harmon

RECEIVED

JAN 12 2021

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

In 2020 the workload of DETR's Information Development and Processing (IDP) unit has increased with various CARES Act program implementations.

This position is needed to provide critical project management for the Integrity Unit projects undertaken by the Department. The project is to implement a Fraud Case Management System and Fraud Prevention by integrating Unemployment Insurance application UInv with identity check solutions. This project has stringent timelines and is mandated by the Department of Labor (DOL).

Ms. Harmon retired from DETR/IDP as the Chief IT Manager in November 2020. Her skills and experience are needed to provide project management for a temporary assignment.

The proposed contract start date is February 15, 2021 and will continue through July 15, 2021. Ms. Harmon left state service and is within the two (2) year window.

Thank you for your consideration of this request.

DETR, Financial Management, Approved by:

Kitty DeSocio
Chief Financial Officer, DETR

Date: 1-5-21



**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:	Mary W Harmon		
Former Employee ID Number:	8917		
Former Job Title:	Chief IT Manager		
Former Employee Agency:	DETR/IDP		
Former Class and Grade:	Class:	7.901	Grade: 45
Former Employment Dates:	From:	6/95	To: 11/09/2020
Requesting Agency:	DETR/IDP		
Vendor:	Knowledge Services		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	<p>Summarize scope of contract work.</p> <p>The position is needed to provide critical project management for the Integrity unit projects undertaken by the Department. The project is to implement a Fraud Case Management system and Fraud prevention by integrating Unemployment Insurance application UINV with identity check solutions. The project has stringent timelines and mandated by DOL.</p>
B	<p>Document former job description.</p> <p>The contractor was the Chief IT Manager for DETR/IDP. She retired after 25 years of service to the State of Nevada. Her job duties included planning, developing, coordinating, and executing strategies consistent with the mission and purpose of the Department of Employment, Training and Rehabilitation. (DETR). She coordinated resources, services, and budgets pertaining to administrative applications, enterprise systems, networking, telecommunication, web, servers, and project management. She participated in making executive-level decisions and development of strategies and budgets to achieve the objectives and goals to support the mission of the DETR; was responsible for working with vendors on technology acquisitions, reviewing contracts, and approving invoices; communicated information and represented the IT division in various meetings, assignments, and conferences as needed. As Chief IT Manager she had in-depth knowledge of IT strategies, policies, security, project management, budget management, and best practices, and demonstrated a strong customer service orientation. In addition, she provided oversight and coordinated with Information Technology staff and other agency officials on the development of specific project plans and timelines; monitored and reported on progress. In</p>

	consultation with the IT Administrator, she set policies and procedures for the division, carrying out projects and assigned work. Performs related duties as assigned to achieve the Agency's mission and objectives.
C	<p>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</p> <p>The contractor has 25 years of IT experience providing oversight on mission critical projects for the agency. The contractor will be providing project management for a temporary assignment. The contractor has skills to coordinate tasks with the vendor, IT staff and business staff. There is no specific knowledge transfer.</p>
D	<p>Explain why existing State employees within your agency cannot perform this function.</p> <p>The workload of DETR/IDP has significantly increased with various CARES Act program implementations. The contractor will augment the State staff resources on a part time basis for a specific temporary assignment.</p>
E	<p>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.</p> <p>The individual overseeing the contract is not related to the contractor.</p>
F	<p>List contractors' hourly rate.</p> <p>\$105 (MSA Project Manager-Level 4), see rate card attached from Knowledge Services.</p>
G	<p>List the range of comparable State employee rates.</p> <p>The project management tasks and responsibilities are comparable to IT Manager 3 (Grade 44- Step 10) . The State employee rate is \$68.30 (including fringe and benefits)</p>
H	<p>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?</p> <p>The contract rate is based on the Master Service Agreement Rate card from Knowledge Services (the primary vendor for the State of NV Purchasing for IT staff augmentation). The rate is based on the experience level of the candidate. The contractor will be working strictly on a part time basis doing project management tasks. It is very difficult to find a candidate with the skills and knowledge Mary possesses to hit the ground running. A comparable MSA Project manager with her level of experience and expertise will cost State a lot more than \$105.</p>
I	<p>Document justification for hiring contractor.</p> <p>The position will be performing the project management on the Fraud case management project which has stringent deadlines imposed by DOL.</p>
J	<p>Will the employee be collecting PERS at any time during the contract?</p> <p>Yes</p>
K	<p>What is the duration of the contract with the former employee? (Include start and end date)</p> <p>02/15/2021 – 06/30/2021</p>
L	<p>Will the former employee be working full time or part time? If part time, how many hours?</p> <p>part-time, 20 to 25 hours per week</p>
M	<p>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</p>

	No
--	----

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

DocuSigned by: <u>Elisa Caffarata</u>	<u>1/5/2021</u>
Signature of Agency Head Authorizing Request	Date
<u>Kevin D. Osty</u>	<u>1/8/21</u>
Purchasing Administrator Signature (if a Statewide Contract)	Date
<u>Sharon Tully</u>	<u>1/26/21</u>
Budget Officer Signature	Date
_____ Clerk of the Board of Examiners Signature	_____ Date

Steve Sisolak
Governor

Susan Brown
Director




Tiffany Greenameyer
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: December 20, 2020

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

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

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

GOVERNOR'S FINANCE OFFICE

Agenda Item Write-up:

Pursuant to NRS 41.950 and NRS 41.970, the Governor's Finance Office requests the Board of Examiners to approve a payment of \$990,000.00 from the Statutory Contingency Account, to Reginald Mason (aka Reginald Hayes) representing compensation for his wrongful conviction.

Additional Information:

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

On December 9, 2020, a Certificate of Innocence as well as an Order Granting Monetary and Non-Monetary Relief was granted to Reginald Mason by the Eighth Judicial Court. Per NRS 41.950(1)(a)(3) Mr. Hayes is entitled to an award of \$975,000 for 13 years of wrongful incarceration, and an additional \$15,000 for reasonable attorney fees (NRS 41.950(2)(a)).

Statutory Authority:

BOE approval is required pursuant to NRS 41.970

<p>REVIEWED: _____</p> <p>ACTION ITEM: _____</p>

LAW OFFICE OF FRANNY FORSMAN

1509 Becke Circle
Las Vegas, NV 89104
(702) 501-8728
f.forsman@cox.net

December 16, 2020

Jennifer Cooper
Governor's Finance Office
209 E. Musser St., Suite 200
Carson City, NV 89702-4298

RE: Submission of Claim to the Board of Examiners for February 18, 2021 Meeting:
Reginald Mason Wrongful Conviction

Dear Ms. Cooper,

On behalf of Reginald Mason, I am submitting his claim for consideration by the Board of Examiners at its February 18, 2021 meeting. A claim under the Wrongful Conviction statute, if successful, is to be submitted to the Board of Examiners and paid from the Reserve for Statutory Contingency Account. NRS 41.970.

On December 13, 1985, 14-year-old Reginald Mason was found guilty by a jury of 4 counts of Attempted Murder with Use of a Deadly Weapon and 1 count of First Degree Murder. He was sentenced on January 17, 1986 to a total of 160 years with 80 years suspended plus 2 consecutive life sentences. Mason has maintained his innocence from the day of his arrest to this day. Following years of litigation in both state and federal courts, Mason was released on November 19, 1998 on a time-served sentence with no period of parole required.

On December 7, 1999, the Nevada Board of Pardons issued a full pardon based on actual innocence. Along with other evidence, the Pardons Board considered the statements of Metropolitan Police Department Undersheriff Richard Winget. In a letter to the Board, he described the arrest, conviction and imprisonment of Mason as a "travesty that I would like to do everything to repair." The Undersheriff explained that he investigated the matter including an interview of the arresting officer and advised the Board that, "I am convinced that he [Mason] was not a participant, nor was he aware of what the others had planned. There is no doubt that he acted simply in a manner to save his own life." The Undersheriff stated, "This young gentleman did everything he could to bring these violent offenders to justice," and added, "It was a tragedy that he was even convicted, let alone in prison for all these years."

On March 21, 2020, Mr. Mason filed a Complaint seeking damages and other relief for his wrongful conviction and imprisonment. In re Wrongful Conviction of Reginald D. Mason, A-20-812674-C (Eighth Judicial District Court). The State of Nevada by and through the Attorney

General agreed to file a Joint Motion for Orders Relating to and Approving Settlement Agreement. See attached. On December 9, 2020, District Judge Douglas Herndon approved the settlement and issued a Certificate of Innocence (attached) and an Order Granting Monetary and Non-Monetary Relief (attached). The court ordered that the State of Nevada pay Mr. Mason \$975,000 as damages for his wrongful conviction and incarceration and reasonable attorney's fees of \$15,000.

Please contact me if you have any questions with regard to this claim.

Sincerely,



Franny Forsman
Attorney for Reginald Mason

**EIGHTH JUDICIAL DISTRICT COURT
CLARK COUNTY, NEVADA**

IN THE MATTER OF THE WRONGFUL CONVICTION OF: Case No.: A-20-812674-C

REGINALD D. MASON, AKA REGINALD D. HAYES Dept: No: III

CERTIFICATE OF INNOCENCE AND ORDER

Petitioner Reginald Mason (“Mason”) timely filed this action for relief on March 21, 2020, pursuant to 2019 Assembly Bill 267 (“AB 267”), sections 2 to 8.5, codified at Chapter 41 of NRS, inclusive, providing for the compensation of certain persons who were wrongfully convicted and imprisoned. The Court finds and orders as follows:

1. On December 13, 1985, Mason was convicted by the State of Nevada in Clark County of first-degree murder and four counts of attempted murder, all with use of a deadly weapon, in *State v. Hayes, et al*, case no. 85-C-71379, for the murder of John Brown and the attempted murder of four others.
2. Mason was sentenced to eight 20-year sentences, all consecutive to each other (total of 160 years) and to two consecutive life sentences, with 80 years suspended, and was subsequently imprisoned in the Nevada Department of Corrections.
3. Following the filing of Federal and State post-conviction petitions, on September 28, 1998, the State agreed to permit Mason to enter a *nolo contendere* plea to kidnapping allowing for immediate eligibility for parole. On November 19, 1998, Judge Kathy Hardcastle accepted the plea but sentenced Mason to a time-served sentence and he was immediately released without parole.
4. On April 12, 1999, Mason filed an application with the Nevada Board of Pardons Commissioners seeking a full pardon based on his actual innocence. The Pardons Board considered the record in the case and the statements of Clark County Undersheriff Winget and Metropolitan Police Department Detective Brotherson, and on December 7, 1999, granted Mason a full pardon on the basis of actual innocence.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Mason has also affirmed in his Verified Statement of Facts filed with this Court that he did not commit the crimes for which he was convicted, nor any lesser-included offense, nor did he aid, abet or act as an accomplice to the crimes.

NOW, THEREFORE,

A. This Court finds that Mason did not commit the offenses for which he was convicted and is actually innocent.

B. This Court finds that Mason was not an accessory or accomplice to the acts that were the basis of the convictions, did not aid, abet, or act as an accomplice or accessory to a person who committed the acts that were the basis for the conviction, and had no involvement in those crimes.

C. This Court finds that Mason did not commit or suborn perjury, fabricate evidence, or by his own conduct cause or bring about the conviction and did not make a false confession.

D. This Court finds that Mason was not convicted of an offense necessarily included in the offense charged.

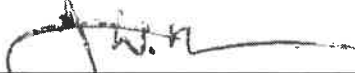
E. The State of Nevada agrees Mason is entitled to relief pursuant to NRS 41.900 et seq.

IT IS THEREFORE ORDERED as follows:

That Mason's Petition for Certificate of Innocence is GRANTED.

ORDERED this _____ day of _____, 2020.

Dated this 9th day of December, 2020



The Honorable Douglas Herndon
District Court Judge

4C8 7CA 2C14 474B
Douglas W. Herndon
District Court Judge

ak

**EIGHTH JUDICIAL DISTRICT COURT
CLARK COUNTY, NEVADA**

IN THE MATTER OF THE WRONGFUL Case No.: A-20-812674-C
CONVICTION OF:
REGINALD D. MASON, AKA REGINALD D. Dept: No: III
HAYES

ORDER GRANTING MONETARY AND NON-MONETARY RELIEF

This matter came before the Court on the 2nd day of December, 2020 by stipulation of the parties. This Court has reviewed all pleadings, documents and exhibits on file in the above-entitled matter. The Court has simultaneously herewith issued a Certificate of Innocence.

Good cause appearing therefore, the parties having stipulated to the relief sought, and the Court being fully informed,

IT IS HEREBY ORDERED:

- 1) Petitioner Reginald D. Mason is granted total monetary compensation of nine hundred seventy-five thousand dollars (\$975,000.00) pursuant to NRS 41.950(1)(a)(2), calculated at \$75,000 per year of imprisonment for 13 years.¹
- 2) Mason is awarded reasonable attorney's fees of \$15,000 pursuant to NRS 41.950(2)(a).
- 3) Mason is awarded the following additional payments pursuant to NRS 41.950, all to be paid from the Reserve for Statutory Contingency Account and which will be paid upon Mason's submission of a claim(s) to the State Board of Examiners:
 - a) Payment for the cost of tuition, books and fees if he wishes to attend an institution operated by the Nevada System of Higher Education pursuant to NRS 41.950(2)(b)(1);
 - b) Payment for the cost of participating in a state health care program pursuant to NRS 41.950(2)(b)(2). If Mason elects to participate in this program, the cost of Mason's premiums to participate in the program shall be paid by the Reserve for Statutory Contingency Account. Mason shall be responsible for

¹ Mason was convicted on December 13, 1985 and was released on November 20, 1998, a total of twelve years, 11 months, and 8 days. Pursuant to NRS 41.950(3), "[a]ny award of damages issued pursuant to subsection 1 must be rounded up to the nearest half year" – here, a total of 13 years.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

paying any co-payments, deductibles and any other related costs under the State health care program; and

c) Payment for the cost of financial literacy assistance pursuant to NRS 41.950(2)(d).

IT IS FURTHER ORDERED, in accordance with NRS 41.960(3), that if after entry of this Order, Mason subsequently receives a civil settlement or award related to this same wrongful conviction, Mason shall reimburse the State for the sum of the money paid pursuant to this judgment pursuant to NRS 41.950(1)(a) for damages, less any sums paid to attorneys and for the costs in litigating the other civil action or obtaining the settlement agreement. Mason shall not be required to pay any interest. Mason shall not be required to reimburse the State for attorney’s fees or payments made by the State pursuant to section 3 above. Furthermore, any reimbursement required pursuant to this Order shall not exceed the amount of the monetary award Mason wins for damages in the other civil action or the amount received pursuant to the settlement agreement, less any sums paid to attorneys by contract or court-awarded attorney’s fees and for costs in litigating the other civil action or obtaining the settlement agreement. The Parties expressly reserve jurisdiction in this Court to resolve any future disputes regarding this issue.

IT IS FURTHER ORDERED that this Order may be used as the claim for submission to the State Board of Examiners for approval of payment from the Reserve for Statutory Contingency Account pursuant to submission under NRS 41.970.

ORDERED this _____ day of _____, 2020.

Dated this 9th day of December, 2020



The Honorable Douglas Herndon
District Court Judge

17B 4DA 83E5 BABA
Douglas W. Herndon
District Court Judge

ak

LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	OFFICE OF THE MILITARY	SHELLBOURNE GLOBAL, LLC	\$54,264
		This lease is an extension of the existing lease.	
	Term of Lease:	03/01/2021 – 02/28/2023	Located in Sparks
2.	DEPARTMENT OF PUBLIC SAFETY – HIGHWAY PATROL DIVISION	LOVELOCK INDUSTRIAL, LLC	\$32,308
		This lease is an extension of the existing lease.	
	Term of Lease:	03/01/2021 – 02/28/2023	Located in Lovelock

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

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

STATEWIDE LEASE INFORMATION

1. Agency: Office of the Military
2460 Fairview Drive
Carson City, Nevada 89701
Adriana Kovacevich
T: 775.887.7292 F: 775.887.7293 E: adriana.m.kovacevich.nfg@mail.mil

Remarks: This is a renewal of a current lease.

Exceptions/Special notes:

2. Name of Lessor: Shellbourne Global, LLC

3. Address of Lessor: 915 Shellbourne Street
Reno, Nevada 89511

4. Property contact: Nevada Commercial Services
1475 Terminal Way, Suite A
Reno, Nevada 89502
Brittany Diehl
T: 775.737.7302 F: 775.851.3667 E: Bdiehl@NCSReno.com

5. Address of Lease property: 1450 East Prater Way, Suite 106
Sparks, Nevada 89434

a. Square Footage: Rentable
 Usable 1,400

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	Actual cost per square foot
\$ 2,240.00	12	\$ 26,880.00	March 1, 2021 - February 28, 2022	\$0.00	\$0.00	\$1.60
\$ 2,282.00	12	\$ 27,384.00	March 1, 2022 - February 28, 2023	\$0.00	\$0.00	\$1.63
Increase %		2%				

c. Total Lease Consideration: 24 \$ 54,264.00

d. Total Improvement Cost: \$0.00

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

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

g. Term: Two (2) 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: \$2.08

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

n. Lease will be paid for by Agency Budget Account Number: 3650

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

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

RECEIVED

IAN - 7 2021


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 1/4/2021

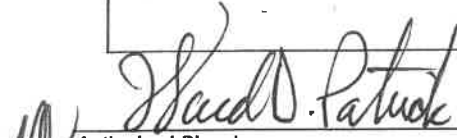
For Public Works Information:

7. State of Nevada Business License Information:

a. Nevada Business ID Number:	NV19971039124	Exp:	10/31/2021	5
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	T29036881			
h. Is this an Arms Length Transaction	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO

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

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


Authorized Signature _____
Public Works Division
Date 1/6/21

For Board of Examiners YES NO

II

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation. This Summary is for informational purposes only, any changes in contact information will need to be updated by agency, on agency's copy.

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

STATEWIDE LEASE INFORMATION

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

Remarks: This is a renewal of a current lease.

Exceptions/Special notes: This lease was negotiated at the current rate for the first year. DPS requires minimal janitorial.

2. Name of Lessor: Lovelock Industrial, LLC

3. Address of Lessor: 356 Rosemary Lane
Encinitas, California 92024

4. Property contact: Tim Dutra
T: 619.994.0479 F: 760.942.1861 E: tdutra@cox.net

5. Address of Lease property: 1155 Lovelock Avenue
Lovelock, Nevada 89419

a. Square Footage: Rentable Usable 882

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	Actual cost per square foot
\$1,334.00	12	\$ 16,008.00	March 1, 2021 - February 28, 2022	\$0.00	\$0.00	\$1.51
2% \$ 1,358.28	12	\$ 16,299.36	March 1, 2022 - February 28, 2023	\$0.00	\$0.00	\$1.54

Increase %

c. Total Lease Consideration: 24 \$ 32,307.36

d. Total Improvement Cost: \$0.00

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

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

g. Term: Two (2) 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: None available

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

n. Lease will be paid for by Agency Budget Account Number: 4713

6. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires estimated expenses)
- A relocation (requires estimated expenses)
- A new location (requires estimated expenses)
- Remodeling only
- Other

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

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 TRUCKEE MEADOWS COMMUNITY COLLEGE	FEDERAL	\$300,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide assistance to dislocated workers adversely affected by the COVID-19 pandemic.				
		Term of Contract:	Upon Approval - 09/29/2023	Contract # 23864		
2.	018	GOVERNOR'S OFFICE - OFFICE OF WORKFORCE INNOVATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS	FEDERAL	\$230,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide assistance to dislocated workers adversely affected by the COVID-19 pandemic.				
		Term of Contract:	Upon Approval - 09/30/2023	Contract # 23867		
3.	050	TREASURER'S OFFICE - STATE TREASURER	ARTRA FINANCIAL, INC. DBA BEEM, PAYWITHBEEM AND ARTERY PAY	FEE: CONTRACTOR'S	\$0	
	Contract Description:	This is a new contract to provide a closed-loop payment processing system, statewide cash deposit machine services and an optional statewide cash pickup services pilot program.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22943		
4.	050	TREASURER'S OFFICE - STATE TREASURER	MULTICHAIN VENTURES, INC.	FEE: CONTRACTOR'S	\$0	
	Contract Description:	This is a new contract to provide a closed-loop payment processing system, statewide cash deposit machine services and an optional statewide cash pickup services pilot program.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 22942		
5.	050	TREASURER'S OFFICE - STATE TREASURER	WELLS FARGO BANK, N.A.	OTHER: EARNING CREDITS	\$1,497,813	
	Contract Description:	This is the second amendment to the original contract which provides depository, disbursement, lockbox, and reconciliation services statewide. This amendment extends the termination date from February 28, 2021 to February 28, 2023 and increases the maximum amount from \$5,991,254 to \$7,489,067 due to the continued need for these services.				
		Term of Contract:	04/01/2013 - 02/28/2023	Contract # 13938		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MARLETTE LAKE	CITY OF CARSON CITY	OTHER: REVENUE	\$1,100,000	Exempt
	Contract Description:	This is a new interlocal revenue agreement that governs the water rates the State charges for water from the Marlette Lake Water System.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 23860		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	JBA CONSULTING ENGINEERS, INC. DBA NV5, CONSULTANTS	BONDS	\$52,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Southern Nevada Veterans Home Chilled Water Plant Replacement CIP project, to include design, construction documents, and construction administration for the replacement of the chillers and associated equipment: CIP Project No. 19-M06; SPWD Contract No. 113866.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 23889		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	WOOD RODGERS, INC.	FEDERAL	\$349,700	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Veterans Memorial Cemetery Columbarium Expansion CIP project, to include National Environmental Policy Act compliance review and compliance, topography, geotechnical investigation and report, design and construction administration for the expansion phase of the columbarium: CIP Project No. 19-C04; SPWD Contract No. 113834.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 23878		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	GRANITE MARBLE CREATIONS, INC.	BONDS 25% FEDERAL 75%	\$323,224	Professional Service
		Contract Description: This is a new contract to provide Owner-Construction Manager at Risk Services for the Marlette Lake Dam Rehabilitation CIP project: CIP Project No. 19-C08; SPWD Contract No. 113830.	Term of Contract: Upon Approval - 06/30/2023	Contract # 23845		
10.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	CHARTER HEALTHCARE OF LAS VEGAS	OTHER: REVENUE	\$400,000	
		Contract Description: This is a new revenue contract to provide ongoing alternative hospice services to residents.	Term of Contract: Upon Approval - 05/31/2024	Contract # 23814		
11.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - ARCHIVES AND PUBLIC RECORDS	PRECISION DOCUMENT IMAGING	OTHER: VARIOUS	\$366,407	Sole Source
		Contract Description: This is a new contract to provide additional modules to the existing onBase Electronic Content Management System.	Term of Contract: Upon Approval - 02/08/2023	Contract # 23865		
12.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER GOVERNMENTAL TRANSFER PROGRAM	ELKO COUNTY	OTHER: REVENUE – INTER GOVERNMENTAL TRANSFER	\$109,064	Exempt
		Contract Description: This is a new revenue interlocal agreement to provide funds for the state's share to support paratransit services for Medicaid eligible recipients.	Term of Contract: 07/01/2021 - 06/30/2025	Contract # 23563		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	MYERS AND STAUFFER, LC	FEDERAL	\$304,200	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides project management analysis and assessment, technical assistance, and actuarial services for the development of an opioid recovery and treatment program. This amendment extends the termination date from June 30, 2021 to September 30, 2021 and increases the maximum amount from \$971,729 to \$1,275,929 due to the continued need for these services and to provide additional services related to the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment Act grant.				
	Term of Contract:	12/10/2019 - 09/30/2021	Contract # 22563			
14.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	PUBLIC CONSULTING GROUP, INC.	GENERAL 50% FEDERAL 50%	\$102,362	Sole Source
	Contract Description:	This is a new contract to provide ongoing services for AlloCAP Access-based software and support.				
	Term of Contract:	Upon Approval - 12/31/2021	Contract # 23451			
15.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - RADIATION CONTROL PROGRAM	AITHENT, INC.	FEE: LICENSURE	\$57,900	Sole Source
	Contract Description:	This is a new contract to provide for the implementation of an approved technology investment that provides upgrades to the Radiation Control Program's existing web-based regulatory licensing and credentialing system.				
	Term of Contract:	Upon Approval - 12/31/2021	Contract # 23805			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	BROADBENT & ASSOCIATES, INC.	GENERAL	\$16,764	
	Contract Description:	This is the first amendment to the original contract which provides water testing services. This amendment increases the maximum amount from \$49,788.00 to \$66,552.30 due to an increase in the number of test locations.				
	Term of Contract:	08/23/2019 - 07/31/2021	Contract # 21644			
17.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	CSAA INSURANCE SERVICES, INC.	FEDERAL	\$7,768,560	Exempt
	Contract Description:	This is a new contract to provide support for the public health COVID-19 call center.				
	Term of Contract:	01/19/2021 - 12/31/2021	Contract # 23902			
18.	440	DEPARTMENT OF CORRECTIONS - CORRECTIONAL PROGRAMS	PERSHING COUNTY SCHOOL	FEDERAL	\$102,923	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing educational and/or vocational services for youthful offenders incarcerated at Lovelock Correctional Center.				
	Term of Contract:	07/01/2020 - 09/30/2021	Contract # 23715			
19.	500	DIVISION OF MINERAL RESOURCES	BRIAN M. BREITER DBA ENVIRONMENTAL PROTECTION SERVICES	FEE: MINING CLAIM	\$150,000	
	Contract Description:	This is a new contract to provide ongoing inventory and status updates of known abandoned mine land hazards located in southern Nevada to effectively safeguard them.				
	Term of Contract:	02/09/2021 - 06/30/2023	Contract # 23857			
20	550	DEPARTMENT OF AGRICULTURE	LAND O' LAKES, INC.	FEDERAL	\$128,995	
	Contract Description:	This is the fourth amendment to the original contract which provides breakfast and lunch products using USDA commodities as ingredients. This amendment increases the maximum amount from \$669,077 to \$798,072 due to the increased need for these services.				
	Term of Contract:	10/01/2016 - 09/30/2021	Contract # 18018			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	611	GAMING CONTROL BOARD	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS INTERNATIONAL CENTER FOR GAMING REGULATION	OTHER: REVENUE	\$100,000	Exempt
	Contract Description:	This is a new revenue contract to assist in the development and teaching of seminars for use in educating regulators and gaming industry personnel in adult education programs.				
		Term of Contract:	Upon Approval - 02/28/2025	Contract # 23866		
22.	655	DEPARTMENT OF PUBLIC SAFETY - CENTRAL REPOSITORY FOR NEVADA RECORDS OF CRIMINAL HISTORY	SOFTWARE AG USA, INC.	FEE: FINGERPRINT	\$298,740	Sole Source
	Contract Description:	This is a new contract to provide ongoing maintenance and support services for the agency's Software AG integrate software platform system.				
		Term of Contract:	Upon Approval - 09/30/2023	Contract # 23877		
23.	690	COLORADO RIVER COMMISSION - POWER DELIVERY PROJECT	BURNS & MCDONNELL	OTHER: POWER SALES	\$860,000	
	Contract Description:	This is a new contract to provide engineering, drafting and analysis for routine operation and maintenance of a high voltage transmission and distribution system.				
		Term of Contract:	03/01/2021 - 03/01/2025	Contract # 23829		
24.	702	DEPARTMENT OF WILDLIFE - HABITAT	NATIONAL PARK SERVICE	FEE: HABITAT CONSERVATION	\$100,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide a plant management team to create a suitable habitat for migratory waterfowl, upland game and other wildlife species.				
		Term of Contract:	Upon Approval - 09/30/2024	Contract # 23459		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - USGS CO-OP - NON-EXEC	UNITED STATES DEPARTMENT OF THE INTERIOR, U.S. GEOLOGICAL SURVEY	OTHER: REIMBURSEMENT 50% FEDERAL 50%	\$93,000	Exempt
	Contract Description:	This is the first amendment to the original joint funding agreement which provides ongoing hydrologic monitoring along the Carlin Trend within the Humboldt River Region. This amendment increases the maximum amount from \$358,300 to \$451,300 due to the increased need for these services.				
		Term of Contract:	10/01/2019 - 09/30/2021	Contract # 22436		
26.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES	UNITED STATES DEPARTMENT OF THE INTERIOR, U.S. GEOLOGICAL SURVEY	GENERAL 50% FEDERAL 50%	\$98,609	Exempt
	Contract Description:	This is the first amendment to the original joint funding agreement which provides ongoing operation and maintenance of a streamflow network of 24 gages and a reservoir gage, groundwater level data collection, data entry and review and publication of the data to the internet and an annual publication. This amendment increases the maximum amount from \$787,660 to \$886,269 due to the increased need for these services.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 21927		
27	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - BASIN ACCOUNT REGION 1 - NON-EXEC	UNITED STATES DEPARTMENT OF THE INTERIOR, U.S. GEOLOGICAL SURVEY	OTHER: WATER DISTRICT ASSESSMENTS 47% FEDERAL 53%	\$1,125,850	Exempt
	Contract Description:	This is the second amendment to the original joint funding agreement which provides modeling studies in the Humboldt River Basin to determine surface water and groundwater interaction. This amendment extends the termination date from February 28, 2021 to February 28, 2022 and increases the maximum amount from \$995,850 to \$2,121,700 due to the development of the final publication, an increased need for these services and to add the federal match portion that was not included in the original amount.				
		Term of Contract:	10/01/2015 - 02/28/2022	Contract # 17301		
28.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - UNEMPLOYMENT INSURANCE	PONDERA SOLUTIONS, LLC	FEDERAL	\$798,500	Exempt
	Contract Description:	This is a new contract to provide fraud detection and protection tools.				
		Term of Contract:	12/31/2020 - 12/31/2021	Contract # 23849		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	CENTURYLINK COMMUNICATIONS, LLC	OTHER: COST ALLOCATION	\$112,620	
	Contract Description:	This is a new contract to provide 8x8 phone service to the northern and southern locations using multi-protocol label switching connectivity and quality of service technologies.				
		Term of Contract:	12/08/2020 - 12/31/2023	Contract # 23676		
30.	950	PUBLIC EMPLOYEES BENEFIT PROGRAM	AETNA	OTHER: EMPLOYER SUBSIDY /PARTICIPANT PREMIUM	\$7,127,250	
	Contract Description:	This is a new contract to provide an in-state Preferred Provider Organization medical network for self-insured participants.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 23846		
31.	950	PUBLIC EMPLOYEES BENEFIT PROGRAM	DIVERSIFIED DENTAL SERVICES	OTHER: EMPLOYER SUBSIDY /PARTICIPANT PREMIUM	\$1,601,613	
	Contract Description:	This is a new contract to provide a dental Preferred Provider Organization network for participants.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 23810		
32.	950	PUBLIC EMPLOYEES BENEFIT PROGRAM	HEALTH PLAN OF NEVADA	OTHER: EMPLOYER SUBSIDY /PARTICIPANT PREMIUM	\$192,093,848	
	Contract Description:	This is a new contract to provide Health Maintenance Organization plan services in southern Nevada.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 23802		
33.	950	PUBLIC EMPLOYEES BENEFIT PROGRAM	HOMETOWN HEALTH PROVIDERS	OTHER: 63% STATE SUBSIDY/ 37% PREMIUM REVENUE	\$526,710	
	Contract Description:	This is the fourth amendment to the original contract which provides a statewide medical Preferred Provider Organization network for participants in the Consumer Driven Health Plan. This amendment increases the maximum amount from \$8,033,380 to \$8,560,090 due to the increased population in the Exclusive Provider Organization plan.				
		Term of Contract:	07/01/2014 - 06/30/2021	Contract # 15510		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23864**

Agency Name: OFFICE OF WORKFORCE INNOVATION	Legal Entity Name: BOARD OF REGENTS -TMCC
Agency Code: 018	Contractor Name: BOARD OF REGENTS -TMCC
Appropriation Unit: 1004-21	Address: 7000 DANDINI BLVD
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89512-3999
If "No" please explain: Not Applicable	Contact/Phone: KARIN HILGERSOM 775-673-7155
	Vendor No.: D38000812
	NV Business ID: GOVERNMENT 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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date: 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/29/2023**

Contract term: **2 years and 239 days**

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

Contract description: **SANDI NSHE**

5. Purpose of contract:

This is a new interlocal agreement to provide assistance to dislocated workers adversely affected by the COVID-19 pandemic.

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?

This position is essential in project oversight of the SANDI project as outline in the grant proposal and award. This position will work in collaboration with OWINN and another mirrored position within the Nevada System of Higher Education.

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

29.13%

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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, Program Administrator/Officer Ph: 702-486-2502

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rkankiew	12/29/2020 15:29:27 PM
Division Approval	mhelto1	01/06/2021 09:19:25 AM
Department Approval	nmann	01/06/2021 10:03:00 AM
Contract Manager Approval	ssands	01/06/2021 10:33:15 AM
Budget Analyst Approval	cbrekken	01/11/2021 14:38:38 PM
BOE Agenda Approval	cbrekken	01/11/2021 14:41:17 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23867**

Agency Name: OFFICE OF WORKFORCE INNOVATION	Legal Entity Name: BOARD OF REGENTS-SA
Agency Code: 018	Contractor Name: BOARD OF REGENTS-SA
Appropriation Unit: 1004-21	Address: NSHE
Is budget authority available?: Yes	2601 Enterprise Rd.
If "No" please explain: Not Applicable	Reno, NV 89512
	Contact/Phone: MELODY ROSE 775-784-3409
	Vendor No.: D35000808
	NV Business ID: GOVERNMENT 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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2023**

Contract term: **2 years and 240 days**

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

Contract description: **SANDI PROJECT**

5. Purpose of contract:

This is a new interlocal agreement to provide assistance to dislocated workers adversely affected by the COVID-19 pandemic.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$230,000.00**

Other basis for payment: FY20 \$44,914; FY21 \$91,618 & FY22 \$93,468

II. JUSTIFICATION

7. What conditions require that this work be done?

This position is essential in project oversight of the SANDI project as outlined in the grant proposal and award. This position will work in collaboration with OWINN and a mirrored position within the Nevada System of Higher Education.

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

15%

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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, Program Administrator Ph: 702-4486-2502

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rkankiew	12/31/2020 13:44:16 PM
Division Approval	mhelto1	01/06/2021 16:31:38 PM
Department Approval	nmann	01/06/2021 16:45:49 PM
Contract Manager Approval	ssands	01/11/2021 15:02:08 PM
Budget Analyst Approval	cbrekken	01/11/2021 15:09:44 PM
BOE Agenda Approval	cbrekken	01/11/2021 15:09:47 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22943**

Agency Name:	TREASURER - TREASURER'S OFFICE	Legal Entity Name:	Artra Financial, Inc. dba Beem, PaywithBeem and Artery Pay
Agency Code:	050	Contractor Name:	Artra Financial, Inc. dba Beem, PaywithBeem and Artery Pay
Appropriation Unit:	1080-04	Address:	1502 Grant Street
Is budget authority available?:	Yes	City/State/Zip:	Santa Monica, CA 90405
If "No" please explain:	Not Applicable	Contact/Phone:	Ashley Elsner 404-326-6779
		Vendor No.:	Pending
		NV Business ID:	NV20201730883

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 % Contractor's
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: RFP# 05TO-S953

2. Contract start date:

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

Anticipated BOE meeting date 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 148 days**

4. Type of contract: **Contract**

Contract description: **Pilot Program**

5. Purpose of contract:

This is a new contract to provide a closed-loop payment processing system, statewide cash deposit machine services and optional statewide cash pickup services pilot program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

Other basis for payment: Costs related to this contract shall be recovered by the Contractor through fees charged to system users.

II. JUSTIFICATION

7. What conditions require that this work be done?

In accordance with Assembly Bill 466 (AB466) which was passed in the 2019 Legislature and signed by Governor Sisolak on June 5, 2019, the State Treasurer must establish a pilot program for the creation of one or more closed-loop payment processing systems.

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

State employees do not possess the experience or resources to provide these services.

9. Were quotes or proposals solicited? **Yes**

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

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

MultiChain Ventures
RevaPay
GreenCo
Artra Financial

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S953, and in accordance with NRS 333, the selected vendor was one of two highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 11/25/2019 Anticipated re-bid date: 04/16/2022

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	rmorse	03/06/2020 16:05:32 PM
Division Approval	alaw1	03/10/2020 11:35:12 AM
Department Approval	alaw1	03/10/2020 11:35:15 AM
Contract Manager Approval	alaw1	03/10/2020 11:35:18 AM
Budget Analyst Approval	cbrekken	01/05/2021 08:56:51 AM
BOE Agenda Approval	cbrekken	01/05/2021 08:56:53 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: **22942**

Agency Name: TREASURER - TREASURER'S OFFICE	Legal Entity Name: MultiChain Ventures, Inc.
Agency Code: 050	Contractor Name: MultiChain Ventures, Inc.
Appropriation Unit: 1080-04	Address: 10845 Griffith Peak Drive Suite 2
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89135
If "No" please explain: Not Applicable	Contact/Phone: Michael Wagner 702-324-3337
	Vendor No.: T32009499
	NV Business ID: NV20171439277

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 % Contractor's
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP# 05TO-S953**

2. Contract start date:

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

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 148 days**

4. Type of contract: **Contract**

Contract description: **Pilot Program**

5. Purpose of contract:

This is a new contract to provide a closed-loop payment processing system, statewide cash deposit machine services and optional statewide cash pickup services pilot program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

Other basis for payment: Costs related to this contract shall be recovered by the Contractor through fees charged to system users.

II. JUSTIFICATION

7. What conditions require that this work be done?

In accordance with Assembly Bill 466 (AB466) which was passed in the 2019 Legislature and signed by Governor Sisolak on June 5, 2019, the State Treasurer must establish a pilot program for the creation of one or more closed-loop payment processing systems.

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

State employees do not possess the experience or resources to provide these services.

9. Were quotes or proposals solicited? **Yes**

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

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

RevaPay
GreenCo
MultiChain Ventures
Artra Financial

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S953, and in accordance with NRS 333, the selected vendor was one of two highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 11/25/2019 Anticipated re-bid date: 04/16/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	thagan	01/05/2021 08:51:04 AM
Division Approval	thagan	01/05/2021 08:51:07 AM
Department Approval	thagan	01/05/2021 08:51:14 AM
Contract Manager Approval	thagan	01/05/2021 08:51:17 AM
Budget Analyst Approval	cbrekken	01/05/2021 08:57:06 AM
BOE Agenda Approval	cbrekken	01/05/2021 08:57:08 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: **13938** Amendment Number: **2**

Agency Name: **TREASURER'S OFFICE** Legal Entity Name: **WELLS FARGO BANK NA**

Agency Code: **050** Contractor Name: **WELLS FARGO BANK NA**

Appropriation Unit: **1080-04** Address: **3300 WEST SAHARA AVE
4TH FLR**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89102**

If "No" please explain: Not Applicable Contact/Phone: **Pat Foley 702-765-3229**

Vendor No.: **T81020313**

NV Business ID: **NV20151382501**

To what State Fiscal Year(s) will the contract be charged? **2013-2023**

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

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

Agency Reference #: 050

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2013**

Anticipated BOE meeting date 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **02/28/2021**Contract term: **9 years and 335 days**4. Type of contract: **Contract**Contract description: **General Banking**

5. Purpose of contract:

This is the second amendment to the original contract which provides depository, disbursement, lockbox, and reconciliation services to the State. This amendment extends the termination date from February 28, 2021 to February 28, 2023 and increases the maximum amount from \$5,991,254 to \$7,489,067 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:	\$1,978,473.00	\$1,978,473.00	\$1,978,473.00	Yes - Action
a. Amendment 1:	\$4,012,781.00	\$4,012,781.00	\$4,012,781.00	Yes - Action
2. Amount of current amendment (#2):	\$1,497,813.00	\$1,497,813.00	\$1,497,813.00	Yes - Action
3. New maximum contract amount:	\$7,489,067.00			
and/or the termination date of the original contract has changed to:	02/28/2023			

II. JUSTIFICATION

7. What conditions require that this work be done?

Banking services are required for depository services and disbursements.

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

This type of service is not offered by the State of Nevada.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Contractor has superior knowledge of the State's banking procedures, recommended innovative solutions for the future and provided a competitive cost structure. The cost of this contract, including courier services will save approximately \$600,000 over the contract period versus current contract costs.

d. Last bid date: 11/01/2012 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:

This vendor has provided services to the State since 2012 - satisfactory.

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

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

Not Applicable

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

Other

"Non-Filing Domestic Entity" is how the Secretary of State identifies this vendor.

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

Yes

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

Yes

18. 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	alaw1	12/29/2020 12:40:03 PM
Division Approval	alaw1	12/29/2020 12:40:06 PM
Department Approval	alaw1	12/29/2020 12:40:10 PM

Contract Manager Approval	alaw1	12/29/2020 12:40:14 PM
Budget Analyst Approval	cbrekken	12/30/2020 11:41:49 AM
BOE Agenda Approval	cbrekken	12/30/2020 11:41:52 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23860**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CARSON CITY
Agency Code: 082	Contractor Name: CARSON CITY
Appropriation Unit: 1366-00	Address: 201 N CARSON ST STE 3
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: 775-887-2092
	Vendor No.: T80990941
	NV Business ID: GOVERNMENTAL ENTITY

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date: 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 148 days**

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

Contract description: **Water Revenues**

5. Purpose of contract:

This is a new revenue interlocal revenue agreement that establishes water rates water for the Marlette Lake Water System for the upcoming biennium.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,100,000.00**

Other basis for payment: FY22 \$550,000; FY23 \$550,000

II. JUSTIFICATION

7. What conditions require that this work be done?

Carson City is purchasing raw water from the Marlette Lake Water System.

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

non-applicable

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

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

No

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

No

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

No If "Yes", please explain

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

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:

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

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

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

JERRY WALKER, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mhelto1	01/04/2021 13:50:06 PM
Division Approval	mhelto1	01/04/2021 13:50:11 PM
Department Approval	mhelto1	01/04/2021 13:50:16 PM
Contract Manager Approval	ssands	01/04/2021 13:50:47 PM
Budget Analyst Approval	nkephart	01/07/2021 15:52:54 PM
BOE Agenda Approval	jrodrig9	01/14/2021 17:58:45 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: **23889**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION Agency Code: 082 Appropriation Unit: 1567-25 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: JBA CONSULTING ENGINEERS, INC. DBA NV5, CONSULTANTS Contractor Name: JBA CONSULTING ENGINEERS, INC. DBA NV5, CONSULTANTS Address: 5155 WEST PATRICK LANE City/State/Zip: LAS VEGAS, NV 89118 Contact/Phone: ALEX JANKOVIC SR. MECH. ENG. 702-362-9200 Vendor No.: T80928382 NV Business ID: NV19661000733
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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

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

Agency Reference #: 113866

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
 Anticipated BOE meeting date: 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**
 Contract term: **2 years and 148 days**

4. Type of contract: **Contract**
 Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Southern Nevada Veterans Home Chilled Water Plant Replacement CIP project, to include design, construction documents, and construction administration for the replacement of the chillers and associated equipment: CIP Project No. 19-M06; SPWD Contract No. 113866.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$52,000.00**
 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 19-M06 Project: Chilled Water Plant Replacement (Southern Nevada State Veterans Home)

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

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

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

19. Agency Field Contract Monitor:
Marshall, Benton, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mhelto1	01/12/2021 09:05:38 AM
Division Approval	mhelto1	01/12/2021 09:05:46 AM
Department Approval	mhelto1	01/12/2021 09:05:49 AM
Contract Manager Approval	lwildes	01/12/2021 09:09:06 AM
Budget Analyst Approval	nkephart	01/12/2021 11:34:17 AM
BOE Agenda Approval	jrodrig9	01/14/2021 17:49:14 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23878**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: WOOD RODGERS, INC.
Agency Code: 082	Contractor Name: WOOD RODGERS, INC.
Appropriation Unit: 1567-23	Address: 3301 C STREET, BUILDING 100-B
Is budget authority available?: Yes	City/State/Zip: SACRAMENTO, CA 95816
If "No" please explain: Not Applicable	Contact/Phone: Mark Casey Vice President 775-823-4068
	Vendor No.: T29006428
	NV Business ID: NV20031304987

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

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

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

Agency Reference #: 113834

2. Contract start date:

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

Anticipated BOE meeting date 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 148 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 Northern Nevada Veterans Memorial Cemetery Columbarium Expansion CIP project, to include National Environmental Policy Act compliance review and compliance, topography, geotechnical investigation and report, design and construction administration for the expansion phase of the columbarium: CIP Project No. 19-C04; SPWD Contract No. 113834.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$349,700.00**

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 19-C04 Columbarium Expansion (Northern Nevada Veterans Memorial Cemetery) project

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:
Benjamin, Adrianna, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mhelto1	01/05/2021 14:41:44 PM
Division Approval	mhelto1	01/05/2021 14:41:48 PM
Department Approval	mhelto1	01/05/2021 14:41:54 PM
Contract Manager Approval	lwildes	01/05/2021 14:47:55 PM
Budget Analyst Approval	nkephart	01/08/2021 08:57:28 AM
BOE Agenda Approval	jrodrig9	01/14/2021 17:53:52 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23845**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: GRANITE MARBLE CREATIONS, INC.
Agency Code: 082	Contractor Name: GRANITE MARBLE CREATIONS, INC.
Appropriation Unit: 1590-11	Address: 1900 GLENDALE AVE
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: BRIAN ROLL 775-358-8792
	Vendor No.: PUR0000169
	NV Business ID: NV20131182854

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	75.00 %	X Bonds	25.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 113830

2. Contract start date:

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

Anticipated BOE meeting date 02/2020

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 149 days**

4. Type of contract: **Contract**

Contract description: **OWNER-CMAR**

5. Purpose of contract:

This is a new contract to provide Owner-Construction Manager at Risk services for the Marlette Lake Dam Rehabilitation CIP project: CIP Project No. 19-C08; SPWD Contract No. 113830.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$323,224.00**

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 project 19-C08 Marlette Lake Dam Rehabilitation.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Wacker, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mhelto1	01/05/2021 14:44:08 PM
Division Approval	mhelto1	01/05/2021 14:44:11 PM
Department Approval	mhelto1	01/05/2021 14:44:14 PM
Contract Manager Approval	mhelto1	01/05/2021 14:44:18 PM
Budget Analyst Approval	nkephart	01/13/2021 10:06:06 AM
BOE Agenda Approval	jrodrig9	01/14/2021 17:47:30 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: **23814**

Agency Name:	DEPARTMENT OF VETERANS SERVICES	Legal Entity Name:	CHARTER HEALTHCARE OF LAS VEGAS
Agency Code:	240	Contractor Name:	CHARTER HEALTHCARE OF LAS VEGAS
Appropriation Unit:	2561-00	Address:	2739 SUNRIDGE HEIGHTS PKWY STE. 110
Is budget authority available?:	Yes	City/State/Zip:	HENDERSON, NV 89052-5043
If "No" please explain:	Not Applicable		
		Contact/Phone:	TANYA VECE 702/818-3178
		Vendor No.:	T32010458
		NV Business ID:	NV20131386992

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 % Revenue

2. Contract start date:

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

Anticipated BOE meeting date 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 119 days**

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

Contract description: **Hospice Services**

5. Purpose of contract:

This is a new revenue contract to provide ongoing alternative hospice services to residents.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$400,000.00**

Other basis for payment: Medicaid rate of \$275.27 per day (subject to change based on facility's annual Medicaid cost report settlement review)

II. JUSTIFICATION

7. What conditions require that this work be done?

Under CMS guidelines, SNSVH must provide alternative hospice sources for residents and families.

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

SNSVH is required to provide alternative hospice providers for residents.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

This is a revenue contract. If the hospice wishes to work with the residents of SNSVH, SNSVH becomes the provider of health care services to the hospice organization.

d. Last bid date: 11/02/2020 Anticipated re-bid date: 02/01/2024

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	dgree6	12/09/2020 15:50:11 PM
Division Approval	dgree6	12/09/2020 15:50:14 PM
Department Approval	dgree6	12/09/2020 15:50:17 PM
Contract Manager Approval	jtheil1	12/09/2020 15:53:57 PM
Budget Analyst Approval	afrantz	12/21/2020 09:46:23 AM
BOE Agenda Approval	bwooldri	12/21/2020 12:36:18 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: **23865**

Agency Name: ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS	Legal Entity Name: COMPLETE DOCUMENT MANAGEMENT
Agency Code: 332	Contractor Name: PRECISION DOCUMENT IMAGING
Appropriation Unit: 1052-26	Address: 2440 VASSAR STREET
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: 775-870-7401
	Vendor No.:
	NV Business ID: NV20031298906

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date: **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/08/2023**

Contract term: **2 years and 7 days**

4. Type of contract: **Contract**

Contract description: **Software Modules**

5. Purpose of contract:

This is a new contract to provide additional modules to the existing onBase Electronic Content Management System.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$366,407.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The OnBase initiative provides access to an effective records, information, content, and workflow management platform at a fraction of the cost if an agency were to attempt to implement the platform and all its modules on their own.

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

proprietary software

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

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

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

Not Applicable

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

Approval #: 201208

Approval Date: 12/15/2020

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

Waiver number 201208

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?

No b. If "No", please explain:

DBA

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

Yes

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

Yes

19. Agency Field Contract Monitor:

SARA MATEL, STATE RECORDS MGR Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	01/05/2021 14:34:00 PM
Division Approval	mhelto1	01/06/2021 09:59:53 AM
Department Approval	nmann	01/06/2021 10:32:19 AM
Contract Manager Approval	ssands	01/06/2021 10:42:56 AM
EITS Approval	daxtel1	01/06/2021 14:01:50 PM
Budget Analyst Approval	mlynn	01/12/2021 14:38:51 PM
BOE Agenda Approval	laaron	01/12/2021 16:09:14 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#:	20120802

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:	<i>State Library, Archives and Public Records (NSLAPR)</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Sara Martel, State Records Manager</i>	<i>775-684-3422</i>	<i>smartel@admin.nv.gov</i>

1b	Vendor Information:	
	Identify Vendor:	<i>Hyland/Precision Document Imaging</i>
	Contact Name:	<i>Mike Farrell</i>
	Complete Address:	<i>2440 Vassar St, Reno, NV 89502</i>
	Telephone Number:	<i>775-870-7401</i>
Email Address:	<i>mfarrell@precisiondi.com</i>	

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	
	Professional Service Exemption:	X

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

1e	Term:				
	One (1) Time Purchase:				
	Contract:	Start Date:	<i>Upon Approval</i>	End Date:	<i>4 years</i>

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

<i>Purchasing Use Only:</i>	
Approval #:	201208 @


1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$ \$368,757

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	This contract will include purchase and installation of additional modules to existing OnBase Electronic Content Management (ECMS) System. This will include migration of existing data and training. This project will augment the current ECMS owned by the NSLAPR to “bundle” modules and software solutions in an effort to streamline records and information governance approaches across multiple State agencies. The NSLAPR, Public Utilities Commission of Nevada (PUCN) and the Division of Environmental Protection (NDEP) established the Records and Information Governance Consortium to expand access to the electronic content management system, OnBase. OnBase is a modular electronic content management system currently being utilized by NSLAPR. Successful implementation will provide a proof of concept and pave the way for additional agencies to join the consortium.

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<p>The vendor has proprietary code for the migration of data from the legacy system to OnBase. Additionally, proprietary code has been written for one of the participating agencies to perform functions unique to that agency.</p> <p>NSLAPR procured ApplicationXtender (AX) over 20 years ago under a Good of the State or Convenience Contract 1093. This contract allowed state agencies to purchase AX, services or enhancements directly from the awarded vendor, High Desert Micrographics. NSLAPR then migrated from AX to OnBase via informal bid as the purchase price from the vendor was below \$25,000.</p> <p>PUCN procured AX through the required RFP process, and High Desert was awarded the contract.</p> <p>NDEP procured AX VERBIAGE and HISTORY needed.</p>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<p>Purchasing comparative modules from an alternate vendor and integrating them with the current system would negatively impact the functionality of the ECMS. To assure a fully functional system operating at maximum capacity, the existing ECMS would need to be removed in its entirety and a replaced with a new system. The transition would incur costs for the removal, replacement, migration and training at a minimum. The existing ECMS offers an established platform and migration process.</p> <p>Additionally, NDEP has grant funding available that would likely expire before an RFP process could be completed.</p>

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>	Alternate vendor module solutions would not seamlessly integrate with the existing solution. The result would be either contracts with multiple vendors or purchase of a completely new system. Purchasing from multiple vendors will result in increased yearly maintenance costs along with support and performance issues.			
	b. <i>If not, why were alternatives not evaluated?</i>				

Purchasing Use Only:	
Approval #:	201208 

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:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>		
	12/31/2019	12/31/2020	\$	Extension for time only no cost			
	1/1/2018	12/31/2019	\$17,000	Purchase and installation of OnBase, migration from AX	Informal Bid		
			\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	The OnBase initiative provides access to an effective records, information, content and workflow management platform at a fraction of the cost if an agency were to attempt to implement the platform and all its modules on their own. OnBase allows for outward facing modules that would allow agencies to better communicate and interact with Nevada citizens and other State agencies. Without funding, agencies that are currently struggling with interacting with Nevada citizens and other State agencies remotely, would not have a tool at their fingertips to increase their remote customer service efficacy. Creating a solid technical foundation creates a complete and robust tool for Executive branch agencies. Without the functions requested, this will thwart our ability to see this service made available to all Silvernet agencies, which impedes us being able to better adapt to a new way of working efficiently. This hurdle has the potential to cost the State approximately 9.8 million dollars.

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?
	As previously noted, there are no vendors that seamlessly integrate with the Hyland OnBase software solution. Additionally, the existing solution contains proprietary code needed for functionality and migration.

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>			Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i>						
	<ul style="list-style-type: none"> • The OnBase solution requires yearly maintenance for the software platform, modules and user licenses. • The new software solution provides improvements and enhancements for customer agencies. • Participating agencies will benefit from the hardware and software infrastructure already established by the NSLAPR. • The NSLAPR's hardware and software environment will be enhanced by the additional components that the participating agencies will be adding to that environment. • Participating agencies will work directly with the vendor to facilitate migration from legacy systems. NSLAPR will assist when necessary. • Participating agencies will work directly with the vendor to customize their OnBase platform experience. NSLAPR will assist when necessary. 						

#201208 (2)

- Since the hardware and software infrastructure provides a shared solution for document imaging, the State of Nevada can consider hosting of the infrastructure in a data center environment.

<i>Purchasing Use Only:</i>	
Approval #:	201208 @

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

Sara Martel

Print Name of Agency Representative Initiating Request

Date

Signature of Agency Head Authorizing Request

Tammy Westergard

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.*

**** NOTE:**

TIN Approval memo must be entered into CETS

Name of agency or entity who provided information or review:

do an attachment * @

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:

Kevin D. Doty

Administrator, Purchasing Division or Designee

12/15/2020

Date

Steve Sisolak
Governor



Laura E. Freed
Director
Colleen Murphy
Deputy Director
David Haws
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Enterprise IT Services Division

100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Laura Freed, Director, DOA
Suzie Block, Chief IT Manager - AITS, EITS, DOA
Jennifer Victor, Budget Analyst II, ASD, DOA
Sara Martel, State Records Manager, NSLAPR, DOA

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

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

SUBJECT: TIN Review Completed – *DOA – NSLAPR Enterprise Content Management Software - Additional Modules Purchase/Installation Request* – T1052219

DATE: December 4th, 2020

We have completed the review for Department of Administration's (DOA) – *NSLAPR Enterprise Content Management Software - Additional Modules Purchase/Installation Request* TIN.

The submitted TIN, for FY21-23 estimated value of \$368,757, supports the enhancement and or upgrade of an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

The agency is endeavoring to continue collaborative efforts with the Public Utilities Commission, and the Division of Environmental Services. NSLAPR is planning for the procurement and implementation of additional modules for the OnBase system. The modules include: Records Management, Public Sector Constituency Web Access, Full-Text Search, Office Business Application, EDM Services, PDF Framework, Integration for Microsoft Outlook, OnBase Agenda, and Workflow/Workview.

This TIN serves as an update to the previously reviewed investment as the planned scope and valuation as changed by over 5%.

The Office of Information Security (OIS) is available, at the agency's request, to conduct a security review of any solution. If there are any questions regarding support from OIS please reach out to the office directly. It is expected that this solution will continue to follow state security policies and standards.

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: **23563**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: ELKO COUNTY
Agency Code: 403	Contractor Name: ELKO COUNTY
Appropriation Unit: 3157-00	Address: ELKO COUNTY ADMINISTRATIVE 540 COURT STREET, STE 104
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: Abigail Wheeler 775-748-0359
	Vendor No.: T81072742X
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

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 - Intergovernmental Transfer

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **4 years**

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

Contract description: **Paratransit Services**

5. Purpose of contract:

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

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$109,064.00**

Other basis for payment: FY22 - \$23,500; FY23 - \$24,000; FY24 - \$29,360; FY25 - \$32,204

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Elko County is currently contracted to provide this service for DHCFP. The service is satisfactory.

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

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

Not Applicable

15. The contractor is 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	12/14/2020 14:54:52 PM
Division Approval	ltuttl1	12/14/2020 15:10:03 PM
Department Approval	mwinebar	12/18/2020 14:44:25 PM
Contract Manager Approval	ltuttl1	12/18/2020 15:24:45 PM
Budget Analyst Approval	laaron	12/24/2020 13:33:35 PM
BOE Agenda Approval	laaron	12/24/2020 13:33:37 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22563** Amendment Number: **2**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Myers and Stauffer, LC**

Agency Code: **403** Contractor Name: **Myers and Stauffer, LC**

Appropriation Unit: **3158-23** Address: **1349 W. Peachtree Street**

Is budget authority available?: **Yes** City/State/Zip: **Atlanta, GA 30009**

If "No" please explain: **Not Applicable** Contact/Phone: **Jerry Dubberly, PharmD 404-524-0775**

Vendor No.: **T81098965**

NV Business ID: **NV20001070243**

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 **12/10/2019**

Anticipated BOE meeting date 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 294 days**

4. Type of contract: **Contract**

Contract description: **Substance Use Prev**

5. Purpose of contract:

This is the second amendment to the original contract which provides project management analysis and assessment, technical assistance, and actuarial services for the development of an opioid recovery and treatment program. This amendment extends the termination date from June 30, 2021 to September 30, 2021 and increases the maximum amount from \$971,729 to \$1,275,929 due to the continued need for these services and to provide additional services related to the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment Act grant.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$971,729.00	\$971,729.00	\$971,729.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$304,200.00	\$304,200.00	\$304,200.00	Yes - Action
3. New maximum contract amount:	\$1,275,929.00			
and/or the termination date of the original contract has changed to:	09/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

In order to receive CMS issued planning grant funds through the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, DHCFP is expected to develop and implement a substance use disorder (SUD) treatment and recovery program.

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 perform this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **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:

Various contracts with DHCFP 2011 to current. Satisfactory.

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

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

Not Applicable

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

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	nrezaie	12/09/2020 14:52:46 PM
Division Approval	ltuttl1	12/09/2020 15:04:00 PM
Department Approval	mwinebar	12/11/2020 10:07:10 AM

Contract Manager Approval

ltuttl1

12/11/2020 11:54:59 AM

Budget Analyst Approval

laaron

12/24/2020 14:22:13 PM

BOE Agenda Approval

laaron

12/24/2020 14:22:17 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23451**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: PUBLIC CONSULTING GROUP, INC.
Agency Code: 403	Contractor Name: PUBLIC CONSULTING GROUP, INC.
Appropriation Unit: 3158-04	Address: 148 State Street, 10th Floor
Is budget authority available?: Yes	City/State/Zip: Boston, MA 02109
If "No" please explain: Not Applicable	Contact/Phone: Kelly Gallagher 919-567-2251
	Vendor No.: T32000898C
	NV Business ID: NV20021466314

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

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

2. Contract start date:

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

Anticipated BOE meeting date: **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2021**

Contract term: **333 days**

4. Type of contract: **Contract**

Contract description: **AlloCAP Support**

5. Purpose of contract:

This is a new contract to provide ongoing services for AlloCAP Access-based software and support.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$102,361.50**

Other basis for payment: **Per Attachment AA as invoiced and approved by the State**

II. JUSTIFICATION

7. What conditions require that this work be done?

The current system is a compiled database owned and trademarked by this vendor. The proprietary system can only be modified by Public Consulting Group. The AlloCAP Access-based software is used for data input and allocation of services and staff time used to produce data for Administrative Claiming and Cost Based rates, which includes cost allocation for payroll and administrative expenses that are used for CMS reporting.

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

State employees do not have the specialized expertise to perform this service.

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

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

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

Not Applicable

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

Approval #: 201002

Approval Date: 12/04/2020

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

d. Last bid date: Anticipated re-bid date: 01/04/2021

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP 2014-2019 and used by various 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 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	nrezaie	12/22/2020 16:38:36 PM
Division Approval	ltuttl1	12/22/2020 16:41:01 PM
Department Approval	mwinebar	12/23/2020 08:17:06 AM
Contract Manager Approval	ltuttl1	12/23/2020 15:47:08 PM
EITS Approval	daxtel1	12/23/2020 16:48:39 PM
Budget Analyst Approval	laaron	01/07/2021 15:38:47 PM
BOE Agenda Approval	laaron	01/07/2021 15:38:50 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

Revised Waiver #29002 @*

Purchasing Use Only:	
Approval#:	<i>201802 @</i>

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:	<i>Department of Health and Human Services (DHHS) Division of Health Care Financing and Policy (DHCFP)</i>		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		<i>Lisa Tuttle, MAIII, CCM</i>	<i>775-684-3727</i>	<i>ltuttle@dhefp.nv.gov</i>
		<i>Susannah Russell, ASOII</i>	<i>775-624-4724</i>	<i>surussell@dhefp.nv.gov</i>
	<i>Ian Knight, ASOI</i>	<i>775-684-3775</i>	<i>i.knight@dhefp.nv.gov</i>	

1b	Vendor Information:	
	Identify Vendor:	<i>Public Consulting Group, Inc. (PCG)</i>
	Contact Name:	<i>Kara Hammer</i>
	Complete Address:	<i>148 State Street, 10th Floor, Boston, MA 02109</i>
	Telephone Number:	<i>617-426-2026 ext. 1386</i>
	Email Address:	<i>khammer@pcgus.com</i>

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<i>X</i>
	Professional Service Exemption:	

1d	Contract Information:			
	Is this a new Contract?	Yes	<i>X</i>	No
	Amendment:	#		
	CETS:	#		

1e	Term:				
	One (1) Time Purchase:				
	Contract:	Start Date:	<i>Upon Approval</i>	End Date:	<i>December 31, 2021</i>

1f	Funding:	
	State Appropriated:	<i>50%</i>
	Federal Funds:	<i>50%</i>
	Grant Funds:	

Purchasing Use Only:

Approval #:

201202 ©

Other (Explain):

1g Total Estimated Value of this Service Contract, Amendment or Purchase:
\$102,361.50

2 Provide a description of work/services to be performed or commodity/good to be purchased:
This authorization will allow DHCFP 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 DHCFP 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 anti/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's AlloCAP software is currently utilized by DHHS divisions for Medicare/Medicaid billing and other cost allocation activities originally approved by Solicitation Waiver #140807.

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 in 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.
With the complexity of entitlement programs and policy changes, there is an ongoing need for this support. DHCFP is requesting a new PCG contract for a shorter time period of services to term December 31, 2021, so as to keep in place the cost allocation needed for DHCFP to accommodate the overlap of the current services. A new RFP Bid Solicitation will soon be released for cost allocation services with an expanded scope of work so all DHHS divisions can use the resulting contract, in which DHCFP will utilize.

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.*

b. *If not, why were alternatives not evaluated?*
DHCFP uses AlloCAP as part of the overall Medicaid billing process in the state and is utilized by DHHS divisions which was originally approved with Waiver #140807.

Purchasing Use Only:

Approval #:

201202 @

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:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	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		
	11/09/18	10/31/19	\$118,707.00	Cost Allocation DHCFP	Exempt - Waiver #140807		
Upon Approval	10/31/23	\$348,339.00	Cost Allocation DHCFP	Exempt - Waiver #201002 (appealed)			

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>DHCFP is requesting a new PCG contract for a shorter time period of services to term December 31, 2021, so as to keep in place the cost allocation needed for DHCFP to accommodate the overlap of current services and allow for the new RFP Bid Solicitation to be released with an expanded scope of work so all DHHS divisions can use the resulting contract. DHCFP will establish a new contract with the selected vendor after the termination of the new requested PCG contract to 12/31/21.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>The services of PCG were previously solicited through a DHHS-wide Solicitation Waiver #140807. PCG developed and owns proprietary rights to the AlloCAP software. The system is a compiled database owned and trademarked by the vendor. The proprietary system can only be modified by PCG. There are no other vendors that would be able to compete with this service. However, Solicitation Waiver #14087 was recently rejected by the Governor's Finance Office (GFO) for a new contract with PCG. The GFO suggested to DHCFP to request a new Solicitation Waiver (#201002) which was approved and then appealed. DHCFP is requesting this Solicitation Waiver to allow for a new contract with PCG for a shorter time period of services to term December 31, 2021, to accommodate the overlap of the current services and to allow for the new RFP release.</i>

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. If yes, please provide details regarding future obligations or needs.				
<i>DHCFP is requesting this Solicitation Waiver to allow for a new contract with PCG for a shorter time period of services to term December 31, 2021, so as to keep in place the cost allocation services needed for DHCFP to accommodate the overlap of the current services and allow for the new RFP Bid Solicitation to be released with an expanded scope of work so all DHHS divisions can use the resulting contract. DHCFP will establish a new contract with the selected vendor after the termination of the new requested PCG contract to 12/31/21.</i>					

<i>Purchasing Use Only:</i>	
<i>Approval #:</i>	<i>201202 (C)</i>

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Ian Knight

Agency Representative Initiating Request

12/02/2020

Ian Knight, MBA, ASO I

Print Name of Agency Representative Initiating Request

Date

Suzanne Bierman

Signature of Agency Head Authorizing Request

12/02/2020

Suzanne Bierman, JD, MPH, Administrator

Print Name of Agency Head Authorizing Request

Date

PLEASE NOTE: *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.*

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:

Kevin D. Doty

Administrator, Purchasing Division or Designee

12/4/2020
Date

Steve Sisolak
Governor

Richard Whitley, MS
Director



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



Suzanne Bierman, JD, MPH
Administrator

November 23, 2020

Cindy Stoeffler
State of Nevada Department of Administration
Purchasing Division
Via electronic mail to cstoeffler@admin.nv.gov

Re: Cost Allocation Sole Source Waiver Request #201002 and Objection

Dear Ms. Stoeffler,

Thank you for the notice of the objection received from Interactive Voice Applications, Inc. ("IVACSP") and the opportunity to communicate with their representative and provide this response.

It is understood that there are interests of transparency and a "level playing field" for prospective vendors and current vendors alike. Those interests are balanced against the interests of the Division for continuity of services and, in the light of the current fiscal crisis related to the global pandemic, affordability.

After speaking with IVACSP, DHCFP determined IVACSP was contesting the following sections of our Sole Source Waiver 201002:

- **Section 3** - IVACSP contests that section three (3) of the solicitation waver is false. IVACSP can import DHCFP's current data, from PCG's system, to be used within their own system. They stated it is also false that the State is locked into PCG's AlloCAP software because of this.
- **Section 4** - IVACSP contests that section four (4) is false of the solicitation waver is false. IVACSP states they can import the historical data from PCG's system into their own. They also stated that while PCG owns the proprietary system, this would not prevent IVACSP from pulling DHCFP's data from the current PCG database to be used within IVACSP's own system.
- **Section 5** - IVACSP contests that section five (5) of the solicitation waver is false. IVACSP states that while PCG owns their proprietary software, the data that is utilized within the system can be used in any software that DHCFP would contract with for utilization. Additionally, IVACSP states that it is not true that there are no feasible alternatives for the PCG system as their system would be able to utilize the data.
- **Section 7** - IVACSP contests that section 7 of the solicitation waver is false. that in the last 12 months IVACSP has been able to import PCGs database 1:1 to their own system.
- **Section 9** - IVACSP contests that section 9 of the solicitation waver is false. IVACSP states that the State is not obligated to use PCG's system. That the data housed within PCG's software can be imported to other systems.

DHCFP advised IAVCSPP that the current historical data within PCG's database was only capable of being rendered accessible within their software structure. The Sole Source Waiver was based on that understanding DHCFP was required to maintain the contract to retain all required historical data. IVCSPP clarified this was an inaccurate statement

and that IAVCSP could pull historical data and they could also render it within their own established System. The ability to transfer historical data and the above-mentioned concerns eliminate the original need to stay with PCG based on software and System limitations within the Cap Systems available for contracting. DHCFP then advised IVCSF that PCG's would still need to be contracted with but with a shorter period of services to accommodate the overlap of the current SFY services rendered. Both parties agreed that if this course of action was taken, then taking the RFP to bid was the best option for ensuring the State's best value.

DHCFP is requesting to amend the current Solicitation Waiver #201002 for a new contract with PCG to end on December 31, 2021. This will allow DHCFP time to go to bid to explore the market for vendors that can meet DHCFP's needs or do a possible joinder option on the future contract with DCFS for their current RFP #40DHHS-S1286, if the RFP meets DHCFP's needs.

If the outcome is that this contract goes to RFP or the joinder option is available, DHCFP is requesting authority to contract with the current vendor for coverage of the intervening time taken by such a process. DHCFP cautions that IAVCSP may not ultimately bid or, should they bid, have costs associated with changeover that the existing vendor does not have. Additionally, the awarded vendor's software program would need to be able to appropriately and accurately interface with the Cost Allocation software used by DHHS Sister Agencies to ensure the continuity of the program and funding.

DHCFP appreciates the opportunity for this response, as this process was new to us all. Please advise to the next step of submitting an amended Solicitation Waiver to Purchasing.

Regards,

Phillip Burrell, Deputy Administrator

cc: Tiffany Lewis, ASO 4
Susannah Russell, ASO 2
Nima Rezaie, ASO 3
Melissa Laufer-Lewis, ASO4
Lisa Tuttle, MA 3, Contract Manager



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

Rescinded
12/04/2020
*Cross ref #201202**

Purchasing Use Only:	
Approval#:	201002 @

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:	Division of Health Care Financing and Policy		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Ian Knight, ASOI	775-684-3775	i.knight@dncfp.nv.gov

1b	Vendor Information:	
	Identify Vendor:	Public Consulting Group, Inc. (PCG)
	Contact Name:	Kara Hammer
	Complete Address:	148 State Street, 10 th 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:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	<input type="checkbox"/>

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

1e	Term:				
	One (1) Time Purchase:	<input type="checkbox"/>			
	Contract:	Start Date:	Upon Approval	End Date:	October 31, 2023

1f	Funding:	
	State Appropriated:	50%
	Federal Funds:	50%
	Grant Funds:	
	Other (Explain):	

Purchasing Use Only:	
Approval #:	201002 (C)

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$348,339.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>This authorization will allow DHCFP 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 DHCFP 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 anti/or federal audits. AlloCAP is a proprietary web-based cost allocation plan (CAP) solution.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>PCG developed and owns proprietary rights to the AlloCAP software used by every DHHS division for Medicare/Medicaid billing and other cost allocation activities.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>DHHS divisions began using services of PCG in SFY 09 to establish Cost Allocation Plans for departmental agencies. In SFY 11, an amendment to the original contract provided for AlloCAP software development and installation for up to four agencies of DHHS. The system is a compiled database owned and trademarked by the vendor. The proprietary system can only be modified by PCG.</i> <i>Originally, after the initial installation of AlloCAP Access-based Software and related training, there was no longer a need for additional support or services from PCG. The cost allocation software functioned properly, and the user reports supplied were beneficial. Since the original installation, Health Care Reform (HCR) increased the number of Medicare/Medicaid programs and advantages to provide low income Nevadans with medical services. The tracking of these additional HCR expenditures require updates to AlloCAP and formatting revisions that can only be performed by PCG. Additionally, the HCR expenditures require subject matter expertise on Medicaid billable and reimbursable services in order to maximize the State's benefit of Medicaid services. In the future, the growth of Medicare/Medicaid programs as they relate to project cost allocations will require maintenance and upgrades to PCG's web-based software.</i> <i>With the complexity of entitlement programs and policy changes, there is an ongoing need for additional support and the services listed.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>				

Purchasing Use Only:

Approval #:

2010020

b. **If not**, why were alternatives not evaluated?

PCG developed and owns proprietary rights to the AlloCAP software used by DHCFP for Medicaid billing and other cost allocation activities. DHCFP uses AlloCAP as part of the overall Medicaid billing process in the state; therefore, there is no feasible option to develop or deploy an alternative system.

Has the agency purchased this service or commodity in the past? Check **One**. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of **ALL** previous waivers **MUST** accompany this request.

Yes:

No:

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

6	Term		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)
	Start	End Dates			
	11/1/14	10/31/18	\$484,483.00	Cost Allocation DHCFP	Exempt - Waiver #140807
	11/09/18	10/31/19	\$118,707.00	Cost Allocation DHCFP	Exempt - Waiver #140807
			\$		
			\$		
			\$		

What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?

7

The system is a compiled database owned and trademarked by the vendor. The proprietary system can only be modified by PCG, because of this, if the waiver is denied we will be unable to utilize the database that is in place.

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?

8

The services of PCG were previously solicited through a Solicitation Waiver #140807. PCG developed and owns proprietary rights to the AlloCAP software. The system is a compiled database owned and trademarked by the vendor. The proprietary system can only be modified by PCG. There are no other vendors that would be able to compete with this service.

Will this purchase obligate the State to this vendor for future purchases? **Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.**

Yes:

No:

9

a. If yes, please provide details regarding future obligations or needs.
The current web-based system requires maintenance and hosting fees.

Purchasing Use Only:	
Approval #:	2010020

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.

Ian Knight

Agency Representative Initiating Request

10/02/2020

Ian Knight, MBA, ASO I

Print Name of Agency Representative Initiating Request

Date

Suzanne Bierman

Suzanne Bierman (Oct 2, 2020 17:11 PDT)

Signature of Agency Head Authorizing Request

10/02/2020

Suzanne Bierman, JD, MPH, Administrator

Print Name of Agency Head Authorizing Request

Date

PLEASE NOTE: *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.*

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:

Kevin D. Doty

Administrator, Purchasing Division or Designee

10/6/2020

Date



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Enterprise IT Services Division
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

MEMORANDUM

TO: Suzanne Bierman, Administrator, DHCFP
April Caughron, ITM II, DHCFP
Melissa Laufer-Lewis, ASO IV, DHCFP
Robin Ochsenschlager, ITP IV, DHCFP

CC: David Haws, Administrator, EITS, DOA

FROM: David Axtell, Chief Enterprise Architect, EITS, DOA

SUBJECT: TIN Review Completed – DHCFP - *Public Consulting Group, Inc* – T3158185

DATE: December 22nd, 2020

We have completed the update review to Division of Health Care Finance & Policy's (DHCFP) – *Public Consulting Group, Inc* TIN-185.

The submitted TIN, for an estimated value of \$102,361, provides for a new contract upon approval to December 31, 2021. This new contract with PCG will be for a shorter time period in order to accommodate the overlap of current cost allocation services and to allow time for the new DHHS-wide RFP release.

The Vendor provides and maintains the AlloCAP system which is used for the data input and allocation of services and staff time used to produce data for Administrative Claiming and Cost Based rates. This system is used widely across the DHHS Divisions.

If there are to be any changes to enterprise services, including: network, server, telecom etc. please notify EITS as soon as possible.

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

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: **23805**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: AITHENT, INC.
Agency Code: 406	Contractor Name: AITHENT, INC.
Appropriation Unit: 3101-26	Address: 19 FULTON ST., STE 408
Is budget authority available?: No	City/State/Zip: NEW YORK, NY 10038-2123
If "No" please explain: Contingent upon IFC approval of WP #C53088 (January IFC)	Contact/Phone: Allister Yu 212-725-7646
To what State Fiscal Year(s) will the contract be charged?	Vendor No.: T32002745
	NV Business ID: NV20141059063
	2021-2022

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

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

Agency Reference #: C 17726

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
 Anticipated BOE meeting date: 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2021**

Contract term: **333 days**

4. Type of contract: **Contract**

Contract description: **Radiation Licensing**

5. Purpose of contract:

This is a new contract to provide for the implementation for an approved technology investment which provides upgrades to the Radiation Control Program's existing web-based regulatory licensing and credentialing system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$57,900.00**

Other basis for payment: Per Attachment CC: Contractor's Response

II. JUSTIFICATION

7. What conditions require that this work be done?

The passage of Senate Bill 130 (2019 Legislative Session) requires licensure of all technologists engaged in Radiation Therapy and Radiologic Imaging as of January 1, 2020. The software upgrades are required to achieve these new licensing requirements.

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

State employees lack the expertise and resources to perform the work.

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

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

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

Not Applicable

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

Approval #: 201203

Approval Date: 12/04/2020

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

Aithent has been the sole provider of these services and owns the rights to the software.

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:

Current vendor with DPBH since 2014, satisfactory services.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	chadwic1	01/05/2021 15:26:09 PM
Division Approval	chadwic1	01/05/2021 15:26:12 PM
Department Approval	mwinebar	01/05/2021 16:07:32 PM
Contract Manager Approval	rmille8	01/07/2021 08:12:21 AM
EITS Approval	daxtel1	01/07/2021 09:21:56 AM
Budget Analyst Approval	afrantz	01/12/2021 09:38:50 AM
BOE Agenda Approval	bwooldri	01/12/2021 14:47:56 PM
BOE Final Approval	Pending	



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 Chappel, Deputy Administrator, Regulatory & Planning, DPBH
Sue Genzler, MA III, DPBH
Karen Beckley, Chief Bureau Health Protection & Preparedness, DPBH
Lorraine McMullen, ITP III, DPBH

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

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

SUBJECT: TIN Review Completed – *DPBH – Radiation Control Program ALiS Licensing and Reporting* – T3101188

DATE: November 20th, 2020

We have completed the review for Division of Public and Behavioral Health's (DPBH) – *Radiation Control Program ALiS Licensing and Reporting* TIN.

The submitted TIN, for an estimated value of \$57,900, supports the enhancement and/or upgrade of an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

DPBH is endeavoring to enhance their current cloud-based Software as a Service platform to meet regulatory requirements.

The agency reports that ALiS is a comprehensive, web-based licensing and regulatory system for health facilities, clinical laboratories, childcare facilities, food handling establishments, dietitians, music therapist, emergency medical services, medical marijuana users and other entities within the Division of Public and Behavioral Health (DPBH). New ALiS services will include Ad Hoc reporting and additional application and licensing requirements which will ensure compliance and maintain the timeliness and efficiency of the program's credentialing workflow.

The Office of Information Security (OIS) is available, at the agency's request, to conduct a security

review of any solution. If there are any questions regarding support from OIS please reach out to the office directly. It is expected that this solution will follow state security policies and standards.

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.



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

<i>Purchasing Use Only:</i>	
Approval#:	201203 @

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:	<i>Department of Health and Human Services Nevada Division of Public and Behavioral Health (DPBH) / Radiation Control Program (RCP)</i>		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		<i>John Follette, Manager, Radiation Control Program</i>	<i>(702)486-3017</i>	<i>jfollette@health.nv.gov</i>
		<i>Glen Gimenez, Supervisor, Radiation Control Program</i>	<i>(775)687-7542</i>	<i>glgimenez@health.nv.gov</i>
	<i>Ronda Miller, MA III</i>	<i>(775)684-5932</i>	<i>rondamiller@health.nv.gov</i>	

1b	Vendor Information:	
	Identify Vendor:	<i>Aithent Inc. T32002745</i>
	Contact Name:	<i>Allister Yu, VP Solutions and Services</i>
	Complete Address:	<i>19 Fulton Street, Suite 408 New York, NY 10038</i>
	Telephone Number:	<i>(212)725-7646 Ext. 1004</i>
	Email Address:	<i>ayu@aithent.com</i>

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

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

1e	Term:				
	One (1) Time Purchase:				
	Contract: <input checked="" type="checkbox"/>	Start Date:	<i>Upon Approval</i>	End Date:	<i>September 30, 2021</i>

1f	Funding:	
	State Appropriated:	<input checked="" type="checkbox"/>
	Federal Funds:	

Rec'd 12/01/2020

Grant Funds:	
Other (Explain):	

<i>Purchasing Use Only:</i>	
Approval #:	#201903 (C)

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase: \$57,900.00
----	----------------------------------------------------------------------------------------------

2	Provide a description of work/services to be performed or commodity/good to be purchased: <i>New Licensing, applications and credentialing module. Ad Hoc Reporting.</i>
---	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor: <i>Aithent has been the provider of these services for other programs in the Division. The radiation control program adopted this service provider as part of an existing contract. Aithent is the sole provider of the SaaS to the Division. Aithent made modifications to existing software to incorporate the needs of the RCP. Aithent incorporated machine registrations, inspections and issuing certifications to mammographers in the initial roll out of the software. This software has met the needs of the RCP after some revisions. Aithent also provides technical support and assistance when needed through MA They are uniquely qualified to provide the needed licensing modules that will integrate with the existing software.</i>
---	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source: <i>Aithent has years of experience providing this SaaS to the Division. They have provided their services to the RCP since we adopted the platform. Aithent has worked with the RCP to resolve many issues within the applications to make it meet our needs. With the passage of SB130, the RCP needs to now incorporate applications, licensing and issuing certificates to all technologists engaged in radiation therapy and radiological imaging. Aithent has existing templates in place that we can build on to meet our new requirements.</i>
---	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				
	<i>The RCP was added to an existing Aithent contract that other programs in the division are using. Aithent has been our SaaS provider from the beginning and has worked with the RCP to setup our Centralized Licensing, Inspections and Certification System – CLICS, to meet our needs. To evaluate an alternative SaaS provider would mean starting over from scratch.</i>				

Purchasing Use Only:

Approval #:

#201203(2)

<p>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</p>		Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
<p>a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</p>					
Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)	
03/11/2014	03/31/18	\$2,142,850.00	Contract to implement licensing, permitting, registration, certification, and regulatory system (inspections and complaints for DHHS programs.	RFP 3079 (CETS 15307 Internal contract #C14294) This was a DHHS contract and Amendment #3 added DPBH.	
		\$			
		\$			
		\$			
		\$			

7	<p>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</p> <p>The consequences of denying this waiver request would add significant delay to the issuing of licensure as required by NRS 653. The RCP would not be able to properly regulate the technologists without issuing the required licensure and public health and safety could suffer.</p>
---	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

8	<p>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</p> <p>The RCP was added to the DPBH existing Aithent contract within Amendment #3 in use by other programs in the Division. Any efforts made by the other Programs in the Division to determine competition, and price would have been made at the time of the original internal contract C14294-3.</p>
---	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p>Will this purchase obligate the State to this vendor for future purchases? Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</p>		Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
9	<p>a. If yes, please provide details regarding future obligations or needs.</p> <p>In the event that DPBH requires additional updates and/or revisions to the existing system the agency may require Aithent's continued services.</p>				

Purchasing Use Only:

Approval #:

#2012030

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.

Ronda Miller

Agency Representative Initiating Request

Ronda Miller

Print Name of Agency Representative Initiating Request

12-1-20

Date

Kelli P. Quintero

Signature of Agency Head Authorizing Request

Kelli P. Quintero

Print Name of Agency Head Authorizing Request

12/01/20

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.

NOTE: * TIN APPROVAL MEMO MUST BE ENTERED AS

Name of agency or entity who provided information or review

AN ATTACHMENT IN CETS *

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:

Kevin D. Doty

Administrator, Purchasing Division or Designee

12/4/2020

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21644** Amendment Number: **1**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **Broadbent & Associates, Inc.**

Agency Code: **406** Contractor Name: **Broadbent & Associates, Inc.**

Appropriation Unit: **3161-07** Address: **8 West Pacific Ave.**

Is budget authority available?: **Yes** City/State/Zip: **Henderson, NV 89015**

If "No" please explain: **Not Applicable** Contact/Phone: **Lonnie Roy 702-563-0600**

Vendor No.: **T80989610**

NV Business ID: **NV19891031637**

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

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

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

Agency Reference #: **C 17080**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/23/2019**

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/31/2021**

Contract term: **1 year and 343 days**

4. Type of contract: **Contract**

Contract description: **Water Testing**

5. Purpose of contract:

This is the first amendment to the original contract which provides water testing services. This amendment increases the maximum amount from \$49,788.00 to \$66,552.30 due to an increase in the number of test locations.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$49,788.00	\$49,788.00	\$49,788.00	Yes - Info
2. Amount of current amendment (#1):	\$16,764.30	\$16,764.30	\$66,552.30	Yes - Action
3. New maximum contract amount:	\$66,552.30			

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to Joint Commission accreditation standards for health and safety, this is necessary to assure that the quality of water at Southern Nevada Adult Mental Health is safe to use.

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

There are currently no State employees certified to do the required testing needed to maintain health and 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):

Water Tech
Dominion
Converse Consultants
Wet Labs
S&B Christ Consulting
Silver State Labs

b. Solicitation Waiver: **Not Applicable**

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

In accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/13/2019 Anticipated re-bid date: 02/26/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DPBH since August 2019, 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	01/05/2021 15:34:53 PM
Division Approval	chadwic1	01/05/2021 15:34:56 PM
Department Approval	mwinebar	01/05/2021 16:13:00 PM
Contract Manager Approval	rmille8	01/07/2021 08:11:45 AM
Budget Analyst Approval	afrantz	01/12/2021 09:48:35 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23902**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	CSAA INSURANCE SERVICES, INC
Agency Code:	406	Contractor Name:	CSAA INSURANCE SERVICES, INC
Appropriation Unit:	3219-12	Address:	3055 Oak Road
Is budget authority available?:	Yes	City/State/Zip:	Walnut Creek, CA 94597
If "No" please explain:	Not Applicable	Contact/Phone:	Christopher Knievel, Jr. 715-722-6678
		Vendor No.:	T27043709
		NV Business ID:	NV19691002311

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

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

Agency Reference #: C 17762

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/19/2021**

Anticipated BOE meeting date 02/2021

Retroactive? **Yes**

If "Yes", please explain

This is a COVID-19 emergency contract approved by State Purchasing. On December 27, 2020, the President signed H.R. 133 - the Consolidated Appropriations Act, 2021 (CAA21); as part of the Act, it was directed that the Coronavirus Relief Fund (CRF) was to be extended through 12/31/21. As of noon PST on 12/30/20, Nevada had not received official notice of the extension. Due to the delay the execution to extend the original contract (CETS 23455) had passed creating a need for a new contract.

3. Termination Date: **12/31/2021**

Contract term: **346 days**

4. Type of contract: **Contract**

Contract description: **Call Center Support**

5. Purpose of contract:

This is a new contract to provide support for the public health COVID call center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,768,560.00**

Payment for services will be made at the rate of \$647,380.00 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is in response to the COVID-19 pandemic. CSAA already has the infrastructure of the call center in place and is able to quickly respond to aid with COVID-19 epidemiology, vaccination, and other response efforts, including language translations services.

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

State staff do not have the expertise to provide these services.

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

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

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

Not Applicable

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

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

This is an emergency contract approved by Administrator Doty according to NAC 333.114.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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 with DPBH since 2020, satisfactory services.

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

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

Not Applicable

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

Other

Foreign Nonprofit Corporation

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

Yes

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

Yes

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

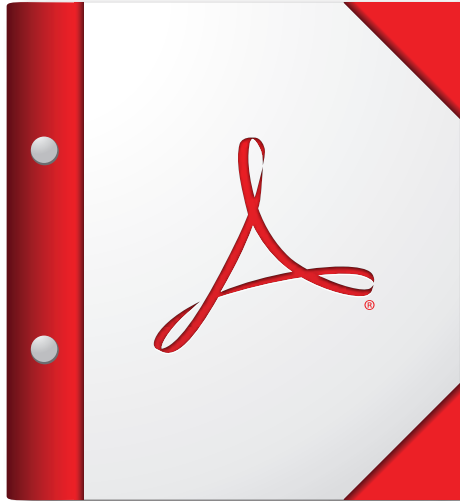
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kquinter	01/21/2021 11:14:33 AM
Division Approval	kquinter	01/21/2021 11:14:40 AM
Department Approval	mwinebar	01/21/2021 15:36:34 PM
Contract Manager Approval	rmille8	01/26/2021 12:06:04 PM
Budget Analyst Approval	afrantz	02/02/2021 11:07:31 AM
BOE Agenda Approval	bwooldri	02/02/2021 11:11:39 AM
BOE Final Approval	Pending	



**For the best experience, open this PDF portfolio in
Acrobat X or Adobe Reader X, or later.**

[Get Adobe Reader Now!](#)



DATE: January 14, 2021

MEMORANDUM

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

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

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

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL

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

The following information is required:

- Name of Contractor: CSAA Insurance Services, Inc
- Services to be provided: CSAA to provide assistance with Nevada's COVID-19 call center in epidemiology, vaccination, and other COVID-19 response efforts and language translation services.
- Funding source and expenditure category: BA# 3219 - CAT 12
- Requested start date of work: January 19, 2021
- Expected execution date of agreement: February 9, 2021
- Detailed explanation as to why a retroactive agreement is necessary, including:
 - Reason(s) why the agreement was not submitted timely:
 - On December 27, 2020, the President signed H.R. 133, the Consolidated Appropriations Act, 2021 (CAA21), which includes additional COVID-19 relief measures. As part of the Act, it was directed that the Coronavirus Relief Fund (CRF) was to be extended through December 31, 2021. However, as of noon PST on December 30, 2020, the State of Nevada had not received notice, nor was the US Treasury website updated to reflect the extension of the Coronavirus Relief Funds. Due to the delay the execution of the original contract (CETS 23455) to extend had passed and therefore creating the need for a new contract. Describe the impact to the program/services if this work is not started prior to the execution of the agreement: All COVID-19 activities conducted by the vendor will not be covered prior to the contract being executed.
 - Explain how the program/bureau will prevent future retroactive requests: This was unavoidable due to delays in receiving the COVID Relief Funds extension.

If you have any questions, please contact Kailynn Griffith at kgriffith@health.nv.gov.

cc: Contract Unit
Division of Public and Behavioral Health

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23715**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: PERSHING COUNTY SCHOOL
Agency Code: 440	Contractor Name: PERSHING COUNTY SCHOOL
Appropriation Unit: 3711-21	Address: DISTRICT
Is budget authority available?: No	PO BOX 389
If "No" please explain: January IFC work program C53353 to receive additional federal Title I-Part D (subpart 1) - Youthful Offenders Program (YOP) sub-grant authority.	City/State/Zip: LOVELOCK, NV 89419
	Contact/Phone: NEIL GALLAGHER, PRINCIPAL 775-273-4215
	Vendor No.: T40234400
	NV Business ID: GOVERNMENTAL AGENCY

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

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

Agency Reference #: 440

2. Contract start date:

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

Anticipated BOE meeting date 02/2021

Retroactive? **Yes**

If "Yes", please explain

As a continuation of the current program, NDOC applies annually to NDE to receive the pass-through funding for the program. The application is submitted to NDE in collaboration with LEA sub-recipient(s). On July 29, 2020, NDOC received approval from NDE for the YOP program's SFY21 budget. Once approved by NDE, these funds have to be approved by the school board before NDOC can acknowledge this award, delaying the contract.

3. Termination Date: **09/30/2021**Contract term: **1 year and 91 days**4. Type of contract: **Interlocal Agreement**Contract description: **Re-Entry Programs**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing educational and/or vocational services for youthful offenders incarcerated at Lovelock Correctional Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$102,923.42****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Department houses over 2,400 inmates from the ages 16-26. The vast majority of these inmates have not obtained a High School Equivalency or High School Diploma. This contract will provide the necessary education and tools for employment upon release from incarceration.

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

The Department is contracting with Pershing County School District to obtain the teachers required to provide educational services to the youthful offenders. No other state agency offers this service.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

The Nevada Department of Education awarded the Department with the Title I-Part D Grant program funds to be used for the purpose of this contract.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

NDOC - CETS#22422 07/01/19-09/30/20. Work verified as satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dmartine	11/04/2020 13:23:10 PM
Division Approval	amonro1	11/05/2020 13:46:22 PM
Department Approval	amonro1	11/05/2020 13:46:28 PM
Contract Manager Approval	aroma2	11/24/2020 09:34:42 AM
Budget Analyst Approval	bmacke1	01/07/2021 16:35:05 PM
BOE Agenda Approval	jrodrig9	01/14/2021 17:52:03 PM
BOE Final Approval	Pending	

Steve Sisolak
Governor

Charles Daniels
Director

John Borrowman
Deputy Director



Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 977-5500

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(725) 216-6000

STATE OF NEVADA
Department of Corrections

MEMORANDUM

Date: November 2, 2020

To: Bridgette Mackey-Garrison, Executive Branch Budget Officer,
Governor's Finance Office

Subject: Retroactive Contract / CETS# 23715 Pershing County School District

Nevada Department of Corrections (NDOC) respectfully requests approval for the retroactive inter-local contract between NDOC and Pershing County School District. NDOC is requesting a retroactive effective date of July 1, 2020, for ongoing educational and/or vocational services to youthful offenders incarcerated at Lovelock Correctional Center, in the amount of \$102,923.42.

The partnership between NDE and NDOC developed as a result of a 2017 United States Department of Education (USDOE) audit of NDE. The audit finding concluded that grant payment activities required corrective action in order to comply with federal and state statutes, regulations, program plans and the administration of the program. NDE sought partnership with NDOC for administration of its federal Title I Part D YOP program through the creation of interlocal agreement(s) between NDOC, serving as the pass-through agency for NDE, and the respective Local Education Associations (LEAs).

As a continuation of the current program, NDE sent the Notice of Award to NDOC on 7/29/20. NDOC notified the participating school districts of the award amount and requested budgets with backup on that date for submittal to and approval by NDE. NDOC received response from NDE regarding Pershing County School District's submitted budget by 10/21/20.

Should you have any questions please contact me at (775) 977-5539 or by email at adriennemonroe@doc.nv.gov.

Thank you for your consideration.

A handwritten signature in black ink, appearing to read "Adrienne Monroe".

Adrienne Monroe, Assistant Chief of Fiscal Services
Nevada Department of Corrections

Attachments: Contract #23715

cc: Alicia Roman, Contracts Manager, Nevada Department of Corrections

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23857**

Agency Name: COMMISSION ON MINERAL RESOURCE	Legal Entity Name: BRIAN M. BREITER DBA ENVIRONMENTAL PROTECTION Services
Agency Code: 500	Contractor Name: BRIAN M. BREITER DBA ENVIRONMENTAL PROTECTION Services
Appropriation Unit: 4219-39	Address: ENVIRONMENTAL PROTECTION SVCS 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?	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 % Mining Claim
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 50COMR-S1307**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/09/2021**
 Anticipated BOE meeting date **02/2021**
 Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 140 days**

4. Type of contract: **Contract**

Contract description: **AML Revisits**

5. Purpose of contract:

This is a new contract to provide ongoing inventory and status updates of known abandoned mine land hazards located in southern Nevada to effectively safeguard them.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Other basis for payment: **Other basis for payment**

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 513 requires the discovery and securing of dangerous conditions resulting from practices which took place at a mine that is no longer operating. Abandoned mine securings are often vandalized or become dilapidated over time exposing the public to dangerous conditions.

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

The agency has insufficient staff to perform the desired assessment and repairs in a timely manner.

9. Were quotes or proposals solicited? **Yes**

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

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

Taylor Made Fencing LLC
EPS
Brewer Exploration

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 50COMR-S1307 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: 09/30/2020 Anticipated re-bid date: 12/15/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

2009 to present - Nevada Division of Minerals for 10+ years, excellent quality of work, fences and gates at AML features
2011 to present - Nevada Department of Wildlife for 5+ years, construction of bat gates at AML features

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

No If "Yes", please provide details of the litigation 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:

Sean Derby, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dvisher	12/29/2020 14:55:08 PM
Division Approval	dvisher	12/29/2020 14:55:25 PM
Department Approval	dvisher	12/29/2020 14:55:27 PM
Contract Manager Approval	gwake	12/29/2020 15:22:48 PM
Budget Analyst Approval	mlynn	01/07/2021 16:00:32 PM
BOE Agenda Approval	laaron	01/08/2021 14:47:53 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: 18018	Amendment Number: 4
Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: LAND O' LAKES, INC.
Agency Code: 550	Contractor Name: LAND O' LAKES, INC.
Appropriation Unit: All Budget Accounts - Category 21	Address: PO BOX 409564
Is budget authority available?: Yes	City/State/Zip: ATLANTA, GA 30384-9564
If "No" please explain: Not Applicable	Contact/Phone: ALETHIA SCHEET, K-12 SPECIALIST 651-481-2222
	Vendor No.: T81101128
	NV Business ID: NV19811013447

To what State Fiscal Year(s) will the contract be charged? **2017-2022**

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

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

Agency Reference #: **RFP # 3237**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2016**

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2021**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **USDA Food Processing**

5. Purpose of contract:

This is the fourth amendment to the original contract which provides breakfast and lunch products using USDA commodities as ingredients. This amendment increases the maximum amount from \$669,077 to \$798,072 due to the increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$324,000.00	\$324,000.00	\$324,000.00	Yes - Action
a. Amendment 1:	\$120,000.00	\$120,000.00	\$120,000.00	Yes - Action
b. Amendment 2:	\$68,971.00	\$68,971.00	\$68,971.00	Yes - Action
c. Amendment 3:	\$156,106.00	\$156,106.00	\$156,106.00	Yes - Action
2. Amount of current amendment (#4):	\$128,995.00	\$128,995.00	\$128,995.00	Yes - Action
3. New maximum contract amount:	\$798,072.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

NDA continues to see increases in meal participation from school districts in their breakfast and lunch program which require use of these processors.

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

State agencies and employees do not have the ability to process USDA food. Only licensed manufacturers may do so.

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):

Tyson
Land O Lakes Inc
Bongards
Schwan's

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3237, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/25/2016 Anticipated re-bid date: 03/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

NDA has had a contract with this processor since 2013. Their service has been satisfactory.

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

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

Not Applicable

15. The contractor is 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	melli2	12/15/2020 09:01:56 AM
Division Approval	bbe1	12/15/2020 09:42:55 AM

Department Approval	bbel1	12/15/2020 09:43:00 AM
Contract Manager Approval	melli2	12/15/2020 10:13:36 AM
Budget Analyst Approval	mlynn	12/31/2020 10:39:14 AM
BOE Agenda Approval	laaron	01/06/2021 13:13:11 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23866**

Agency Name: GCB - GAMING CONTROL BOARD	Legal Entity Name: Board of Regents UNLV, International Center for Gaming Regulation
Agency Code: 611	Contractor Name: Board of Regents UNLV, International Center for Gaming Regulation
Appropriation Unit: 4061-00	Address: Stan Fulton Building, 3rd Flr 801 East Flamingo
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89119
If "No" please explain: Not Applicable	Contact/Phone: Sara Phillips 702-895-2452
	Vendor No.:
	NV Business ID: Governmental 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 %	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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2025**

Contract term: **4 years and 28 days**

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

Contract description: **Gaming Reg. Courses**

5. Purpose of contract:

This is a new revenue contract to assist in the development and teaching of seminars for use in educating regulators and gaming industry personnel in adult education programs.

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 \$180.00 per hour

Other basis for payment: plus any hard costs including travel or per diem for instructors pursuant to Federal GSA rates

II. JUSTIFICATION

7. What conditions require that this work be done?

This work is being done at the invitation of the ICGR and enables the NGCB to receive compensation for development and instruction of gaming regulatory courses at the UNLV International Center for Gaming Regulation (ICGR).

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

Not applicable

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Gaming Control Board had this contract with UNLV for the past four years - services were satisfactory

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

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

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: 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	klay0	12/30/2020 10:07:22 AM
Division Approval	klay0	12/30/2020 10:07:25 AM
Department Approval	klay0	12/30/2020 10:07:28 AM
Contract Manager Approval	klay0	12/30/2020 10:07:31 AM
Budget Analyst Approval	laaron	01/05/2021 10:37:36 AM
BOE Agenda Approval	laaron	01/05/2021 10:37:39 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: **23877**

Agency Name: DPS-RECORDS, COMMUNICATIONS, AND COMPLIANCE	Legal Entity Name: Software AG USA, Inc.
Agency Code: 655	Contractor Name: Software AG USA, Inc.
Appropriation Unit: 4709-26	Address: 11170 Plaza America Drive #700
Is budget authority available?: Yes	City/State/Zip: Reston, VA 20190
If "No" please explain: Not Applicable	Contact/Phone: Mary Lalouch 214-507-8930
	Vendor No.: PUR0005376
	NV Business ID: NV20101844335
To what State Fiscal Year(s) will the contract be charged?	2021-2024

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

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

Agency Reference #: **Software AG**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
 Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2023**
 Contract term: **2 years and 240 days**

4. Type of contract: **Contract**
 Contract description: **Software AG**

5. Purpose of contract:
This is a new contract to provide on-going maintenance and support services for the agency's Software AG integrate software platform system.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$298,740.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
The software platform house critical programs that if not under contract and supported would create a risk to officer and public safety.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
The software is proprietary and state employees do not have the training or access to program code.

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

a. List the names of vendors that were solicited to submit proposals (include at least three):
Not Applicable

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

Approval #: 200802

Approval Date: 08/11/2020

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?

Yes If "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 performed satisfactory services for various state agencies since 2014 according the State of Nevada Controller's Office DataWarehouse.

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

No If "Yes", please provide details of the litigation 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:

Melissa Costa, Management Analyst Ph: 775.684.6259

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lgallow1	01/05/2021 14:10:31 PM
Division Approval	twollan1	01/05/2021 15:55:32 PM
Department Approval	cboegle	01/05/2021 15:57:11 PM
Contract Manager Approval	cboegle	01/05/2021 15:57:22 PM
Budget Analyst Approval	jrodrig9	01/14/2021 17:45:05 PM
BOE Agenda Approval	jrodrig9	01/14/2021 17:45:08 PM
BOE Final Approval	Pending	

Purchasing Use Only:	
Approval#:	#2008026



**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

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:				
State Agency Name: Department of Public Safety/Records, Communications and Compliance Division (RCCD)				
1a	Contact Name and Title		Phone Number	Email Address
	Mindy McKay, RCCD Administrator		(775) 684-6262	mmckay@dps.state.nv.us
	Melissa Costa, Management Analyst		(775) 684-6259	mcosta@dps.state.nv.us

Vendor Information:	
Identify Vendor:	Software AG
Contact Name:	Mary Lalouch, Account Executive
Complete Address:	12950 Worldgate Drive, Suite 300, Herndon, VA 20170
Telephone Number:	Mobile: 214-507-8930
Email Address:	mary.lalouch@softwareag.com

Type of Waiver Requested - Check the appropriate type:	
1c Sole or Single Source:	xxxxx
Professional Service Exemption:	

Contract Information:				
1d	Is this a new Contract?	Yes	xxxxx (See Section 8 for additional information.)	No
	Amendment:	#		
	CETS:	#		

Term:			
1e	One (1) Time Purchase:		
	Contract:	Start Date: October 1, 2020	End Date: September 30, 2023

Funding:		
1f	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	Reserves in Budget Account 4709 (Cat 86)

Total Estimated Value of this Service Contract, Amendment or Purchase:	
1g	\$298,740.00

Purchasing Use Only:

Approval#: #200802 @

2 Provide a description of work/services to be performed or commodity/good to be purchased: The Department of Public Safety (DPS) utilizes a transaction processing software platform called SAG (Software AG) which powers several of their large applications including the Criminal History Repository, the Protection Order Program and the Offender Tracking Information System (OTIS).

3 What are the unique features/qualifications required for this service or good that are not available from any other vendor: The Software AG platform and licensing is purchased directly from the vendor.

4 Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source: The Department of Administration/EITS has contracted directly through Software AG for these services since 2014. Software AG provides the licensing and support of existing contract and platforms.

5 Were alternative services or commodities evaluated? Check One. Yes: No: XXXXX
a. If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.
b. If not, why were alternatives not evaluated?
The existing contract held by EITS since 2014 expires September 30, 2020. EITS and DPS worked with Software AG to reduce the licensing and footprint to save approximately \$375,000 per year. DPS is currently utilizing the license to support several mission critical environments. A couple of the applications will drop from the environment as modernization efforts move forward. Because of NCJIS modernization DPS is minimizing the footprint as well and a longer contract to accommodate the decommission of these environments. Due to the shrinking need by DPS and other agencies moving towards COTS and to avoid any potential unforeseen budgetary reductions of the EITS budget it was decided to transition the entire contract and license to DPS.

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.
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:
Table with columns: Term (Start and End Dates), Value, Short Description, Type of Procurement (RFP#, RFQ#, Waiver #)
Row 1: Sept. 2014 | Sept. 2020 | \$2,700,000 | Current maintenance contract with SAG under EITS | ---

7 What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
This environment supports mission critical applications for DPS. Not properly licensing or providing the necessary support will put the platform and systems at risk because the State does not have staff experienced to support the Software AG platform and would need to contact Software AG for their assistance. It is in the best interest of the State to allow EITS to transfer ownership of the Software AG licensing to DPS for the continued need of these services. If the waiver is denied, it would create a lapse of coverage for mission critical environments and require DPS to purchase new licenses, adding additional cost for the necessary service.

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 Software AG license was originally held by Department of Administration within EITS as a potential enterprise platform for multiple state agencies. It was later learned that due to federal and state security requirements of housing/ disseminating criminal history information, other state agencies would not be able to utilize this platform. The original contract is coming to term so based on other agencies not being able to utilize Software AG, it has been agreed upon between EITS and DPS that DPS become solely responsible for all costs associated with Software AG. In discussions with the vendors, EITS and DPS have secured a reduced cost based on the reduced environment; from \$475,000 to \$106,502 annually. Additionally, securing a 3-year contract with Software AG will offer DPS an annual rate of \$99,580 per year (which is the rate used to calculate 1g.). (Note: A Technology Investment Notification (TIN #179) has been generated by EITS.)

Purchasing Use Only:
Approval#: #200802 (C)

9	Will this purchase obligate the State to this vendor for future purchases? <i>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i>	Yes:	XXXXX	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i> The State may be required to continue services past September 2023 in the event DPS is unable to secure funding for new hardware and move the applications supported by Software AG to a new platform. EITS and DPS are working together to identify an approach with the least risk to mission critical services that would allow for the eliminating the need to continue services with Software AG and submitting necessary budget requests.				

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

Mindy McKay, Division Administrator
 Print Name of Agency Representative Initiating Request

8-16-2020
 Date


 Signature of Agency Head Authorizing Request

Curtis Palmer, ASO IV – Senior Fiscal Officer
 Print Name of Agency Head Authorizing Request

8/16/2020
 Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.

~~Enterprise IT Services~~ * Email exchange w/ Suzie Block by State Purchasing on 08/10/2020.
 Suzie confirmed remote maint & support as defined in SAM 526 * (C)

~~Suzie Block, Chief IT Manager, Agency IT Services~~

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:


 Administrator, Purchasing Division or Designee

8/11/2020
 Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23829**

Agency Name: COLORADO RIVER COMMISSION	Legal Entity Name: BURNS & MCDONNELL
Agency Code: 690	Contractor Name: BURNS & MCDONNELL
Appropriation Unit: 4501-10	Address: 9400 WARD PARKWAY
Is budget authority available?: Yes	City/State/Zip: KANSAS CITY, MO 64114
If "No" please explain: Not Applicable	Contact/Phone: ADAM ROUTH 816-995-9221
	Vendor No.: T29015276
	NV Business ID: NV19781006834
To what State Fiscal Year(s) will the contract be charged? 2021-2025	

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

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

Agency Reference #: 690

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2021**

Anticipated BOE meeting date 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/01/2025**Contract term: **4 years and 1 day**4. Type of contract: **Contract**Contract description: **Burns & McDonnell**

5. Purpose of contract:

This is a new contract to provide engineering, drafting and analysis for routine operation and maintenance of a high voltage transmission and distribution system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$860,000.00**

Other basis for payment: Payment based on contractor billing rates per attachment cc to the maximum of \$860,000.

II. JUSTIFICATION

7. What conditions require that this work be done?

Preparation of right-of-way encroachment analysis, including phase-to-phase clearance requirements from planned third party transmission lines; transmission structure re-location designs; designs and specifications for replacement, repair, modification, upgrade or extension projects; spill prevention and counter control plans for substation oil containing equipment; standard operating procedures, preventative maintenance programs, site security reviews and emergency response plans; Supervisory and data acquisition control system programming; and communication system planning and analysis, including preparation of microwave signal interference studies.

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

State employees in our agency or other State agencies do not possess the level of expertise for this work.

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

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

b. Solicitation Waiver: **Not Applicable**

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

They were the only bidder.

d. Last bid date: 12/09/2019 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	gbenton	12/15/2020 15:35:30 PM
Division Approval	gbenton	12/15/2020 15:35:34 PM
Department Approval	gbenton	12/15/2020 15:35:38 PM
Contract Manager Approval	dbeatty	12/29/2020 11:25:14 AM
Budget Analyst Approval	laaron	01/07/2021 13:50:44 PM
BOE Agenda Approval	laaron	01/07/2021 13:50:47 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23459**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: NATIONAL PARK SERVICE
Agency Code: 702	Contractor Name: NATIONAL PARK SERVICE
Appropriation Unit: 4467-14	Address: LAKE MEAD NRA
Is budget authority available?: Yes	601 NEVADA HWY
If "No" please explain: Not Applicable	City/State/Zip: BOULDER CITY, NV 89005
	Contact/Phone: CURT DEUSER 702-293-8979
	Vendor No.: T81080096
	NV Business ID: GOVERNMENTAL 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	100.00 % HABITAT CONSERVATION
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 21-02

2. Contract start date:

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

Anticipated BOE meeting date 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 241 days**

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

Contract description: **HABITAT RESTORATION**

5. Purpose of contract:

This is a new interlocal agreement to provide a plant management team to create a suitable habitat for migratory waterfowl, upland game and other wildlife species.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

The restoration projects will attract migratory birds, upland game species and create beneficial wildlife habitat.

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

NDOW does not have the plant inventory, equipment and skilled labor needed for the restoration projects.

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

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

ANTHONY MILLER , BIOLOGIST Ph: 702-668-3963

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tdoucett	08/25/2020 12:51:57 PM
Division Approval	bvale1	12/16/2020 16:22:21 PM
Department Approval	bvale1	12/16/2020 16:22:23 PM
Contract Manager Approval	btait	12/16/2020 16:26:47 PM
Budget Analyst Approval	mlynn	12/26/2020 15:53:56 PM
BOE Agenda Approval	laaron	01/05/2021 10:53:08 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: 22436	Amendment Number: 1
Agency Name: DCNR - DIVISION OF WATER RESOURCES	Legal Entity Name: U.S. Department of the Interior, U.S. Geological Survey
Agency Code: 705	Contractor Name: U.S. Department of the Interior, U.S. Geological Survey
Appropriation Unit: 4157 - All Categories	Address: 2730 Deer Run Road
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: Steven N. Berris 775-887-7600
	Vendor No.: T80838030
	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.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	50.00 % Reimbursement

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 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2021**

Contract term: **2 years**

4. Type of contract: **Other (include description): Joint Funding Agreement**

Contract description: **Hydrological Study**

5. Purpose of contract:

This is the first amendment to the original joint funding agreement which provides ongoing hydrologic monitoring along the Carlin Trend within the Humboldt River Region. This amendment increases the maximum amount from \$358,300 to \$451,300 due to the increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$358,300.00	\$358,300.00	\$358,300.00	Yes - Action
2. Amount of current amendment (#1):	\$93,000.00	\$93,000.00	\$93,000.00	Yes - Action
3. New maximum contract amount:	\$451,300.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The data collection and monitoring are necessary to document hydrologic conditions and the effects of activities of the major water users in the study area.

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

The U.S. Geological Survey has the scientists, equipment and expertise to provide the products and services.

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

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

Not Applicable

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

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

The U.S. Geological Survey has the necessary equipment in place and experience in delivering the desired product. The Acting State Engineer is authorized to enter into agreements with the U.S. Geological Survey under NRS 532.170.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Division has executed many agreements with the U.S. Geological Survey that have resulted in products widely used by governmental agencies and the public. The results have been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sweb4	12/15/2020 14:59:26 PM
Division Approval	sweb4	12/15/2020 15:21:59 PM
Department Approval	kwilliam	12/15/2020 17:16:27 PM
Contract Manager Approval	sweb4	12/16/2020 07:53:02 AM
Budget Analyst Approval	rjacob3	12/22/2020 07:17:52 AM
BOE Agenda Approval	laaron	12/24/2020 13:47:02 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: **21927** Amendment Number: **1**

Agency Name: **DCNR - DIVISION OF WATER RESOURCES** Legal Entity Name: **United States Department of the Interior, U.S. Geological Survey**

Agency Code: **705** Contractor Name: **United States Department of the Interior, U.S. Geological Survey**

Appropriation Unit: **4171-12** Address: **2730 Deer Run Road**

Is budget authority available?: **Yes** City/State/Zip: **Carson City, NV 89701**

If "No" please explain: **Not Applicable** Contact/Phone: **Steven Berris 775-887-7600**

Vendor No.: **T80838030**

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

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

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

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 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years**

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

Contract description: **Base Hydrology JFA**

5. Purpose of contract:

This is the first amendment to the original joint funding agreement which provides ongoing operation and maintenance of a streamflow network of 24 gages and a reservoir gage, groundwater level data collection, data entry and review and publication of the data to the internet and an annual publication. This amendment increases the maximum amount from \$787,660 to \$886,269 due to the increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$787,660.00	\$787,660.00	\$787,660.00	Yes - Action
2. Amount of current amendment (#1):	\$98,609.00	\$98,609.00	\$98,609.00	Yes - Action
3. New maximum contract amount:	\$886,269.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a program monitoring streamflows and groundwater levels used to assist the State Engineer in the management of the water resources of Nevada.

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

The U.S. Geological Survey has the scientists, equipment and expertise to provide the products and services.

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

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

Not Applicable

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

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

The U.S. Geological Survey has the necessary equipment and experience in delivering the desired product, and the State Engineer is authorized to enter into agreements with the U.S. Geological Survey under NRS 532.170.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sweb4	12/07/2020 09:16:30 AM
Division Approval	sweb4	12/07/2020 09:16:33 AM
Department Approval	kwilliam	12/07/2020 15:16:27 PM
Contract Manager Approval	sweb4	12/11/2020 10:58:09 AM
Budget Analyst Approval	rjacob3	12/22/2020 06:57:19 AM
BOE Agenda Approval	laaron	12/24/2020 14:07:11 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **17301** Amendment Number: **2**
 Agency Name: **DCNR - DIVISION OF WATER RESOURCES** Legal Entity Name: **U.S. Geological Survey**
 Agency Code: **705** Contractor Name: **U.S. Geological Survey**
 Appropriation Unit: **4503 - All Categories** Address: **2730 Deer Run Road**
 Is budget authority available?: **Yes** City/State/Zip: **Carson City, NV 89701**
 If "No" please explain: **Not Applicable** Contact/Phone: **Kip Allander 775-887-7600**
 Vendor No.: **T80838030**
 NV Business ID: **Governmental Entity**

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

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	53.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	47.00 % Water District Assessments

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2015**

Anticipated BOE meeting date 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **02/28/2021**

Contract term: **6 years and 152 days**

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

Contract description: **Humboldt Basin JFA**

5. Purpose of contract:

This is the second amendment to the original joint funding agreement which provides modeling studies in the Humboldt River Basin to determine surface water and ground water interaction. This amendment extends the termination date from February 28, 2021 to February 28, 2022 and increases the maximum amount from \$995,850 to \$2,121,700 due to the development of the final publication, an increased need for these services and to add the federal match portion that was not included in the original amount.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$995,850.00	\$995,850.00	\$995,850.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$1,125,850.00	\$1,125,850.00	\$1,125,850.00	Yes - Action
3. New maximum contract amount:	\$2,121,700.00			
and/or the termination date of the original contract has changed to:	02/28/2022			

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 surface water right holders. This model will determine the extent of any conflict that may exist and is needed for future water management 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. Solicitation Waiver: **Exempt (Per statute)**

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

The U.S. Geological Survey has the necessary equipment in place and experience in delivering the desired product, and the State Engineer is authorized to enter into agreements with the U.S. Geological Survey under NRS 532.170.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Division has executed many agreements with the U.S. Geological Survey that have resulted in many products widely used by governmental agencies and the public. The results have been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sweb4	12/11/2020 11:10:17 AM
Division Approval	sweb4	12/11/2020 11:10:20 AM
Department Approval	kwilliam	12/11/2020 14:31:24 PM
Contract Manager Approval	sweb4	12/11/2020 14:38:12 PM
Budget Analyst Approval	rjacob3	12/22/2020 06:47:52 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23849**Agency Name: **DETR - EMPLOYMENT SECURITY**Agency Code: **902**Appropriation Unit: **4772-22**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **PONDERA SOLUTIONS, LLC**Contractor Name: **PONDERA SOLUTIONS, LLC**Address: **80 BLUE RAVINE RD STE 250**City/State/Zip: **FOLSOM, CA 95630-4721**Contact/Phone: **Caryn Otto 916/389-7800**Vendor No.: **T27042221**NV Business ID: **NV20181019730**To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

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

Agency Reference #: **3502-22-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/31/2020**Anticipated BOE meeting date **02/2021**Retroactive? **Yes**

If "Yes", please explain

Emergency contract approved by Purchasing Administrator to help prevent fraud.3. Termination Date: **12/31/2021**Contract term: **1 year**4. Type of contract: **Contract**Contract description: **Fraud System**

5. Purpose of contract:

This is a new contract to provide fraud detection and protection tools.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$798,500.00**

Other basis for payment: \$618,700.00 due upon execution of contract execution and \$179,800 due 45 days after final deliverables are provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Unprecedented fraudulent applications for unemployment benefits have created a need for more robust solutions

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

State employees lack the time and expertise to create the needed solutions9. 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):

Lexis Nexis
Clairvoyix
Equifax
Pondera
Onpoint

b. Solicitation Waiver: **Not Applicable**

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

Pondera Solutions combined with Thomson Reuters offered the most comprehensive solution to help detect, investigate and enforce fraud, waste and abuse at the best value for the State of Nevada. Their implementation time and industry leading methods will allow Nevada to immediately and effectively combat fraud from the start of the project.

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdesoci1	12/24/2020 12:25:15 PM
Division Approval	lparven	12/30/2020 16:11:23 PM
Department Approval	kdesoci1	01/04/2021 12:46:18 PM
Contract Manager Approval	kdesoci1	01/04/2021 12:46:22 PM
EITS Approval	daxtel1	01/05/2021 09:06:35 AM
Budget Analyst Approval	dbaughn	01/05/2021 11:33:07 AM
BOE Agenda Approval	cbrekken	01/11/2021 14:25:26 PM
BOE Final Approval	Pending	

OFFICE OF THE DIRECTOR
Financial Management



STEVE SISOLAK
Governor

ELISA CAFFERATA
Acting Director

KATHLEEN DESOCIO
Chief Financial Officer

MEMORANDUM

DATE: December 30, 2020
TO: Darlene C. Baughn, Budget Analyst IV
Department of Administration
FROM: Kitty DeSocio, CFO
SUBJECT: RETROACTIVE CONTRACT REQUEST
Pondera Solutions

On behalf of the Department of Employment, Training and Rehabilitation (DETR), I respectfully request approval to execute a retroactive contract for Pondera Solutions. This contract is to provide fraud detection and protection tools to protect the integrity of the Unemployment Insurance and Pandemic Unemployment Assistance programs.

Thank you for your consideration of this request.

Tracy Zehner
Contract Manager, DETR

DETR, Financial Management, Approved by:



Kitty DeSocio
Chief Financial Officer, DETR

Date: 01/04/2020

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23676**

Agency Name: DETR - ADMINISTRATIVE SERVICES	Legal Entity Name: CENTRAL TELEPHONE COMPANY
Agency Code: 908	Contractor Name: CENTURYLINK COMMUNICATIONS, LLC
Appropriation Unit: 3274-28	Address: 100 CENTURYLINK DRIVE
Is budget authority available?: Yes	City/State/Zip: MONROE, LA 71203-2042
If "No" please explain: Not Applicable	Contact/Phone: ROBYN KELLY 702-936-4338
	Vendor No.: PUR0000402
	NV Business ID: NV19711000425

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 % COST ALLOCATION

Agency Reference #: **3480-23-IDP**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/08/2020**

Anticipated BOE meeting date **02/2021**

Retroactive? **Yes**

If "Yes", please explain

3. Termination Date: **12/31/2023**

Contract term: **3 years and 23 days**

4. Type of contract: **Contract**

Contract description: **200 Mbps Circuit**

5. Purpose of contract:

This is a new contract to provide 8x8 phone service to the northern and southern locations using multi-protocol label switching connectivity and quality of service technologies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$112,619.97**

Payment for services will be made at the rate of \$3,128.33 per month

Other basis for payment: \$4,000 one-time installation fee.

II. JUSTIFICATION

7. What conditions require that this work be done?

DETR has a new cloud based telephone system and a MPLS circuit connecting DETR directly to the Vendor is needed for northern and southern primary sites.

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

State employees do not have the tools to provide this service.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

This vendor was procured on an emergency basis in accordance with NAC 333.114.

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?

No b. If "No", please explain:

Central Telephone Company is doing business as Century Link Communications, LLC.

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aallen	11/03/2020 10:22:32 AM
Division Approval	aallen	11/03/2020 10:22:36 AM
Department Approval	aallen	11/13/2020 14:37:38 PM
Contract Manager Approval	aallen	12/30/2020 10:42:27 AM
EITS Approval	daxtel1	12/30/2020 10:56:28 AM
Budget Analyst Approval	dbaughn	01/06/2021 14:41:54 PM
BOE Agenda Approval	cbrekken	01/12/2021 13:09:31 PM
BOE Final Approval	Pending	



MEMORANDUM

DATE: January 6, 2021
TO: Darlene C. Baughn, Budget Analyst IV
Department of Administration
FROM: Elisa Cafferata, Director
SUBJECT: RETROACTIVE CONTRACT
CenturyLink – CETS #23676

On behalf of the Department of Employment, Training and Rehabilitation (DETR), I respectfully request approval to execute a retroactive contract to provide a MPLS connections and a QoS agreement that will connect DETR's northern and southern locations to the 8x8 phone. This contract will be in effect from December 8, 2020 through December 31, 2023.

Thank you for your consideration of this request.

Andrea Allen
Contract Manager

DETR, Financial Management, Approved by:



Kitty DeSocio
Chief Financial Officer, DETR

Date: January 6, 2021

Steve Sisolak
Governor



Laura E. Freed
Director
Colleen Murphy
Deputy Director
David Haws
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Enterprise IT Services Division

100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

MEMORANDUM

TO: Steve McCord, IT Professional IV, DETR
Scott Jeffries, IT Manager III, DETR
Andrea Allen, Deputy Chief Financial Officer, DETR
Elisa P. Cafferata, Director, DETR

CC: David Haws, Administrator, EITS, DOA
Jon Mathews, IT Manager, EITS, DOA
Fredrick Springer, IT Manager II, EITS, DOA

FROM: David Axtell, Chief Enterprise Architect, EITS, DOA

SUBJECT: TIN Review Completed – V3 - DETR Phone System and IVR replacement
FY21 – BA3274TIN217

DATE: December 29, 2020

We have completed the review of DETR's – V3 - *DETR Phone System and IVR replacement FY21 TIN-217*.

The submitted TIN, for an estimated value of \$2,755,169.19 this biennium and \$2,682,527.60 in the next biennium, provides for the upgrade to DETR's legacy phone system/IVR to a cloud-based solution. The existing system consists of components dating back to 1997. The entire system (even the most recent 2009 system upgrade) are at end-of-life or out of support, resulting in security risks and costly non-standard "best effort" maintenance.

This system brings much needed functionality and the ability to accommodate the dynamic needs of the department. Roughly 1.2 million unique filings have been made this year and most rely on telephone communications at some point.

Enterprise UC and call center needs are currently under development and DETR's needs are critical for any statewide solution.

EITS supports the need for this investment but asks that DETR's contract co-terminates with EITS' and

DWSS' contracts to enable DETR to easily join the state's Unified Communication (UC) solution targeted for the FY 24/25 biennium. Please coordinate with EITS' WAN/Telco team for those dates.

If there are to be any changes to enterprise services, including: network, server, telecom etc. please notify EITS as soon as possible.

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

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: **23846**

Agency Name: PUBLIC EMPLOYEES' BENEFITS PROGRAM	Legal Entity Name: AETNA
Agency Code: 950	Contractor Name: AETNA
Appropriation Unit: 1338 - All Categories	Address: 1425 UNION MEETING ROAD U23N
Is budget authority available?: Yes	City/State/Zip: BLUE BELL, PA 19422
If "No" please explain: Not Applicable	Contact/Phone: 215-775-4043
	Vendor No.: T32010467
	NV Business ID: EXEMPT

To what State Fiscal Year(s) will the contract be charged? **2021-2026**

What is the source of funds that will be used to pay the contractor? 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 % Employer Subsidy/Participant Premium

2. Contract start date:

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

Anticipated BOE meeting date: **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **5 years and 149 days**

4. Type of contract: **Contract**

Contract description: **Statewide PPO**

5. Purpose of contract:

This is a new contract to provide an in-state Preferred Provider Organization medical network for self-insured participants.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,127,250.00**

Payment for services will be made at the rate of \$4.25 per PPM

II. JUSTIFICATION

7. What conditions require that this work be done?

PEBP offers a statewide medical PPO network for participants of the program who choose to enroll in offered self-insured plans.

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

The State does not contract or lease a medical network of its own.

9. Were quotes or proposals solicited? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

d. Last bid date: 08/30/2020 Anticipated re-bid date: 07/01/2025

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 NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

License #7 issued by the Nevada Department of Insurance. Exempt from secretary of state qualification as a licensed insurer.

16. a. Is 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.

**N.R.S. 680B.020
680B.020. State license exclusive; exception
Effective: July 1, 2017**

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.

**N.R.S. 680B.020
680B.020. State license exclusive; exception
Effective: July 1, 2017**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ceaton	12/23/2020 18:59:01 PM
Division Approval	ceaton	12/23/2020 18:59:05 PM
Department Approval	ceaton	12/23/2020 18:59:10 PM
Contract Manager Approval	ceaton	12/23/2020 18:59:15 PM
Budget Analyst Approval	hfield	01/11/2021 13:28:27 PM
BOE Agenda Approval	hfield	01/11/2021 13:28:29 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23810**

Agency Name: PUBLIC EMPLOYEES' BENEFITS PROGRAM	Legal Entity Name: DIVERSIFIED DENTAL SERVICES
Agency Code: 950	Contractor Name: DIVERSIFIED DENTAL SERVICES
Appropriation Unit: 1338 - All Categories	Address: 639 ISBELL RD. SUITE 210
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509
If "No" please explain: Not Applicable	Contact/Phone: 800/255-3142
	Vendor No.: T81085278
	NV Business ID: NV19951129590

To what State Fiscal Year(s) will the contract be charged? **2021-2026**

What is the source of funds that will be used to pay the contractor? 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 % Employer Subsidy/Participant Premium

2. Contract start date:

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

Anticipated BOE meeting date: **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **5 years and 149 days**

4. Type of contract: **Contract**

Contract description: **Dental Network**

5. Purpose of contract:

This is a new contract to provide a dental Preferred Provider Organization network for participants.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,601,613.00**

Other basis for payment: **Monthly PPM according to Attachment DD - Fee Schedule**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Public Employees' Benefits Program offers dental benefits in the form of a dental PPO as a part of its standard benefits package.

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 maintain a dental network

9. Were quotes or proposals solicited? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

Diversified Dental has been the contracted Dental PPO Network for PEBP. PEBP and its participants are satisfied with the services provided by Diversified Dental.

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

No If "Yes", please provide details of the litigation 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	ceaton	12/09/2020 13:42:03 PM
Division Approval	ceaton	12/09/2020 13:42:05 PM
Department Approval	ceaton	12/09/2020 13:42:08 PM
Contract Manager Approval	ceaton	12/23/2020 19:00:25 PM
Budget Analyst Approval	hfield	01/07/2021 15:08:22 PM
BOE Agenda Approval	hfield	01/07/2021 15:08:25 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **23802**

Agency Name:	PUBLIC EMPLOYEES' BENEFITS PROGRAM	Legal Entity Name:	HEALTH PLAN OF NEVADA
Agency Code:	950	Contractor Name:	HEALTH PLAN OF NEVADA
Appropriation Unit:	1338 - All Categories	Address:	2720 NORTH TENAYA WAY
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89128
If "No" please explain:	Not Applicable	Contact/Phone:	Michelle Walker 702-304-6923
		Vendor No.:	T81081601
		NV Business ID:	NV19841007076

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Employer Subsidy/Participant Premium

2. Contract start date:

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

Anticipated BOE meeting date 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2025**Contract term: **4 years and 149 days**4. Type of contract: **Contract**Contract description: **HMO - South**

5. Purpose of contract:

This is a new contract to provide Health Maintenance Organization plan services in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$192,093,848.00**

Other basis for payment: Rate Renewals NTE based upon Attachment DD

II. JUSTIFICATION

7. What conditions require that this work be done?

Access to medical care and services are provided as a benefit to active and retired plan participants.

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

State employees are not licensed to provide this service.

9. Were quotes or proposals solicited?

Yes

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

Yes

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

b. Solicitation Waiver: **Not Applicable**

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

RFP 95PEBP-S1291

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

Health Plan of Nevada is PEBP's current Southern Nevada HMO vendor. PEBP and PEBP participants are satisfied with the services provided by Health Plan of Nevada.

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

No If "Yes", please provide details of the litigation 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	ceaton	12/08/2020 07:45:58 AM
Division Approval	ceaton	12/08/2020 07:46:04 AM
Department Approval	ceaton	12/08/2020 07:46:13 AM
Contract Manager Approval	ceaton	01/05/2021 08:35:05 AM
Budget Analyst Approval	hfield	01/07/2021 16:37:23 PM
BOE Agenda Approval	hfield	01/07/2021 16:37:26 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: **15510** Amendment Number: **4**
 Agency Name: **PUBLIC EMPLOYEES' BENEFITS** Legal Entity Name: **HOMETOWN HEALTH PROVIDERS**
 Agency Code: **950** Contractor Name: **HOMETOWN HEALTH PROVIDERS**
 Appropriation Unit: **1338 - All Categories** Address: **INSURANCE CO INC - PPO PREMIUM**
 Is budget authority available?: **Yes** City/State/Zip: **830 HARVARD WAY**
 If "No" please explain: Not Applicable Contact/Phone: **RENO, NV 89502-2055**
 Vendor No.: **775/982-3181**
 NV Business ID: **T29003541**
NV19871019956

To what State Fiscal Year(s) will the contract be charged? **2015-2021**

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 % 63% State Subsidy/ 37% Premium Revenue

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2014**
 Anticipated BOE meeting date **02/2021**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/30/2021**
 Contract term: **7 years and 1 day**

4. Type of contract: **Contract**
 Contract description: **Statewide PPO**

5. Purpose of contract:
This is the fourth amendment to the original contract which provides a statewide medical Preferred Provider Organization network for participants in the Consumer Driven Health Plan. This amendment increases the maximum amount from \$8,033,380 to \$8,560,090 due to the increased population in the Exclusive Provider Organization plan.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$8,033,380.00	\$8,033,380.00	\$8,033,380.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#4):	\$526,710.00	\$526,710.00	\$526,710.00	Yes - Action
3. New maximum contract amount:	\$8,560,090.00			
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?

PEBP offers a statewide medical PPO network for participants of the program who choose to enroll in the high deductible health plan.

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 contract or lease a medical network of its own.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected by the evaluation committee because of pricing, network access and pricing transparency.

d. Last bid date: 12/01/2013 Anticipated re-bid date: 12/01/2018

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Hometown Health and Sierra Healthcare Options is PEBP's current medical PPO network provider. PEBP is very satisfied by the work and services offered by Hometown Health and Sierra Healthcare Options.

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ceaton	01/05/2021 08:32:42 AM
Division Approval	ceaton	01/05/2021 08:32:54 AM
Department Approval	ceaton	01/05/2021 08:33:00 AM
Contract Manager Approval	ceaton	01/05/2021 08:33:04 AM
Budget Analyst Approval	hfield	01/15/2021 09:35:52 AM

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	G D SHOENBERGER, INC.	OTHER: VARIOUS AGENCIES	\$250,000	
	Contract Description:	This is a new contract to provide ongoing clinical psychology services.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 23753		
2.		VARIOUS STATE AGENCIES	TNT AUCTION OF NEVADA, INC.	OTHER: VARIOUS AGENCIES	\$250,000	
	Contract Description:	This is a new contract to provide auction services.				
		Term of Contract:	Upon Approval - 01/30/2025	Contract # 23692		
3.		VARIOUS STATE AGENCIES	WELLS FARGO MERCHANT SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$466,666	
	Contract Description:	This is the third amendment to the original contract which provides state agencies the ability to accept electronic payment types as a convenience for their customers and to comply with NRS 353.1465. This amendment extends the termination date from February 28, 2021 to February 28, 2023 and increases the maximum amount from \$1,400,000 to \$1,866,666 due to the continued need for these services.				
		Term of Contract:	03/01/2015 - 02/28/2023	Contract # 16314		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23753**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: G D Shoenberger, Inc.
Agency Code: MSA	Contractor Name: G D Shoenberger, Inc.
Appropriation Unit: 9999 - All Categories	Address: 245 Mt. Rose St.
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89509
If "No" please explain: Not Applicable	Contact/Phone: Deacon Shoenberger 775-448-6828
	Vendor No.: T32009967
	NV Business ID: NV20091074279

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

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

Agency Reference #: **S167-RV**

2. Contract start date:

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

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 148 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide ongoing clinical psychology services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S167 for behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	01/05/2021 15:56:28 PM
Division Approval	gdavi6	01/05/2021 15:56:31 PM
Department Approval	ldeloach	01/05/2021 16:21:29 PM
Contract Manager Approval	rvradenb	01/06/2021 11:38:52 AM
Budget Analyst Approval	dkluever	01/06/2021 14:58:54 PM
BOE Agenda Approval	hfield	01/07/2021 14:46:34 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: **23692**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: TNT AUCTION OF NEVADA, INC.
Agency Code: MSA	Contractor Name: TNT AUCTION OF NEVADA, INC.
Appropriation Unit: 9999 - All Categories	Address: PO BOX 16185
Is budget authority available?: Yes	City/State/Zip: SALT LAKE CITY, UT 84116-0185
If "No" please explain: Not Applicable	Contact/Phone: Mike McKee 855-317-5133
	Vendor No.: PUR0002736
	NV Business ID: NV20061160142

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 % Various Agencies

Agency Reference #: **S1295-RV**

2. Contract start date:

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

Anticipated BOE meeting date **02/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/30/2025**

Contract term: **5 years**

4. Type of contract: **MSA**

Contract description: **Auction Services**

5. Purpose of contract:

This is a new contract to provide auction services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Certain property retains monetary value, even when no longer usable. By selling excess property through public auction, the state is able to recover revenue that would be otherwise lost by normal disposal or destruction.

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

State agencies do not possess qualified or licensed staff to conduct public auctions.

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):

Stremmel Auctions
GovDeals
TNT Auction

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 99SWC-S1295 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: 09/08/2020 Anticipated re-bid date: 06/15/2024

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Department of Administration, Purchasing Division 06/15-12/20. Agency is satisfied.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	01/05/2021 15:57:56 PM
Division Approval	gdavi6	01/05/2021 15:57:59 PM
Department Approval	ldeloach	01/05/2021 16:22:31 PM
Contract Manager Approval	rvradenb	01/06/2021 11:39:07 AM
Budget Analyst Approval	hfield	01/07/2021 11:55:58 AM
BOE Agenda Approval	hfield	01/07/2021 11:56:00 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: 16314	Amendment Number: 3	
	Legal Entity Name: Wells Fargo Merchant Services L.L.C.	
Agency Name: MSA MASTER SERVICE AGREEMENTS	Contractor Name: Wells Fargo Merchant Services L.L.C.	
Agency Code: MSA	Address: 1200 Montego	
Appropriation Unit: 9999 - All Categories	City/State/Zip: Walnut Creek, CA 94598	
Is budget authority available?: Yes	Contact/Phone: Patrick Foley 702-247-5613	
If "No" please explain: Not Applicable	Vendor No.: T27042059	
	NV Business ID: NV20151382501	

To what State Fiscal Year(s) will the contract be charged? **2015-2023**

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

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

Agency Reference #: 3091

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2015**
 Anticipated BOE meeting date 02/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **02/28/2021**

Contract term: **8 years and 1 day**

4. Type of contract: **MSA**

Contract description: **Merchant Bankcard**

5. Purpose of contract:

This is the third amendment to the original contract which provides state agencies the ability to accept electronic payment types as a convenience for their customers and to comply with NRS 353.1465. This amendment extends the termination date from February 28, 2021 to February 28, 2023 and increases the maximum amount from \$1,400,000 to \$1,866,666 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:	\$1,400,000.00	\$1,400,000.00	\$1,400,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$466,666.00	\$466,666.00	\$466,666.00	Yes - Action
3. New maximum contract amount:	\$1,866,666.00			
and/or the termination date of the original contract has changed to:	02/28/2023			

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies are obligated to offer various payment options to their customers for fees and services provided.

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 capability of accepting credit card payments without the service of a merchant banker.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3091, 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: 08/01/2014 Anticipated re-bid date: 08/01/2023

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Wells Fargo is currently under contract with the State Treasurers Office for banking services. Services provided have been satisfactory.

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

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

Not Applicable

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

Other

Non-filing domestic entity

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

gdavi6

12/22/2020 17:44:58 PM

Division Approval	gdavi6	12/22/2020 17:45:02 PM
Department Approval	ldeloach	12/23/2020 09:26:47 AM
Contract Manager Approval	tbeck1	12/23/2020 10:10:56 AM
Budget Analyst Approval	dkluever	12/28/2020 13:43:58 PM
BOE Agenda Approval	hfield	12/29/2020 08:25:08 AM

INFORMATION 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 - UNIVERSITY OF NEVADA, LAS VEGAS	FEDERAL	\$15,990	Exempt
	Contract Description:	This is the second amendment to the original interlocal agreement which provides programs to support apprenticeship activities. This amendment extends the termination date from December 31, 2020, to April 30, 2021 and increases the maximum amount from \$133,398 to \$149,388 due to the continued need for these services.				
		Term of Contract:	02/12/2019 - 04/30/2021	Contract # 21500		
2.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	EKAY ECONOMIC CONSULTANTS, INC.	TORT CLAIM FUNDS	\$40,000	Professional Service
	Contract Description:	This is a new contract to provide expert witness testimony in support of an active case.				
		Term of Contract:	12/21/2020 - 07/31/2022	Contract # 23784		
3.	040	SECRETARY OF STATE'S OFFICE	ZONES, INC.	GENERAL	\$36,441	
	Contract Description:	This is a new contract to provide cloud service bot protection.				
		Term of Contract:	12/29/2020 - 06/30/2022	Contract # 23843		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING	GENERAL	\$39,300	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Northern Nevada Correctional Center - Advance Planning Domestic Water and Sanitary Sewer System CIP project: CIP Project No. 19-P04; SPWD Contract No. 113183. This amendment increases the maximum amount from \$1,048,064 to \$1,087,364 due to additional design services for the mechanical and electrical improvements.				
		Term of Contract:	02/11/2020 - 06/30/2023	Contract # 22707		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	Q&D CONSTRUCTION, INC.	GENERAL	\$10,913	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Hero's Memorial - Renovation and Seismic Retrofit Advance Planning CIP project: CIP Project No. 19-P02; SPWD Contract No.113364. This amendment increases the maximum amount from \$12,300 to \$23,213 due to the additional need for non-destructive testing, wall coring and repair of existing finishes.				
		Term of Contract:	03/02/2020 - 06/30/2023	Contract # 22929		

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 - STATEWIDE CIP PROJECTS - NON-EXEC	UTAH NEW VISION CONSTRUCTION	GENERAL	\$13,800	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Hero's Memorial Building No. 65533; Advanced Planning Renovation and Seismic Retrofit CIP project, which includes design assistance and drawing review, assembly deconstruction, thermographic imaging and report, window water and air test, energy assessment, and summary report for seismic strengthening and a major remodel of the Hero's Memorial Building and Annex: CIP Project No. 19-P02; SPWD Contract No. 113816.				
	Term of Contract:	01/12/2021 - 06/23/2023	Contract # 23793			
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	CURTAINWALL DESIGN & CONSULTING, INC.	BONDS	\$23,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Roofing Replacement, Southern Regional Park Headquarters and Warehouse Building CIP project, which includes programming, design, bidding coordination, and construction administration services: CIP Project No. 19-S01-4; SPWD Contract No. 113727.				
	Term of Contract:	01/13/2021 - 06/30/2023	Contract # 23776			
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	RO ANDERSON ENGINEERING, INC.	BONDS	(\$21,670)	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Caliente Youth Center Pavement Preservation and Maintenance CIP project: CIP Project No. 19-S05(2); SPWD Contract No. 113411. This amendment decreases the maximum amount from \$29,810 to \$8,140 due to the termination of the agreement.				
	Term of Contract:	04/02/2020 - 06/30/2023	Contract # 23036			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	SAFETY ONE TRAINING	FEE: USER	\$30,800	Sole Source
	Contract Description:	This is a new contract to provide winter survival training for Enterprise Information Technology Services Network Transport Services snowcat operators.				
		Term of Contract:	01/12/2021 - 06/30/2021	Contract # 23833		
10.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	CRIME SCENE AND HOARDING CLEAN-UP OF SOUTHERN NEVADA, LLC	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$24,900	
	Contract Description:	This is a new contract to provide ongoing cleaning and sanitization services.				
		Term of Contract:	12/11/2020 - 06/30/2021	Contract # 23821		
11.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	INITIAM, INC. DBA HITECH COMMERCIAL SERVICE	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$10,000	
	Contract Description:	This is a new contract to provide ongoing diagnosis and repairs to dietary equipment.				
		Term of Contract:	12/21/2020 - 11/30/2022	Contract # 23811		
12.	240	DEPARTMENT OF VETERANS SERVICES - GENERAL VETERANS SERVICES-FEES - NON-EXEC	MAINSTREAM TECHNOLOGIES, INC.	OTHER: DONATIONS	\$14,850	
	Contract Description:	This is a new contract to provide database services to standup and rebrand the Veterans Information System.				
		Term of Contract:	01/12/2021 - 12/31/2021	Contract # 23820		
13.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	CYNTHIA SCHUMACHER	OTHER: SPONSORSHIP	\$24,999	
	Contract Description:	This is a new contract to provide for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorization of charter schools.				
		Term of Contract:	12/18/2020 - 06/30/2024	Contract # 23792		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
14.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	TOGETHER FACING THE CHALLENGE	FEDERAL	\$33,800	
	Contract Description:	This is a new contract to provide training in an evidence-based model of specialized foster care. This training will certify Division staff to then train the foster parents in the model.				
		Term of Contract:	01/12/2021 - 11/30/2021	Contract # 23729		
15.	440	DEPARTMENT OF CORRECTIONS – ELY STATE PRISON	FDI BACKFLOW SPECIALISTS, INC.	GENERAL	\$21,557	
	Contract Description:	This is a new contract for annual backflow testing, certification and repairs at Ely State Prison, Ely Conservation Camp, Pioche Conservation Camp and Wells Conservation Camp.				
		Term of Contract:	01/07/2021 - 08/31/2024	Contract # 23641		
16.	690	COLORADO RIVER COMMISSION	LCPDS, LLC	OTHER: POWER SALES	\$40,000	Professional Service
	Contract Description:	This is a new contract to provide professional expert testimony in proceedings before the Public Utilities Commission of Nevada, the Federal Energy Regulatory Commission or other agencies that impact the ability to deliver power, transmission, and distribution services to its contractors.				
		Term of Contract:	12/24/2020 - 01/31/2023	Contract # 23815		
17.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE	GENERAL 1% SPORTSMEN 24% FEDERAL 75%	\$25,000	
	Contract Description:	This is a new contract to provide scientific and forensic support services for conservation law enforcement and wildlife management.				
		Term of Contract:	01/13/2021 - 09/30/2024	Contract # 23464		
18.	702	DEPARTMENT OF WILDLIFE - HABITAT	HUMBOLDT WATERSHED COOPERATIVE WEED MANAGEMENT AREA	FEE: HABITAT CONSERVATION	\$30,000	
	Contract Description:	This is a new contract to provide weed infestation treatment on lands in the Humboldt Watershed.				
		Term of Contract:	01/09/2021 - 09/30/2022	Contract # 23533		
19.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - USGS CO-OP – NON-EXEC	UNITED STATES DEPARTMENT OF THE INTERIOR, U.S. GEOLOGICAL SURVEY	OTHER: WATER DISTRICT ASSESSMENT 50% FEDERAL 50%	\$39,000	Exempt
	Contract Description:	This is the first amendment to the original joint funding agreement which provides ongoing monitoring services of water resources in eastern and southern Nevada. This amendment increases the maximum amount from \$196,960 to \$235,960 due to the increased need for these services.				
		Term of Contract:	10/01/2020 - 09/30/2021	Contract # 23625		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	JESSICA LEMAY DBA JESSI LEMAY PHOTOGRAPHY	FEDERAL	\$22,650	
	Contract Description:	This is a new contract to provide a story map of stewardship projects across the state to generate interest in stewardship activities.				
		Term of Contract:	12/22/2020 - 06/30/2022	Contract # 23790		
21.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - NURSERIES	F&F INDUSTRIES DBA PONDEROSA ROOFING & STEEL WORK	GENERAL	\$21,700	
	Contract Description:	This is a new contract to provide a replacement louver panel roof on the greenhouse located in Washoe Valley due to storm damage.				
		Term of Contract:	01/13/2021 - 04/30/2021	Contract # 23875		
22.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION – AIR QUALITY	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO – UNIVERSITY OF NEVADA, RENO	FEE: AIR PENALTY 82% FEDERAL 18%	\$38,715	Exempt
	Contract Description:	This is the first amendment to the interlocal agreement which manages the operation of the Wood Stove Change-Out Program which replaces old woodburning stoves with federally compliant and certified biofuel stoves. This amendment extends the termination date from June 30, 2021 to June 30, 2022, increases the maximum amount from \$70,000 to \$108,705 and updates the scope of work due to the continued need for these services.				
		Term of Contract:	11/12/2019 - 06/30/2022	Contract # 22312		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - MATERIALS MANAGEMENT & CORRECTIVE ACTION	CLEAN HARBORS ENVIRONMENTAL	FEDERAL	\$30,000	
	Contract Description:	This is a new contract to provide the collection of household generated, elemental mercury hazardous waste from rural Nevada communities.				
		Term of Contract:	12/22/2020 - 10/30/2021	Contract # 23709		
24.	810	DEPARTMENT OF MOTOR VEHICLES - COMPLIANCE ENFORCEMENT	I-SIGHT BY CUSTOMER EXPRESSIONS CORPORATION.	HIGHWAY 65% FEES: EMMISSIONS 35%	\$44,100	
	Contract Description:	This is the second amendment to the original contract which provides ongoing system hosting, user access fees, and system maintenance for DMV's Case Management System, including data storage and disaster recovery. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$84,000 to \$128,100 due to the continued need for these services.				
		Term of Contract:	07/01/2017 - 06/30/2023	Contract # 19433		
25.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	ANDERSON PEST CONTROL, LLC	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$20,000	
	Contract Description:	This is a new contract to provide ongoing rodent control and damage repair services for the gift shop located at the Hoover Dam.				
		Term of Contract:	03/01/2021 - 02/28/2025	Contract # 23834		
26.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	WESTERN DOOR AND GATE, LLC	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$15,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing maintenance and repair of doors and any associated hardware at any existing and new southern Nevada locations.				
		Term of Contract:	01/05/2021 - 12/31/2022	Contract # 23812		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
27.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	ALLIANCE ENTERPRISES, INC.	GENERAL 21.3% FEDERAL 78.7%	\$44,591	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides upgrades to the existing Rehabilitation Automated Information System of Nevada. This amendment reduces the termination date from July 31, 2022 to June 30, 2022 and increases the maximum amount from \$2,897,796 to \$2,942,387 due to changes to the maintenance and support scope of services.				
	Term of Contract:	09/12/2017 - 06/30/2022	Contract # 19079			
28.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	ODYSSEY CHARTER SCHOOL OF NEVADA	GENERAL 21.3% FEDERAL 78.7%	\$14,400	EXEMPT
	Contract Description:	This is a new interlocal agreement to provide ongoing Pre-Employment Transition Services to disabled youths ages 16-21.				
	Term of Contract:	12/29/2020 - 12/31/2021	Contract # 23809			
29.	B023	LICENSING BOARDS AND COMMISSIONS - PHYSICAL THERAPY EXAMINERS	K. NEENA LAXALT CONSULTING	FEE: LICENSURE	\$48,000	
	Contract Description:	This is a new contract to provide lobbying services.				
	Term of Contract:	01/01/2021 - 12/31/2022	Contract # 23813			

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21500** Amendment Number: **2**

Agency Name: **OFFICE OF WORKFORCE INNOVATION** Legal Entity Name: **BOARD OF REGENTS-UNLV NSHE**

Agency Code: **018** Contractor Name: **BOARD OF REGENTS-UNLV NSHE**

Appropriation Unit: **1004-14** Address: **BOX 451005**

Is budget authority available?: **Yes** City/State/Zip: **NORTH LAS VEGAS, NV 89030**

If "No" please explain: **Not Applicable** Contact/Phone: **7026515944**

Vendor No.: **D350000815**

NV Business ID: **GOVERNMENTAL ENTITY**

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/12/2019**

Anticipated BOE meeting date **01/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 77 days**

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

Contract description: **NV Apprenticeship**

5. Purpose of contract:

This is the second amendment to this interlocal contract which provides programs to support the apprenticeship activities. This amendment extends the termination date from December 31, 2020, to April 30, 2021, and increase the maximum amount from \$133,398 to \$149,388 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:	\$248,082.00	\$248,082.00	\$248,082.00	Yes - Action
a. Amendment 1:	-\$114,684.00	-\$114,684.00	-\$114,684.00	Yes - Action
2. Amount of current amendment (#2):	\$15,990.00	\$15,990.00	\$15,990.00	Yes - Info
3. New maximum contract amount:	\$149,388.00			
and/or the termination date of the original contract has changed to:	04/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

An essential component of Nevada's ApprenticeshipUSA State Expansion ("TRAIN") grant is the creation of an infrastructure to support apprenticeship, increase opportunities for underrepresented populations, and diversify apprenticeships to non-traditional industries.

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

This is an interlocal contract.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rkankiew	12/23/2020 11:31:39 AM
Division Approval	rhelto1	12/23/2020 13:36:52 PM
Department Approval	rhelto1	12/23/2020 13:36:57 PM
Contract Manager Approval	ssands	12/29/2020 08:56:46 AM
Budget Analyst Approval	dbaughn	12/29/2020 09:01:40 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: **23784**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: EKAY ECONOMIC CONSULTANTS INC
Agency Code: 030	Contractor Name: EKAY ECONOMIC CONSULTANTS INC
Appropriation Unit: 1348-15	Address: 550 W PLUMB LN B459
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509-3503
If "No" please explain: Not Applicable	Contact/Phone: 775/232-7203
	Vendor No.: T27043266
	NV Business ID: NV20101604656

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/21/2020**

Anticipated BOE meeting date **12/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2022**

Contract term: **1 year and 221 days**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

This is a new contract to provide expert witness testimony in support of an active case.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Dr. Larmore will provide expert report, rebuttal report, expert consultation and testimony in the case of Schreckengost & Walsh v. State of Nevada, ex rel. its Department of Corrections and Perry Russell.

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nancy Katafias, Torts Claim Manager Ph: 775-684-1252

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	12/10/2020 10:37:00 AM
Division Approval	jhoba2	12/10/2020 10:37:04 AM
Department Approval	jhoba2	12/10/2020 10:37:08 AM
Contract Manager Approval	Iramire7	12/10/2020 12:12:32 PM
Budget Analyst Approval	jcoope8	12/21/2020 12:38:47 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23843**

Agency Name: SECRETARY OF STATE'S OFFICE	Legal Entity Name: ZONES INC
Agency Code: 040	Contractor Name: ZONES INC
Appropriation Unit: 1050-26	Address: ZONES CORPOATE SOLUTIONS
Is budget authority available?: Yes	1102 15TH ST SW STE 254
If "No" please explain: Not Applicable	City/State/Zip: AUBURN, WA 98001
	Contact/Phone: Steve Morberg 253/205-3748
	Vendor No.: PUR0000847B
	NV Business ID: NV19971182433

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/29/2020**

Anticipated BOE meeting date 01/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 182 days**

4. Type of contract: **Contract**

Contract description: **Bot protection**

5. Purpose of contract:

This is a new contract to provide cloud service bot protection.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,441.05**

Other basis for payment: Bot Protection is a cloud service that SOS requires due to the

II. JUSTIFICATION

7. What conditions require that this work be done?

Our former bot protection service, Distil, was purchased by Imperva. Imperva has it's own cloud network, and the Distil cloud network will cease to exist by the end of the year. We have to move on to the Zones LLC which is covered under the State NSA with Carahsoft

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

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

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

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

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

Not Applicable

b. Soliciation Waiver: **Not Applicable**

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

[Empty box]

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	svaldez	12/22/2020 10:45:52 AM
Division Approval	svaldez	12/22/2020 10:45:59 AM
Department Approval	mwlaschi	12/22/2020 11:44:47 AM
Contract Manager Approval	svaldez	12/22/2020 11:45:48 AM
EITS Approval	daxtel1	12/23/2020 16:45:42 PM
Budget Analyst Approval	hfield	12/29/2020 09:52:53 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22707** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **FARR WEST ENGINEERING DBA**

Agency Code: **082** Contractor Name: **FARR WEST ENGINEERING DBA**

Appropriation Unit: **1558-63** Address: **FARR WEST CHILTON ENGINEERING 5510 LONGLEY LANE**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89705**

If "No" please explain: **Not Applicable** Contact/Phone: **775-853-7255**

Vendor No.: **T81102795**

NV Business ID: **NV20011242988**

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

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

Agency Reference #: **113183**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/11/2020**

Anticipated BOE meeting date **01/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 139 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Northern Nevada Correctional Center - Advance Planning Domestic Water and Sanitary Sewer System CIP Project No. 19-P04; SPWD Contract No. 113183. This amendment increases the maximum amount from \$1,048,064 to \$1,087,364 due to additional design services for the mechanical & electrical improvements in the Northern Nevada Correctional Center.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,048,064.00	\$1,048,064.00	\$1,048,064.00	Yes - Action
2. Amount of current amendment (#1):	\$39,300.00	\$39,300.00	\$39,300.00	Yes - Info
3. New maximum contract amount:	\$1,087,364.00			

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mhelto1	12/07/2020 16:23:44 PM
Division Approval	mhelto1	12/07/2020 16:23:48 PM
Department Approval	mhelto1	12/07/2020 16:23:51 PM
Contract Manager Approval	lwildes	12/08/2020 08:46:54 AM
Budget Analyst Approval	nkephart	01/11/2021 10:10:18 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: **22929** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **Q&D CONSTRUCTION INC**

Agency Code: **082** Contractor Name: **Q&D CONSTRUCTION INC**

Appropriation Unit: **1558-62** Address: **1050 SOUTH 21ST STREET**

Is budget authority available?: **Yes** City/State/Zip: **SPARKS, NV 89431**

If "No" please explain: **Not Applicable** Contact/Phone: **LANCE SEMENKO - PRESIDENT 775-786-2677**

Vendor No.: **T81009604**

NV Business ID: **NV16971000639**

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 #: **113364**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/02/2020**

Anticipated BOE meeting date **01/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 119 days**

4. Type of contract: **Contract**

Contract description: **Owner - CMAR**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Hero's Memorial - Enovation and Seismic Retrofit Advance Planning CIP Project No. 19-P02; SPWD Contract No.113364. This amendment increases the maximum amount from \$12,300 to \$23,213 due to additional need for non-destructive testing, wall coring and repair of existing finishes.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$12,300.00	\$12,300.00	\$12,300.00	Yes - Info
2. Amount of current amendment (#1):	\$10,913.00	\$10,913.00	\$23,213.00	Yes - Info
3. New maximum contract amount:	\$23,213.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Leg. Approved CIPs

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	mhelto1	12/08/2020 09:35:39 AM
Division Approval	mhelto1	12/08/2020 09:35:42 AM
Department Approval	mhelto1	12/08/2020 09:35:46 AM
Contract Manager Approval	lwildes	12/08/2020 10:14:18 AM
Budget Analyst Approval	nkephart	01/11/2021 10:34:23 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23793**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: UTAH NEW VISION CONSTRUCTION
Agency Code: 082	Contractor Name: UTAH NEW VISION CONSTRUCTION
Appropriation Unit: 1558-62	Address: LLC
Is budget authority available?: Yes	11350 E 18625 N STE 118
If "No" please explain: Not Applicable	City/State/Zip: MOUNT PLEASANT, UT 84647-4701
	Contact/Phone: 801-641-7270
	Vendor No.: T32007141
	NV Business ID: NV20031235820

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

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

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

Agency Reference #: **113816**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/12/2021**

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/23/2023**

Contract term: **2 years and 161 days**

4. Type of contract: **Contract**

Contract description: **MISCELLANEOUS**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Heroes Memorial Building � Advanced Planning Renovation and Seismic Retrofit CIP project, which includes design assistance and drawing review, assembly deconstruction, thermographic imagining and report, window water and air test, energy assessment, and summary report for seismic strengthening and a major remodel of the Heroes Memorial Building and Annex: CIP Project No. 19-P02; SPWD Contract No. 113816.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,800.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Leg. Approved CIP's

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Benjamin, Adrianna, Project Manager Ph: 775-684-4141

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mhelto1	12/07/2020 16:13:59 PM
Division Approval	mhelto1	12/07/2020 16:14:01 PM
Department Approval	mhelto1	12/07/2020 16:14:03 PM
Contract Manager Approval	lwildes	12/08/2020 08:39:54 AM
Budget Analyst Approval	nkephart	01/12/2021 12:17:26 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23776**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CURTAINWALL DESIGN & CONTRACTOR NAME: CURTAINWALL DESIGN & CONSULTING INC
Agency Code: 082	Address: 2400 S CIMARRON RD STE 125
Appropriation Unit: 1585-53	City/State/Zip: LAS VEGAS, NV 89117-7936
Is budget authority available?: Yes	Contact/Phone: 702-222-9349
If "No" please explain: Not Applicable	Vendor No.: T29032419
	NV Business ID: NV20051436120

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

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

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

Agency Reference #: **113727**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/13/2021**

Anticipated BOE meeting date **12/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 167 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 Roofing Replacement, Southern Regional Park Headquarters and Warehouse Building project, which includes programming, design, bidding coordination, and construction administration: CIP Project No. 19-S01-4; SPWD Contract No. 113727.

6. NEW CONTRACT

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

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

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

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lwildes	11/25/2020 09:34:46 AM
Division Approval	lwildes	11/25/2020 09:34:49 AM
Department Approval	lwildes	11/25/2020 09:34:53 AM
Contract Manager Approval	lwildes	11/25/2020 09:34:56 AM
Budget Analyst Approval	nkephart	01/13/2021 09:49:03 AM

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

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

a. List the names of vendors that were solicited to submit proposals (include at least three):
Not Applicable

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

c. Why was this contractor chosen in preference to other?
Demonstrated the required expertise for work on this project.

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

- 10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23833**

Agency Name: ADMIN - ENTERPRISE IT SERVICES	Legal Entity Name: SAFETY ONE TRAINING
Agency Code: 180	Contractor Name: SAFETY ONE TRAINING
Appropriation Unit: 1388-30	Address: INTERNATIONAL INC
Is budget authority available?: Yes	8181 BRANDON DR
If "No" please explain: Not Applicable	City/State/Zip: LITTLETON, CO 80125-9765
	Contact/Phone: Amanda Lantz 303-734-0772
	Vendor No.: T29040206
	NV Business ID: N/A

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/12/2021**

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **168 days**

4. Type of contract: **Contract**

Contract description: **Survival Training**

5. Purpose of contract:

This is a new contract to provide winter survival training for EITS Network Transport Services snowcat operators.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,800.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

EITS employees must have winter survival training when they need to access the towers in Nevada during the winter. This training will teach them the survival skills that are necessary.

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

Does not have the expertise

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

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

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

Not Applicable

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

Approval #: 201207

Approval Date: 12/15/2020

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?

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

2018 EITS - satisfactory

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

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

Not Applicable

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

Other

Not applicable, the vendor will not be coming to Nevada to do business.

16. a. Is 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.

Does not do business in Nevada

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

No b. If "NO", please explain.

Does not do business in Nevada

19. Agency Field Contract Monitor:

Pat Sheehan, IT Manager II Ph: 775-684-5854

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	paiazz1	12/23/2020 12:08:11 PM
Division Approval	mhelto1	12/28/2020 08:37:48 AM
Department Approval	mhelto1	12/28/2020 08:37:50 AM
Contract Manager Approval	ddav12	12/28/2020 14:34:23 PM
Budget Analyst Approval	dlenzner	01/12/2021 14:51:35 PM



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

Purchasing Use Only:	
Approval#:	201207 @

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:	<i>Enterprise IT Services</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Patrick Sheehan, IT Manager II</i>	<i>775-684-5854</i>	<i>pmsheehan@admin.nv.gov</i>

1b	Vendor Information:	
	Identify Vendor:	<i>Safety One Training International, Inc.</i>
	Contact Name:	<i>Amanda Lantz</i>
	Complete Address:	<i>8181 W. Brandon Dr., Littleton, CO, 80125</i>
	Telephone Number:	<i>800-485-7669</i>
	Email Address:	<i>amanda@safetioneinc.com</i> <i>https://safetioneinc.com/training/snowcat-operator-training/</i>

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	
	Professional Service Exemption:	X

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

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>02/01/2021</i>	End Date: <i>06/30/2021</i>

1f	Funding:	
	State Appropriated:	<i>Work Program C49548</i>
	Federal Funds:	

Grant Funds:	
Other (Explain):	

Purchasing Use Only:	
Approval #:	201207@

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$30,800

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>In two separate and consecutive weekly sessions, vendor is to provide offsite snowcat and winter survival training for Network Transport Services personnel.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>Safety One is the largest provider of snowcat training in the world and was primarily selected because they have provided training to the State of Nevada previously.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>This is highly specialized training; there are very few training programs available that are not specific to just grooming ski slopes.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>				
	<i>Other vendors were considered, but their training programs were tailored towards snowcat operators that groom ski slopes. EITS personnel travel to remote communication sites and experience very different snow conditions that require specific training. Safety One provided this training to State of Nevada personnel in 2003.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				

Purchasing Use Only:

Approval #:

2012070

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. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information: No Data Available</i>					
6	<i>Term</i>	<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFO#, Waiver #)</i>	
	<i>Start and End Dates</i>				
		\$			
		\$			
		\$			
		\$			

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>This training has already been approved and funded by Work Program C49548 and has been scheduled with the vendor for February 2021. The purpose of this Solicitation Waiver request is a result of the need for a contract with the vendor because of the potential risky nature of this type of training; both to the State and the vendor.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>Online searches were conducted for service providers of snowcat training in the area; search results indicated other vendors tailored their classes towards ski resort operators for grooming of ski slopes.</i>

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

Purchasing Use Only:

Approval #:

20120702

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.

Patrick Sheehan ITM #
Agency Representative Initiating Request

Patrick Sheehan
Print Name of Agency Representative Initiating Request

11-16-2020
Date

[Signature]
Signature of Agency Head Authorizing Request

Hugo Schlesener
Print Name of Agency Head Authorizing Request

11-23-20
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.

[Signature]
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. Oaty
Administrator, Purchasing Division or Designee

12/15/2020
Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23821**

Agency Name:	DEPARTMENT OF VETERANS SERVICES	Legal Entity Name:	Crime Scene and Hoarding Clean-Up of Southern Nevada, LLC
Agency Code:	240	Contractor Name:	Crime Scene and Hoarding Clean-Up of Southern Nevada, LLC
Appropriation Unit:	2561-07	Address:	b.b.a. Bio-One Henderson 2764 N. Green Valley Pkwy,#176
Is budget authority available?:	Yes	City/State/Zip:	Henderson, NV 89014-2120
If "No" please explain:	Not Applicable	Contact/Phone:	Tom Maiello 702-622-9657
		Vendor No.:	T27043465
		NV Business ID:	NV20171535675

To what State Fiscal Year(s) will the contract be charged? **2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private/County

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/11/2020**

Anticipated BOE meeting date 02/2021

Retroactive? **Yes**

If "Yes", please explain

This is an emergency contract to provide building cleaning/sanitization to specific areas of the Southern Nevada State Veterans Home related to the COVID-19 pandemic. It was necessary for these services to be completed as quickly as possible to minimize any risk of the virus spreading.

3. Termination Date: **06/30/2021**Contract term: **200 days**4. Type of contract: **Contract**Contract description: **Building Sanitizing**

5. Purpose of contract:

This is a new contract to provide ongoing building cleaning and sanitization services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,900.00**

Other basis for payment: \$11,578.00 Sidewinder Unit and Approximately 80 Bio-Med Pieces; \$13,322.00 Future cleanings as needed. Payable upon satisfactory completion of work and submission of approved invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The COVID-19 pandemic is the driving factor for the service. Positive test results at the SNSVH made the prudent course of action to have the areas in question thoroughly cleaned and sanitized using a vendor from the State contracts list on the Purchasing Division's website.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDVS is required to use a vendor from the list provided by the Purchasing Division and there are no staff with this specific training and expertise.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Belfor Property Restoration
Bio-One

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected by a restricted bidding processes of prequalified vendors for statewide solicitation 99SWC-S1117

d. Last bid date: 12/01/2020 Anticipated re-bid date: 06/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	dgree6	12/31/2020 14:13:20 PM
Division Approval	dgree6	12/31/2020 14:13:23 PM
Department Approval	dgree6	12/31/2020 14:13:27 PM
Contract Manager Approval	jtheil1	01/04/2021 07:50:42 AM
Budget Analyst Approval	afrantz	01/07/2021 10:05:45 AM

STEVE SISOLAK
Governor



STATE OF NEVADA

NEVADA DEPARTMENT OF VETERANS SERVICES

6630 South McCarran Blvd, Building C, Suite 204

Reno, Nevada 89509

(775) 688-1653 • Fax (775) 688-1656

MEMORANDUM

TO: Aaron Frantz, Executive Branch Budget Officer 1
FROM: Joseph Theile, Management Analyst III
DATE: December 14, 2020
SUBJECT: Request for Retroactive Approval –Bio-One
CETS: 23821

NDVS respectfully requests this contract be made retroactive to December 11, 2020 as it was necessary to have this service performed as soon as possible. Bio-One is being hired to clean and sanitize the Southern Nevada State Veterans Home with respect to current pandemic and positive test results.

NDVS followed the process outlined by State Purchasing and included in the package is Administrator, Kevin Doty's approval.

Thank you for your time and consideration with this request. Should you have any questions please do not hesitate to let me know.



Joseph Theile, Deputy CFO

Nevada Department of Veterans Services

6630 S. McCarran Blvd., Bldg. C, Suite 204

Reno, NV 89509

Phone: (775) 825-9752 Fax: (775) 688-1656

www.veterans.nv.gov

"Serving Nevada's Heroes"

Joseph Theile

From: Kevin D. Doty
Sent: Monday, December 14, 2020 8:06 AM
To: Joseph Theile
Cc: Heather L. Moon; Kurt Green; Ryan Vradenburg
Subject: Re: Emergency contract for disinfection of the Southern Nevada State Veterans Home.

Hi Joe,

Pursuant to NAC 333.114, you are authorized to proceed with this contract without the need for a solicitation. As usual, the contract will still need DAG and BOE approval.

Please let me know if you have any questions.

Kevin

Sent from my iPhone

On Dec 14, 2020, at 8:00 AM, Joseph Theile <theilej@veterans.nv.gov> wrote:

Kevin,

Attached is the contract signed by the vendor for your reference. Thank you for your support. If you need anything further please do not hesitate to let me know.

Best regards,
Joe Theile



Joseph Theile, Deputy CFO

Nevada Department of Veterans Services
6630 S. McCarran Blvd., Bldg. C, Suite 204
Reno, NV 89509
Phone: (775) 825-9752 Fax: (775) 688-1656

www.veterans.nv.gov

"Serving Nevada's Heroes"

[Connect on Social Media](#)

CONFIDENTIALITY STATEMENT:

This e-mail and any attachments are intended only for those to which it is addressed and may contain information which is privileged, confidential and prohibited from disclosure and unauthorized use under applicable law. If you are not the intended recipient of this e-mail, you are hereby notified that any use, dissemination, or copying of this e-mail or the information contained in this e-mail is strictly prohibited by the sender. If you have received this transmission in error, please return the material received to the sender and delete all copies from your system.

From: Kevin D. Doty <kddoty@admin.nv.gov>

Sent: Thursday, December 10, 2020 5:05 PM

To: Joseph Theile <theilej@veterans.nv.gov>

Cc: Heather L. Moon <hmoon@admin.nv.gov>; Kurt Green <Greenk@veterans.nv.gov>; Ryan

Vradenburg <rvradenburg@admin.nv.gov>

Subject: Re: Emergency contract for disinfection of the Southern Nevada State Veterans Home.

Hi Joe,

I have copied Ryan from our office who put the cleaning contract in place. If you need an emergency contract, I will approve it.

Kevin

Sent from my iPhone

On Dec 10, 2020, at 1:10 PM, Joseph Theile <theilej@veterans.nv.gov> wrote:

Hello Administrator Doty,

We are experiencing an outbreak of COVID cases in the SNSVH. The company we contracted with to clean the facility, Belfor, is unable to come out to clean so we are in need of moving to another company on the approved list of vendors. I am working from outside the office and trying to obtain all of the information to put an emergency contract together for your approval; however, we wanted to make you aware of the situation as quickly as possible as the alternate company can be on site tomorrow to address the issue.

If you require any additional information, or if you have any questions, please do not hesitate to let me know. Thank you for your consideration.

Best regards,
Joe Theile

<image001.jpg>

Joseph Theile, Deputy CFO

Nevada Department of Veterans Services
Phone: (775) 825-9752 Fax: (775) 688-1656

www.veterans.nv.gov

"Serving Nevada's Heroes"

[Connect on Social Media](#)

CONFIDENTIALITY STATEMENT:

This e-mail and any attachments are intended only for those to which it is addressed and may contain information which is privileged, confidential and prohibited from disclosure and unauthorized use under applicable law. If you are not the intended recipient of this e-mail, you are hereby notified that any use, dissemination, or copying of this e-mail or the information contained in this e-mail is strictly prohibited by the sender. If you have received this transmission in error, please return the material received to the sender and delete all copies from your system.

<State of Nevada Documents Vendor signed.pdf>

<ATTACHMENT AA - Scope of Work BioOne.pdf>

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23811**

Agency Name: DEPARTMENT OF VETERANS SERVICES	Legal Entity Name: INITIAM INC DBA
Agency Code: 240	Contractor Name: INITIAM INC DBA
Appropriation Unit: 2561-07	Address: HI TECH COMMERCIAL SERVICE 1840 STELLA LAKE ST
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89106-2154
If "No" please explain: Not Applicable	Contact/Phone: JC CURRAN 702/649-4607
	Vendor No.: PUR0003206
	NV Business ID: NV19911018138

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % PRIVATE/COUNTY

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/21/2020**

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2022**

Contract term: **1 year and 344 days**

4. Type of contract: **Contract**

Contract description: **Repair Dietary Equip**

5. Purpose of contract:

This is a new contract to provide ongoing diagnosis and repairs to dietary equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Other basis for payment: Based on time and materials and the submission of an approved invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Dietary equipment occasionally malfunctions or breaks requiring service to repair.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees qualified to perform this type of work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Initiam Inc
Advantage Air
Western Commercial Services**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 11/01/2020 Anticipated re-bid date: 08/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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	dgree6	12/09/2020 15:36:42 PM
Division Approval	dgree6	12/09/2020 15:36:46 PM
Department Approval	dgree6	12/09/2020 15:36:49 PM
Contract Manager Approval	jtheil1	12/09/2020 15:37:42 PM
Budget Analyst Approval	afrantz	12/21/2020 09:26:44 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23820**

Agency Name: DEPARTMENT OF VETERANS SERVICES	Legal Entity Name: Mainstream Technologies, Inc
Agency Code: 240	Contractor Name: Mainstream Technologies, Inc
Appropriation Unit: 2564-10	Address: 325 W CAPITOL AVE STE 200
Is budget authority available?: Yes	City/State/Zip: LITTLE ROCK, AR 72201-3552
If "No" please explain: Not Applicable	Contact/Phone: Patsy Dather 501/801-6700
	Vendor No.: T29043729
	NV Business ID: notapplicable

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Donations

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/12/2021**

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2021**

Contract term: **353 days**

4. Type of contract: **Contract**

Contract description: **Database Standup**

5. Purpose of contract:

This is a new contract to provide database services to standup and rebrand the Veterans Information System (VIS).

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,850.00**

Payment for services will be made at the rate of \$135.00 per hour

Other basis for payment: Monthly, upon submission of approved invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

NDVS requires a database to store electronic DD214 data. The DOD no longer sends out paper copies of the DD214 separation data. NDVS received the source code for VIS (Veteran Information System) to accomplish this task. The VIS source code was created by the state of Utah and provided to NDVS at no cost. This source code needs to be converted for use by Nevada and modified to accomplish statutory responsibilities that are unique to Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDVS does not employ any software developers. EITS also does not have software developers available to assist in this instance. NDVS does not anticipate that VIS development will require a dedicated, full-time software developer on staff at this time.

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):

Estrada Consulting
Mainstream Technologies
Stellar Services, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

RFI - 24VS-S862 was conducted with the support of State Purchasing and there were only two responses received. This bid is the lowest price and accomplishes the goals of the contract.

d. Last bid date: 09/01/2020 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

All work involved in this contract will take place outside of the State of Nevada.

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Vendor will not be performing any work with the State of Nevada. Since no work will be performed within the State and State Business License is not required.

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.

Not applicable.

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	12/14/2020 07:22:15 AM
Division Approval	jtheil1	12/14/2020 07:22:19 AM
Department Approval	dgree6	12/14/2020 13:08:53 PM
Contract Manager Approval	jtheil1	12/14/2020 13:47:03 PM
EITS Approval	daxtel1	12/14/2020 16:05:38 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23792**

Agency Name: STATE PUBLIC CHARTER SCHOOL AUTHORITY	Legal Entity Name: Cynthia Schumacher
Agency Code: 315	Contractor Name: Cynthia Schumacher
Appropriation Unit: 2711-04	Address: 6530 Jackson Ave.
Is budget authority available?: Yes	City/State/Zip: Lake, MI 48632
If "No" please explain: Not Applicable	Contact/Phone: Cynthia Schumacher 9892397556
	Vendor No.: T29043612
	NV Business ID: NV20201931802

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 % Sponsorship Fees

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/18/2020**

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2024**

Contract term: **3 years and 194 days**

4. Type of contract: **Contract**

Contract description: **External Reviewer**

5. Purpose of contract:

This is a new contract to provide for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**

Payment for services will be made at the rate of \$999.00 per application or other charter document

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Public Charter School Authority is seeking to establish a pool of qualified peer reviewers to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the staff necessary to conduct the review of these charter school documents.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Brenna Copeland
Kirsten Pochop
Cynthia Schumacher**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor meets the general minimum qualifications required in the informal solicitation.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ablackwe	12/07/2020 09:21:29 AM
Division Approval	ablackwe	12/07/2020 09:21:33 AM
Department Approval	ablackwe	12/07/2020 09:21:37 AM
Contract Manager Approval	ablackwe	12/07/2020 09:21:41 AM
Budget Analyst Approval	dbaughn	12/18/2020 14:56:01 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23729**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	TOGETHER FACING THE CHALLENGE
Agency Code:	409	Contractor Name:	TOGETHER FACING THE CHALLENGE
Appropriation Unit:	3229-44	Address:	105 CIRCLE DR
Is budget authority available?:	Yes	City/State/Zip:	MEBANE, NC 27302-2721
If "No" please explain:	Not Applicable	Contact/Phone:	Allen Murray 919/698-7184
		Vendor No.:	T29041722
		NV Business ID:	NV20201936876

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/12/2021**Anticipated BOE meeting date **02/2021**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2021**Contract term: **322 days**4. Type of contract: **Contract**Contract description: **SFC Training**

5. Purpose of contract:

This is a new contract to provide training in an evidence-based model of specialized foster care. This training will certify Division staff to then train the foster parents in the model.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,800.00**

Payment for services will be made at the rate of \$8,000.00 per Training Event (x2)

Other basis for payment: \$300 per Certification (x2); \$3,000 for travel (x2); \$100 per hour for Consultation; Technical Assistance and Coaching (up to \$11,200)

II. JUSTIFICATION

7. What conditions require that this work be done?

Treatment foster care is a "specialized" version of foster care in which foster parents are provided with additional training and support in order to provide specialized foster care and support to high-needs youth. This evidence-based model will include train-the-trainer approach so that administrative personnel can learn the model and training treatment foster parents within their own communities with the goal being improved placement stability for youth.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are not State employees with the knowledge or expertise to provide this type of 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):

Nevada Higher System of Education
Las Vegas Evaluation Services
Integrated Psychological Solutions
Crossroads Behavior Consultation
Together Facing the Challenge
Utah Clinical Services
Behavior Assessment Services and Interventions
Robert Kutner Psy. D

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor to respond to agency RFP RCW21-01.

d. Last bid date: 09/25/2020 Anticipated re-bid date: 09/02/2024

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor has done work for the Division under grant sub-awards. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

NT7 Business License

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. 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

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	12/17/2020 13:54:40 PM
Division Approval	knielsen	12/23/2020 10:49:19 AM
Department Approval	mwinebar	12/30/2020 15:24:06 PM
Contract Manager Approval	sknigge	01/08/2021 14:51:37 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: **23641**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: FDI BACKFLOW SPECIALISTS INC
Agency Code: 440	Contractor Name: FDI BACKFLOW SPECIALISTS INC
Appropriation Unit: 3751-09	Address: PO BOX 51537
Is budget authority available?: No	City/State/Zip: SPARKS, NV 89435-1537
If "No" please explain: Work Programs Required: C53242 & C53243.	Contact/Phone: Michael Lee 775/331-6655
	Vendor No.: T29030306A
	NV Business ID: NV20061147244

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.

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **440**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/07/2021**

Anticipated BOE meeting date **10/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2024**

Contract term: **3 years and 236 days**

4. Type of contract: **Contract**

Contract description: **Backflow Testing**

5. Purpose of contract:

This is a new contract for annual backflow testing, certification and required repairs at Ely State Prison, Ely Conservation Camp, Pioche Conservation Camp and Wells Conservation Camp.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,556.81**

Other basis for payment: 3751-09 FY21 \$1,512.00/ FY22 \$1,557.36/ FY23 \$1,604.08 / FY24 \$1,652.20 / FY25 \$1,652.20 ~ 3747-09 FY21 \$378 / FY22 \$389.34 / FY23 \$401.02 / FY24 \$413.05 / FY25 \$413.05 ~ 3739-09 FY21 \$485.00 / FY22 \$499.55 / FY23 \$514.53 / FY24 \$529.96 / FY25 \$529.96 ~ 3723-09 FY21 \$1,700 / FY22 \$1,751.00 / FY23 \$1,803.53 / FY24 \$1,857.63 / FY25 \$1,913.35

II. JUSTIFICATION

7. What conditions require that this work be done?

All back flow devices require inspection and certification annually per the Nevada Administrative Code 445 A - Water Controls.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No agency employees are certified to perform this service. No other State agency offers this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Charles H. Chester Plumbing & Heating Inc.
A+ Superior Sanitation, Inc.
ACR Mechanical, Inc
FDI Backflow Specialists
B&L Backflow Testing Specialists
Savage and Son, Inc.
Pentagon Plumbing, INC
Butter Plumbing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provides the lowest and most responsive bid.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	cjackson	10/13/2020 10:56:36 AM
Division Approval	amonro1	10/14/2020 14:14:53 PM
Department Approval	jborrowm	10/15/2020 08:17:26 AM
Contract Manager Approval	aroma2	10/15/2020 13:58:39 PM
Budget Analyst Approval	bmacke1	01/07/2021 16:43:46 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: **23815**

Agency Name: COLORADO RIVER COMMISSION	Legal Entity Name: LCPDS LLC
Agency Code: 690	Contractor Name: LCPDS LLC
Appropriation Unit: 4490-04	Address: PO BOX 2195
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89702
If "No" please explain: Not Applicable	Contact/Phone: Dale Stransky 775/790-9263
	Vendor No.: T27042424
	NV Business ID: NV20181350935
To what State Fiscal Year(s) will the contract be charged?	2021-2023

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Power Sales

Agency Reference #: 690

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/24/2020**
Anticipated BOE meeting date 01/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2023**
Contract term: **2 years and 38 days**

4. Type of contract: **Contract**
Contract description: **Professional Service**

5. Purpose of contract:
This is a new contract to provide professional expert testimony in proceedings before the Public Utilities Commission of Nevada, the Federal Energy Regulatory Commission or other agencies that impact the ability to deliver power, transmission, and distribution services to its contractors.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$40,000.00**
Payment for services will be made at the rate of \$125.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?
Expert testimony in regulatory proceedings before the Public Utilities Commission of Nevada and the Federal Energy Regulatory Commission or other matters involving suppliers of federal hydropower, that impact the Commission's ability to deliver power, transmission, and distribution services to its contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Agency employees and other State agencies do not have this expertise.

9. Were quotes or proposals solicited? **No**
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):
Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: _____ Anticipated re-bid date: _____

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	gbenton	12/10/2020 14:00:53 PM
Division Approval	gbenton	12/10/2020 14:00:56 PM
Department Approval	gbenton	12/10/2020 14:00:59 PM
Contract Manager Approval	dbeatty	12/10/2020 14:08:22 PM
Budget Analyst Approval	laaron	12/24/2020 13:23:40 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23464**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE
Agency Code: 702	Contractor Name: CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE
Appropriation Unit: 4464-22	Address: 1614 9TH STREET, 12TH FLOOR
Is budget authority available?: Yes	City/State/Zip: SACRAMENTO, CA 95814
If "No" please explain: Not Applicable	Contact/Phone: 916-445-0411
	Vendor No.: TBD
	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.

<input checked="" type="checkbox"/> General Funds	1.00 %	<input checked="" type="checkbox"/> Fees	24.00 %	Sportsmen
<input checked="" type="checkbox"/> Federal Funds	75.00 %	Bonds	0.00 %	
Highway Funds	0.00 %	Other funding	0.00 %	

Agency Reference #: **21-03**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/13/2021**
Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2024**
Contract term: **3 years and 260 days**

4. Type of contract: **Interlocal Agreement**
Contract description: **Forensic Services**

5. Purpose of contract:
This is a new contract to provide scientific and forensic support services for conservation law enforcement and wildlife management.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$25,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
California is a sister state agency that has expertise and laboratories to provide the scientific and forensic support services

8. Explain why State employees in your agency or other State agencies are not able to do this work:
NDOW does not have the laboratories and training to perform the scientific and forensic support services

9. Were quotes or proposals solicited? **No**
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):
Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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:

Mike Scott , Game Division Administrator Ph: 775-688-1520

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tdoucett	08/21/2020 08:51:27 AM
Division Approval	bvale1	12/16/2020 16:04:25 PM
Department Approval	bvale1	12/16/2020 16:04:28 PM
Contract Manager Approval	btait	12/28/2020 11:17:33 AM
Budget Analyst Approval	mlynn	01/13/2021 17:20:52 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **23533**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: HUMBOLDT WATERSHED COOPERATIVE WEED MANAGEMENT AREA
Agency Code: 702	Contractor Name: HUMBOLDT WATERSHED COOPERATIVE WEED MANAGEMENT AREA
Appropriation Unit: 4467-14	Address: 648 PALACE PARKWAY
Is budget authority available?: Yes	City/State/Zip: SPRING CREEK, NV 89815
If "No" please explain: Not Applicable	Contact/Phone: ANDI PORRECA 775-762-2636
	Vendor No.: T27029602
	NV Business ID: NV20041351215
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 % HABITAT CONSERVATION
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 21-01

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/09/2021**

Anticipated BOE meeting date 01/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2022**Contract term: **1 year and 263 days**4. Type of contract: **Contract**Contract description: **Weed Treatment**

5. Purpose of contract:

This is a new contract to provide weed infestation treatment on lands in the Humboldt Watershed.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: payment due upon receipt of invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Wildlife species are dependent on healthy vegetative communities and the treatment of non-native/invasive weed species will ensure preservation of these ecosystems.

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 capacity to accomplish this work and this contract will compliment our limited capacities.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

HUMBOLDT WATERSHED COOPERATIVE WEED MGT AREA
BOSS TANKS
TRI-COUNTY WEED

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has the qualified knowledge, skill, and resources and was the only vendor to submit a proposal.

d. Last bid date: Anticipated re-bid date:

10. 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

11%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Agriculture, Department of Wildlife, Department of Environmental Protection: work was satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

MADI STOUT , BIOLOGIST Ph: 775-777-2392

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tdoucett	09/03/2020 12:32:58 PM
Division Approval	bvale1	12/16/2020 16:22:04 PM
Department Approval	bvale1	12/16/2020 16:22:06 PM
Contract Manager Approval	btait	12/16/2020 16:42:58 PM
Budget Analyst Approval	mlynn	01/09/2021 12:51:11 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23625** Amendment Number: **1**

Agency Name: **DCNR - DIVISION OF WATER RESOURCES** Legal Entity Name: **U.S. Department of the Interior, US GEOLOGICAL SURVEY**

Agency Code: **705** Contractor Name: **U.S. Department of the Interior, US GEOLOGICAL SURVEY**

Appropriation Unit: **4157-10** Address: **U.S. Geological Survey 2730 N. Deer Run Rd.**

Is budget authority available?: **Yes** City/State/Zip: **Carson City, NV 89701**

If "No" please explain: **Not Applicable** Contact/Phone: **Megan Poff 702-564-4526**

Vendor No.: **PUR0000332D**

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	50.00 % Water District Assessment

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2020**

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2021**

Contract term: **364 days**

4. Type of contract: **Other (include description): Joint Funding Agreement**

Contract description: **Eastern & Southern**

5. Purpose of contract:

This is the first amendment to the original Joint Funding Agreement to provide ongoing monitoring services of water resources in eastern and southern Nevada. This amendment increases the maximum amount from \$196,960 to \$235,960 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:	\$196,960.00	\$196,960.00	\$196,960.00	Yes - Action
2. Amount of current amendment (#1):	\$39,000.00	\$39,000.00	\$39,000.00	Yes - Info
3. New maximum contract amount:	\$235,960.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

This is an on-going data collection program instituted to provide information regarding hydrologic conditions in the region. This information is necessary for the administration of the region's water resources.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The U.S. Geological Survey has the scientists, equipment and expertise to provide the products and services.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

The U.S. Geological Survey (USGS) has the necessary equipment in place and the experience in delivering the desired product, and the State Engineer is authorized to enter into agreements with the USGS under NRS 532.170.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Division has executed many agreements with the U.S. Geological Survey that have resulted in products widely used by governmental agencies and the public. The results have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
 Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sweb4	12/15/2020 15:20:44 PM
Division Approval	sweb4	12/15/2020 15:20:47 PM
Department Approval	kwilliam	12/15/2020 17:19:45 PM
Contract Manager Approval	sweb4	12/16/2020 07:49:52 AM
Budget Analyst Approval	rjacob3	12/22/2020 07:07:27 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: **23790**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: LEMAY, JESSICA DBA
Agency Code: 706	Contractor Name: LEMAY, JESSICA DBA
Appropriation Unit: 4195-79	Address: JESSI LEMAY PHOTOGRAPHY
Is budget authority available?: Yes	2198 ARCANE AVE
If "No" please explain: Not Applicable	City/State/Zip: RENO, NV 89503-1407
	Contact/Phone: Jessi Le May 775/830-0752
	Vendor No.: T32003416
	NV Business ID: 1051090

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF-21-005**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/22/2020**

Anticipated BOE meeting date **01/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **1 year and 189 days**

4. Type of contract: **Contract**

Contract description: **Jessi LeMay**

5. Purpose of contract:

This is a new contract to provide a story map of stewardship projects across the state of Nevada to generate interest in Stewardship activities. Additional federal funding was awarded in the Nv. Division of Forestry� CPG grant FFY 2020 for this activity.

Short story/narrative videos will be produced with the purpose of sharing successes and educating public and private forest landowners on what forest stewardship is and how it can assist them with their land management needs. The short films will be used as educational tools on our state website and for public outreach events

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,650.00**

Payment for services will be made at the rate of \$22,650.00 per contract

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal grant agreements that fund Stewardship and this project specifically

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No one in our Division has the skills to produce videos of this caliber

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):

Jessi LeMay
Jason Smith
Full Circle Media

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor was the lowest bid and provided the best product.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:
Michelle Roberts, Land Stewardship Coordinator Ph: 775-684-2552

20. Contract Status:
Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dchelin1	12/04/2020 14:45:15 PM
Division Approval	dchelin1	12/04/2020 14:45:19 PM
Department Approval	dchelin1	12/14/2020 08:35:43 AM
Contract Manager Approval	dchelin1	12/14/2020 14:20:30 PM
Budget Analyst Approval	rjacob3	12/22/2020 07:53:06 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23875**

Agency Name: **DCNR - FORESTRY DIVISION**
Agency Code: **706**

Legal Entity Name: **F&F INDUSTRIES DBA**
Contractor Name: **F&F INDUSTRIES DBA**
Address: **PONDEROSA ROOFING & STEEL WORK**
4949 PONDEROSA DR
City/State/Zip: **CARSON CITY, NV 89701-6744**

Appropriation Unit: **4235-10**

Is budget authority available?: **No**

Contact/Phone: **Dave Ford 775/230-3642**

If "No" please explain: **Work Program C53038 will increase funding in Budget account 4235 Category 10 to support this contract.**

Vendor No.: **T29037144**
NV Business ID: **NV20151345698**

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 **01/13/2021**

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2021**

Contract term: **106 days**

4. Type of contract: **Contract**

Contract description: **Ponderosa**

5. Purpose of contract:

This is a new contract to provide a replacement louver panel roof on the Forestry nursery greenhouse located in Washoe Valley due to storm damage.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,700.00**

Payment for services will be made at the rate of \$21,700.00 per null

II. JUSTIFICATION

7. What conditions require that this work be done?

Insurance covered wind damage caused by gusts over 80 mph in Washoe Valley

8. Explain why State employees in your agency or other State agencies are not able to do this work:

They are not trained to install the required materials on the greenhouse

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):

Central Sierra Construction
Walker River Construction and Repair
Ponderosa Roofing and Steel -F&F

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor provided the cost to install at the best price.

d. Last bid date: 01/05/2021 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Allyson Kellog, Support Service Program Manager Ph: 775-684-2513

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dchelin1	01/05/2021 13:54:57 PM
Division Approval	dchelin1	01/05/2021 13:55:06 PM
Department Approval	dchelin1	01/05/2021 14:46:06 PM
Contract Manager Approval	dchelin1	01/05/2021 14:46:11 PM
Budget Analyst Approval	rjacob3	01/13/2021 10:52:06 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22312** Amendment Number: **1**

Agency Name: **DCNR - ENVIRONMENTAL PROTECTION** Legal Entity Name: **BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNR**

Agency Code: **709** Contractor Name: **BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO - UNR**

Appropriation Unit: **3185-04** Address: **CONTROLLERS MAIL STOP 124**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89557**

If "No" please explain: **Not Applicable** Contact/Phone: **Christopher Lynch 775/682-6052**

Vendor No.: **D35000849**

NV Business ID: **NV20161295653**

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 %	<input checked="" type="checkbox"/>	Fees	82.00 %	Air Penalty
<input checked="" type="checkbox"/> Federal Funds	18.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **DEP20-021**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/12/2019**

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **2 years and 230 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Wood Stove Exchange**

5. Purpose of contract:

This is the first amendment to the interlocal agreement to manage the operation of the Wood Stove Change-Out Program to replace old woodburning stoves with federally compliant and certified biofuel stoves. This amendment extends the termination date from June 30, 2021 to June 30, 2022, increases the maximum amount from \$70,000 to \$108,705, and updates the 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:	\$70,000.00	\$70,000.00	\$70,000.00	Yes - Action
2. Amount of current amendment (#1):	\$38,715.00	\$38,715.00	\$38,715.00	Yes - Info
3. New maximum contract amount:	\$108,715.00			
and/or the termination date of the original contract has changed to:	06/30/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

The US Environmental Protection Agency (EPA) has proposed stricter National Ambient Air Quality Standards (NAAQS) for PM2.5, prompting the need for reduced emissions from woodstoves in the Carson City Area.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Our agency does not have the manpower required to handle the additional workload. The UNR BEP has already established the framework for this project , as they managed the Washoe County woodstove changeout program and previous NDEP woodstove changeout programs. They will simply transfer the program structure, materials and website to the BAPC/BAQP program

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

N/A

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

8%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 University of Nevada, Reno provides services to multiple State agencies and provides satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rbusto	12/07/2020 11:32:21 AM
Division Approval	ddragon1	12/23/2020 10:57:13 AM
Department Approval	ddragon1	12/23/2020 10:57:17 AM
Contract Manager Approval	mgowe1	12/23/2020 10:58:11 AM
Budget Analyst Approval	rjacob3	01/11/2021 14:26:13 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: **23709**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: CLEAN HARBORS ENVIRONMENTAL
Agency Code: 709	Contractor Name: CLEAN HARBORS ENVIRONMENTAL
Appropriation Unit: 3187-55	Address: SERVICES INC
Is budget authority available?: No	191 Coney Island Drive
If "No" please explain: Approval for Budget Authority is scheduled to go before the IFC in December of 2020. Work Program # C52850	City/State/Zip: Sparks, NV 89431
	Contact/Phone: Kenneth Hadjes 775-221-6747
	Vendor No.: T27000924
	NV Business ID: NV20021375471

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP DEP:20-069**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/22/2020**

Anticipated BOE meeting date **12/2020**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/30/2021**

Contract term: **311 days**

4. Type of contract: **Provider Agreement**

Contract description: **NDEP-BSMM MPG**

5. Purpose of contract:

This is a new contract to provide the collection of household generated, elemental mercury (eHg) hazardous waste from rural Nevada Communities, funded through a grant from EPA R9. This service provider contract will ensure that these materials are collected, packaged, transported and disposed of within Federal and State regulations and guidelines.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: Fee schedule agreed upon through the RFP and subsequent email.

II. JUSTIFICATION

7. What conditions require that this work be done?

The NDEP-BSMM is not equipped to facilitate the transportation and disposal of household hazardous wastes. In order to meet the Grant Workplan deliverables, these services must be contracted out to a licensed provider.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The NDEP-BSMM does not hold the licensing and permits to act as a hazardous waste transporter or consultant. The BSMM does not have authorized personnel or necessary equipment to facilitate the collection and disposal of hazardous waste.

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):

US Ecology Nevada
Commercial Hazardous Waste Disposal (Nevada Office)
Clean Harbors
Waste Management (Reno Office)
Stericycle (Fernley Office)
World Oil Corp
Hazardous Disposal Specialists.INC. (Nevada Office)

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Clean Harbors is the the only organization that responded to the RFP.

d. Last bid date: 03/16/2020 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The following agencies have had interactions with CHES in the past:
Dept of Ag
Dept. of Public Safety
State Parks
NDOT

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Ruffner, Michael, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ddobson	10/29/2020 10:46:11 AM
Division Approval	dwinkelm	11/02/2020 07:51:39 AM

Department Approval	dwinkelm	11/02/2020 07:51:45 AM
Contract Manager Approval	dmetcalf	12/21/2020 09:59:17 AM
Budget Analyst Approval	rjacob3	12/22/2020 06:33:29 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19433** Amendment Number: **2**

Agency Name: **DEPARTMENT OF MOTOR VEHICLES** Legal Entity Name: **i-Sight by CUSTOMER EXPRESSIONS CORP**

Agency Code: **810** Contractor Name: **i-Sight by CUSTOMER EXPRESSIONS CORP**

Appropriation Unit: **4740-26** Address: **3366 Carling Ave STE 500**

Is budget authority available?: **Yes** City/State/Zip: **CANADA, CD K2B 7Z5**

If "No" please explain: **Not Applicable** Contact/Phone: **Jakub Ficner 613/244-5111**

Vendor No.: **PUR0005373**

NV Business ID: **NV20141201221**

To what State Fiscal Year(s) will the contract be charged? **2018-2023**

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	35.00 %
Federal Funds	0.00 %		Bonds	0.00 %
X Highway Funds	65.00 %		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 **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **6 years**

4. Type of contract: **Contract**

Contract description: **Hosting/User Fees**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing system hosting, user access fees, and necessary maintenance for DMV's Case Management System, to include data storage and disaster recovery. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$84,000 to \$128,100 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:	\$42,000.00	\$42,000.00	\$42,000.00	Yes - Info
a. Amendment 1:	\$42,000.00	\$42,000.00	\$84,000.00	Yes - Action
2. Amount of current amendment (#2):	\$44,100.00	\$44,100.00	\$44,100.00	Yes - Info
3. New maximum contract amount:	\$128,100.00			
and/or the termination date of the original contract has changed to:	06/30/2023			

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is for the ongoing system hosting and access user fees for the Case Management System utilized by Compliance Enforcement Division and Motor Vehicle Pollution Control Division.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees available to provide this service.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The Case Management System was originally purchased through State Purchasing on PO PC0830000060845. This contract is to cover the hosting and user access fees associated with the system.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DMV contracted in FY14 when the case management system was initially purchased for the required services to include business process analysis, system configuration, training and data migration. Services 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:

Other

NT7 Business License Other

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. 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	pgra1	12/11/2020 16:03:49 PM
Division Approval	asmit3	12/11/2020 16:30:58 PM
Department Approval	asmit3	12/14/2020 15:30:47 PM

Contract Manager Approval
Budget Analyst Approval

bjobe
nkephart

12/17/2020 14:08:03 PM
01/13/2021 11:22:04 AM



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: 775 684-0170 | Fax: 775 684-0188

<i>Purchasing Use Only:</i>	
Approval #:	3590

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

Agency Contact Information -- Note: Approved copy will be sent to only the contact(s) listed below:			
State Agency Name:		<i>Department of Motor Vehicles</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
1	<i>Brittney Jobe, Program Officer II/Contract Manager</i>	<i>775-684-4504</i>	<i>BJobe@dmv.nv.gov</i>
	<i>Angela Smith-Lamb, Chief of Administration</i>	<i>775-684-4627</i>	<i>ASmith@dmv.nv.gov</i>
	<i>Morgan Friend, Management Analyst III</i>	<i>775-684-4805</i>	<i>MFriend@dmv.nv.gov</i>

Contractor Information:	
Contractor:	<i>i-Sight by Customer Expressions Corporation</i>
Contact Name:	<i>Jakub Ficner, Account Manager</i>
Complete Address:	<i>2255 Carling Avenue, Suite 500 Ottawa, Ontario K2B7Z5, Canada</i>
Phone Number:	<i>613-244-5111, Ext-260</i>
Email Address:	<i>jficner@i-sight.com</i>

List all <u>previous</u> Contract Information:				
3	Solicitation Type, if applicable:		#:	
	CETS #:	<i>#19433</i>		
	Contract Amount:	<i>\$84,000.00</i>		
	Contract Term:	Start Date:	<i>July 1, 2017</i>	End Date:

Purchasing Use Only:	
Approval #:	3590

4	Current Contract Information:			
	Solicitation Type, if applicable:		#:	
	CETS #:	#		
	Initial Contract Amount:	\$		
	Contract Term:	Start Date:		End Date:

Amendment Information -- List <u>all previously</u> approved amendments:			
Amd #:	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
5	1	<i>Extended contract for an additional two (2) years.</i>	<i>Yes, increased from \$42,000.00 to \$84,000.00</i>
			<i>Yes, from 06/30/2019 to 06/30/2021</i>

<u>Proposed</u> Amendment Information:			
Amd #:	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
6	2	<i>DMV requests to extend the i-Sight by Customer Expressions Corporation contract for an additional two (2) years.</i>	<i>Yes, increase to \$126,000.00</i>
			<i>06/30/2023</i>

7 **What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?**

The contract between i-Sight by Customer Expressions Corporation and the Department of Motor Vehicles is critical to case management processing for the Compliance Enforcement Division (CED).

i-Sight by Customer Expressions Corporation is a proprietary case management system utilized by CED to track all case information statewide. CED has customized this case management system, allowing for simplistic case searches, case tracking and report generation. Changing vendors will require sufficient time to identify all programming changes necessary for implementation.

The Compliance Enforcement Division is requesting an additional two (2) year extension to allow CED to utilize this case management system until such time that the Department completes the computer modernization project, previously identified as System Modernization. The Department is currently working to transform our systems, within a phased approach, which is estimated to take approximately 4 years. The two (2) year extension would allow the division to continue utilizing the existing system in preparation for the conversion to a new case management system that is part of, compatible to, or consistent with the Departments modernization efforts.

8	<p>What are the potential consequences to the State if the contract extension request is denied?</p> <p><i>If the extension for the contract between i-Sight by Customer Expressions Corporation and the Department of Motor Vehicles is denied, a decrease in case processing time and productivity by Compliance Enforcement Division employees could occur as a result of transitioning to a new case management system, which would be utilized only in the interval between now and the Departments modernization efforts.</i></p>
---	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Purchasing Use Only:	
Approval #:	

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct.

Angela Smith-Lamb

Signature of Agency Representative Initiating Request

Angela Smith-Lamb

Print Name of Agency Representative Initiating Request

11/4/20
Date

Julie Butler

Signature of Agency Head Authorizing Request

11/4/2020

Julie Butler

Print Name of Agency Head Authorizing Request

11/4/2020
Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Signed:

Kevin D. Doty

Administrator, Purchasing Division or Designee

11/10/2020
Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23834**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: Anderson Pest Control LLC
Agency Code: 901	Contractor Name: Anderson Pest Control LLC
Appropriation Unit: 3253-10	Address: 4300 N. Pecos Rd Suite 9
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89115-0141
If "No" please explain: Not Applicable	Contact/Phone: Nate Anderson 702-656-8898
	Vendor No.: T27037835
	NV Business ID: NV20021058140

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	100.00 % Business Enterprise Set-Aside

Agency Reference #: **3495-25-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2021**

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Dam Rodent Control**

5. Purpose of contract:

This is a new contract to provide ongoing rodent control and rodent damage repair services at the Business Enterprise of Nevada cafe and gift shop located at the Hoover Dam.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Rate: \$139.00/hour; \$30.00 Trip Charge to Hoover Dam (per round trip); Parts/materials not to be invoiced beyond 25% of cost. Invoices payable only upon approval by authorized BEN staff. Contract not to exceed: \$20,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Many BEN sites handle and provide food to the public and these sites must adhere to Federal, State and Local ordinances and health codes.

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 equipped to handle this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Anderson Pest Control
Western Exterminator
Delcon Pest
Truly Nolan

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost proposal.

d. Last bid date: 11/09/2020 Anticipated re-bid date: 11/01/2024

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor provided satisfactory services to Aging and Disability since August 2018 and BEN since October 2019.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	ethick1	12/18/2020 13:53:28 PM
Division Approval	kdesoci1	12/24/2020 11:09:26 AM
Department Approval	kdesoci1	12/28/2020 14:08:59 PM
Contract Manager Approval	aallen	01/07/2021 09:38:33 AM
Budget Analyst Approval	dbaughn	01/07/2021 10:10:16 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: **23812**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: Western Door and Gate, LLC
Agency Code: 901	Contractor Name: Western Door and Gate, LLC
Appropriation Unit: 3253-10	Address: 675 Grier Dr.
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89119
If "No" please explain: Not Applicable	Contact/Phone: Matthew Melton 702-839-3600
	Vendor No.: T32005857
	NV Business ID: NV20071385088

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Business Enterprise Set-Aside

Agency Reference #: **3497-23-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/05/2021**

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2022**

Contract term: **1 year and 360 days**

4. Type of contract: **Contract**

Contract description: **Western Door/Gate**

5. Purpose of contract:

This is a new contract which provides ongoing maintenance and repair of air curtain doors, automatic doors, gates & grills, commercial roll up doors, overhead doors, entrance doors, loading dock equipment and accessories, etc. and any associated hardware at any existing and new southern Business Enterprises of Nevada locations, including the three sites at the Hoover Dam.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: \$165/manhour (M-F, 7:30AM-3:30PM) Normal Time; \$248/manhour Outside Normal Time; Travel costs will only be paid on trips to the Hoover Dam. Not to exceed \$30.00 per a round trip; Parts and materials shall be invoiced at a cost not to exceed 25% above the Vendor's cost. Invoices payable only upon acceptance of detailed invoices by authorized BEN staff. Total Contract not to exceed: \$15,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program has various sites that require repair, maintenance and/or replacement of doors. These repairs are required for the health and safety of staff and customers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have equipment or skill sets 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):

Western Door and Gate
Automatic Door and Glass
Martin Garage
Vortex

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest Cost

d. Last bid date: 11/16/2020 Anticipated re-bid date: 10/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been providing satisfactory service to Buildings and Grounds since 2019

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	ethick1	12/18/2020 13:54:15 PM
Division Approval	kdesoci1	12/24/2020 11:02:09 AM
Department Approval	kdesoci1	12/24/2020 11:02:11 AM
Contract Manager Approval	tzehne1	12/24/2020 11:10:50 AM
Budget Analyst Approval	dbaughn	01/05/2021 11:37:17 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: **19079** Amendment Number: **2**

Agency Name: **DETR - REHABILITATION DIVISION** Legal Entity Name: **ALLIANCE ENTERPRISES INC**

Agency Code: **901** Contractor Name: **ALLIANCE ENTERPRISES INC**

Appropriation Unit: **3265-27** Address: **2980 CENTER DR STE 200**

Is budget authority available?: **Yes** City/State/Zip: **DUPONT, WA 98327-7806**

If "No" please explain: **Not Applicable** Contact/Phone: **Myja Rieley 253-844-4292**

Vendor No.: **T29039304**

NV Business ID: **NV20121142268**

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.

<input checked="" type="checkbox"/> General Funds	21.30 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3088-22-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/12/2017**

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/31/2022**

Contract term: **4 years and 292 days**

4. Type of contract: **Contract**

Contract description: **Software Upgrade**

5. Purpose of contract:

This is the second amendment to the original contract that provides the upgrade to the existing Rehabilitation Automated Information System of Nevada to comply with new federal regulations required by the Workforce Innovation and Opportunity Act of July 2014. This amendment changes the termination date of the contract from July 31, 2022 to June 30, 2022 and increases the total amount of the contract by \$ 44,591.00 due to necessary changes to Year 2 and Year 3 of Maintenance and Support services (Attachment AA.2) and the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,897,796.00	\$2,897,796.00	\$2,897,796.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$44,591.00	\$44,591.00	\$44,591.00	Yes - Info
3. New maximum contract amount:	\$2,942,387.00			
and/or the termination date of the original contract has changed to:	06/30/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

The existing Vocational Rehabilitation system (RAISON) must be upgraded to comply with new federal regulations required by Workforce Innovation and Opportunity Act (WIOA) of July 2014.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the resources or the software capabilities to perform these analytics required through the RAISON system.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 170702

Approval Date: 06/16/2017

c. Why was this contractor chosen in preference to other?

This vendor is a sole source vendor for the Vendor Contribution Assessment (VCA) software needed for the RAISON system and has filed for a patent for this software.

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:

This vendor has performed satisfactory service to Rehabilitation Division since 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

ethick1

12/14/2020 13:13:37 PM

Division Approval	kdesoci1	01/05/2021 17:49:40 PM
Department Approval	kdesoci1	01/05/2021 17:49:44 PM
Contract Manager Approval	kdesoci1	01/05/2021 17:49:47 PM
EITS Approval	daxtel1	01/06/2021 13:56:02 PM
Budget Analyst Approval	dbaughn	01/06/2021 14:50:14 PM

State of Nevada
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300
Carson City, NV 89701



Brian Sandoval
Governor

Patrick Cates
Director

Jeffrey Haag
Administrator

Purchasing Use Only:	
Approval#:	170702

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:	<i>Department of Employment, Training and Rehabilitation</i>	
		<i>Contact Name and Title</i>	<i>Phone Number</i>
		<i>Walter Cuneo, Management Analyst II</i>	<i>775-687-6864</i>
		<i>Email Address</i>	<i>wlcuneo@nvdetr.org</i>

1b	Vendor Information:	
	Identify Vendor:	<i>Alliance Enterprises Inc.</i>
	Contact Name:	<i>Wendy Massey</i>
	Address:	<i>2980 Center Drive, Suite 200, DuPont, WA 98327</i>
	Telephone Number:	<i>(360) 456-7000</i>
	Email Address:	<i>Wendy.Massey@allianceenterprises.com</i>

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	

1d	Contract Information:			
	Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No
	Amendment:	#		
	CETS:	#		

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>Upon Approval</i>	End Date: <i>June 2022</i>

1f	Funding:	
	State Appropriated:	<input checked="" type="checkbox"/>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	<i>\$4,148,323.00</i>

Provide a description of work/services to be performed or commodity/good to be purchased:

Alliance Enterprises Inc. is the owner and developer of Aware VR and the source code for the Rehabilitation Automated Information System of Nevada (RAISON), which the Bureau of Vocational Rehabilitation (BVR) purchased and has used since March 2004. This contract is for the updating/enhancement of the existing Raison system to meet all new federal vocational rehabilitation reporting requirements, as well as providing additional updated functionality and newer capability. The current system is a greatly customized version of the current Aware VR and has not been updated by the Vendor since it was purchased. When RAISON was purchased, DETR was supported by a large number of programmers, but budget cuts has resulted in there being no DETR programmers who are skilled in maintaining this highly customized Nevada-specific version of Aware VR. The vendor has proposed that all the data in RAISON, going back to 2004 be moved to the most current version of Aware VR and that all the data that can be archived, be archived and that Nevada's VR automated information system be brought into compliance with all Federal and State regulations. Meeting Federal data and reporting requirements is important to assuring the viability of the VR program and its continued federal funding. The vendor will then transition the updated VR system from State Mainframes to the Cloud, allowing for the automatic updating the system, to meet all new Federal requirements as they occur and to provide real time solutions to problems that occur.

What are the unique features/qualifications required for this service or good that are not available from any other vendor:

By upgrading RAISON to the newest version of AWARE VR, Rehab will be able to fully comply with federal and state program processing and reporting requirements, shorten the system modification timeframe required to be in compliance, and reduce overall systems effort and cost while improving functionality and capability for the program.

Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

Currently there are no other known vendors who would be able to provide the database product as described and approved in the attached TIR. Currently the Aware VR case management system has been successfully implemented in 33 state Vocational Rehabilitation agencies and all the other State Vocational Rehabilitation agencies use custom created case mgmt. products. However, the custom created database path is not economically feasible to DETR since a custom created program would cost a great deal more than using Aware VR and take a great deal longer to achieve implementation, since very expensive software designers would have to be hired by the State to build the database and they would have to be employed for the length of the life of the database to ensure timely and adequate updates/fixes were written into the code, whenever the Federal Government institutes changes. Finally data conversion from RAISON to AWARE VR (over 14 years' worth of data) would be near seamless because RAISON is already written in the AWARE VR source code thus ensuring an accurate and timely transition.

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input checked="" type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>				
	<i>AWARE VR is the only dedicated VR database on the market. The vendor owns the only other VR Case Management system that is remotely a possibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				

33 other State VR agencies use the Aware VR case management system while the balance use custom-created databases. Aware VR is already being updated to meet all federal guidelines and thus it minimizes the need for expensive programmers that DETR currently has to rely upon.

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:	XX	No:		
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>							
	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>			
	<i>Start and End Dates</i>							
	<i>May 2002</i>	<i>May 2012</i>	<i>\$ Unknown</i>	<i>Software Design License Agreement</i>		<i>N/A</i>		
	<i>March 2012</i>	<i>June 2013</i>	<i>\$178,000</i>	<i>Data collection enhancement</i>		<i>Waiver# 120301</i>		
			<i>\$</i>					

7 **What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?**
Loss of some or all of the state general funding to perform enhancement and enable the transition of the system to the Cloud. In addition, RAISON is based upon software (Oracle Forms and Reports) that is no longer used by most programmers, nor supported by Oracle, and no new development will occur as software programming has transitioned to JAVA and Oracle BI Publisher. Currently, DETR has no employees on staff that have the experience to maintain Oracle Forms and Reports and thus we must rely upon expensive contractors to keep the system operating. Finally, the cost to convert all the existing data from the current VR Case Management system to something completely different would add additional costs that were not approved by the Legislature.

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?**
Staff searched the internet for other providers of this enhancement and no other firm could provide the upgrade and migrate the current data and full case management to the cloud.

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>			Yes:	XX	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i> <i>Per the TIR, the vendor will provide Hosted Services for the length of the contract. It is expected that the vendor will continue to provide Hosted Services as well as updates and upgrades after the end of this contract until such time as another viable provider of VR database services become available.</i>						

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.



Agency Representative Initiating Request

Walter Cuneo

Print Name of Agency Representative Initiating Request

6/16/17

Date



Signature of Agency Head Authorizing Request

Shelley Hendren

Print Name of Agency Head Authorizing Request

6-16-17

Date

PLEASE NOTE: In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.

* Please attach copy of TIR in CETS *

Name of agency or entity who provided information or review:

Representative Providing Review

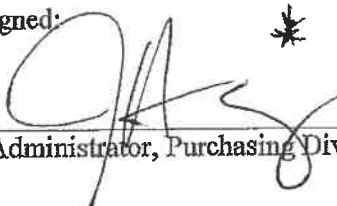
Print Name of Representative Providing Review

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

7-10-2017

Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23809**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: Odyssey Charter School of Nevada
Agency Code: 901	Contractor Name: Odyssey Charter School of Nevada
Appropriation Unit: 3265-09	Address: 2251 S. Jones Blvd Suite 100A
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89146-3145
If "No" please explain: Not Applicable	Contact/Phone: Devon Bolliger 702-257-0578
	Vendor No.: T81102486
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2021-2022

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	21.30 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3492-22-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/29/2020**
Anticipated BOE meeting date **01/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2021**

Contract term: **1 year and 2 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **2021 Odyssey Camps**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths, ages 16-21, by providing the tools that will enable them to seek and retain employment. Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128).

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,400.00**

Other basis for payment: 2 Week Program: \$400/student per week (students must attend minimum 3 out of 5 days per week); 12 students min., 18 students max.. Invoice payable only upon receipt and acceptance of student evaluations and camp Final Report. Total contract not to exceed: \$14,400.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Workforce Innovation and Opportunity Act , Public Law 113-128 (2014) or WIOA requires that 15% of all grant funding be spent on Pre-ETS programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the Pre-ETS training.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has been supplying satisfactory service to BVR since July 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 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	ethick1	12/14/2020 13:07:24 PM
Division Approval	aallen	12/29/2020 10:56:18 AM
Department Approval	aallen	12/29/2020 10:56:21 AM
Contract Manager Approval	aallen	12/29/2020 10:57:53 AM
Budget Analyst Approval	dbaughn	12/29/2020 11:07:06 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23813**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Kathleen Laxalt
Agency Code: BDC	Contractor Name: K. Neena Laxalt Consulting
Appropriation Unit: B023 - All Categories	Address: 10883 Rushing Flume Drive
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89512
If "No" please explain: Not Applicable	Contact/Phone: K. Neena Laxalt 775-762-1864
	Vendor No.:
	NV Business ID: NV20101366023

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 Fees
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2021**

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2022**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Lobbying**

5. Purpose of contract:

This is a new contract to provide lobbying services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Payment for services will be made at the rate of \$2,000.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board needs assistance monitoring the activities in the 2021 Legislative Session and the interim.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board does not have the expertise to perform this work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**K. Neena Laxalt
J.K. Belz & Associates
Kaempfer Crowell**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

K. Neena Laxalt was the only vendor to respond to the solicitation. In addition, the price and expertise of the vendor.

d. Last bid date: Anticipated re-bid date: 10/01/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Physical Therapy Board; State of Nevada, Board of Psychological Examiners; Nevada Veterinarian Board of Examiners; Nevada Board of Dispensing Opticians; Nevada Board of Massage Therapists; Nevada Marriage and Family Therapists and Certified Professional Counselors Board. Quality of service provided to all state agencies has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Ms. Laxalt has registered her business under her name and uses "K. Neena Laxalt Consulting" as a DBA.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Charles D. Harvey, Executive Director Ph: 702-876-5535

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sbradle2	12/09/2020 14:10:21 PM
Division Approval	sbradle2	12/09/2020 14:10:25 PM
Department Approval	sbradle2	12/09/2020 14:10:28 PM
Contract Manager Approval	sbradle2	12/09/2020 14:10:31 PM
Budget Analyst Approval	hfield	12/29/2020 09:34:23 AM

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: January 7, 2021

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Richard Jacobs, 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 2nd quarter of fiscal year 2021.

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 2,598 square feet of restored coverage and an increase to the Land Bank of \$48,845.00.

Statutory Authority:

NRS 321.5954

REVIEWED: LA

INFO ITEM: _____



MEMORANDUM

DATE: December 31, 2020

TO: Susan Brown, Director
Governor's Finance Office

FROM: Charles Donohue, Administrator and
State Land Registrar, Nevada Division of State Lands

RE: **BOARD OF EXAMINERS QUARTERLY REPORT FOR THE NEVADA LAND
BANK PROGRAM – 2ND QUARTER FY 2021 BOARD OF EXAMINERS
MEETING DATE OF FEBRUARY 9, 2021**

Pursuant to NRS 321.5954, a quarterly report regarding the real property or interests in real property transferred by the Nevada Land Bank Program shall be reported quarterly to the State Board of Examiners.

Nevada Land Bank Program:

The Nevada Land Bank is a program housed in the Nevada Division of State Lands (NDSL) and operated by the Nevada Tahoe Resource Team on behalf of the Tahoe Regional Planning Agency (TRPA) through a Memorandum of Understanding and under the authority of Chapter 355, Statutes of Nevada 1993. The Nevada Land Bank acquires sensitive parcels and also mitigates the environmentally detrimental effects of land coverage in the Lake Tahoe Basin. Land coverage, such as impervious surfaces like parking lots, roads and roofs, is one element of the bundle of development rights required in the Lake Tahoe Basin to move forward with development or redevelopment projects. Allowable coverage is calculated by the sensitivity of a parcels land class: Class 1 through 3 are more environmentally sensitive lands; Class 4 through 7 are less sensitive lands. The Nevada Land Bank program works to transfer coverage from more to less environmentally-sensitive land. These activities contribute to the protection of the environment at Lake Tahoe. Land Bank activities are funded through mitigation fees collected by TRPA and forwarded to NDSL to carry out the program.

This memorandum is to report real property or interests in real property transferred under this program for the quarter ending December 31, 2020 (October 1, 2020 – December 31, 2020).

- There were no acquisitions of land during this quarter. However, two (2) transfers of interest in real property occurred during this quarter and are listed below:

In the midst of the COVID-19 pandemic, the NDSL Land Bank Program agreed to assist the California Tahoe Conservancy (CTC) Land Bank by processing one additional transfer of Class 1b SEZ Restoration Credits land coverage into California this quarter for a total of three transactions for fiscal year 2021. CTC did not have the needed coverage and did not anticipate receiving any due to their activities being impacted by COVID-19. Historically, the NDSL Land Bank has transferred coverage within Nevada Hydrologic Zones only. NDSL provided the service as a courtesy to CTC and this transaction was closely coordinated with TRPA and the CTC. The remaining Class 1b SEZ Restoration Credits land coverage held in the Nevada Land Bank have been reserved for future Nevada needs.

On October 14, 2020, a transaction was finalized involving the sale of 252 square feet of Class 1b SEZ Restoration Credits land coverage to Wickland Trust to provide the buyers the additional coverage required as one of the conditions for TRPA permit ERSP2019-0373 to authorize a new single-use pier to serve 9021 Lupine Lane, El Dorado County, California, Assessor's parcel number APN 017-041-31. This transaction resulted in \$5,444.00 in proceeds for the Nevada Land Bank.

On October 22, 2020, a transaction was finalized involving the sale of 2,346 square feet of Class 1b Restored Hard land coverage to C&B Development, LLC. to provide the buyer additional coverage required as one of the conditions for TRPA permit ERSP2019-0876 to authorize the construction of a new single-family dwelling located at 254 Sherwood Court, Douglas County APN 1318-23-610-037. This transaction resulted in \$43,401.00 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, Room 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: January 21, 2021

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Tiffany Greenameyer, Deputy Director
Governor's Finance Office, 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.

GOVERNOR'S FINANCE OFFICE – BUDGET DIVISION

Agenda Item Write-up:

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the TORT Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of January 21, 2021.

Additional Information:

The TORT Claim Fund is the State Treasury Fund for Insurance Premiums. The Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency supplement funding for eligible agencies within statutory authority.

Below is the available balance for each account prior to any projected outstanding claims.

TORT Claim Fund	\$ 5,169,168.62
Statutory Contingency Account	\$ 2,715,387.17
State Claims Account	\$ 578,767.30
Emergency Account	\$ 114,972.00
Disaster Relief Account	\$ 5,645,331.95
IFC Unrestricted Contingency Fund General Fund	\$ 7,527,099.95
IFC Unrestricted Contingency Highway Fund	\$ 1,638,068.35
IFC Restricted Contingency Fund General Fund	\$ 10,457,242.00
IFC Restricted Contingency Highway Fund	\$ 2,287,561.00

Statutory Authority:

NRS 331.187, 353.097, 353.263, 353.264, 353.266, 353.268, 353.2735 and AB417, AB499, AB504, AB518, SB187 and SB553 of the 2017 Legislative Session

REVIEWED: _____
ACTION ITEM: _____

BA 4892 Statutory Contingency Account
NRS 353.264
FY 2021 (as of January 21, 2021)

Beginning Cash	4,440,838.00	
Transfer from IFC Contingency Fund	3,467,578.00	
	-	
Total Revenue		\$ 7,908,416.00

Paid Claims:

Post Conviction Stale Claims	-	
DCFS Interstate Compact - 1st Qtr Reimbursement	(1,380.00)	
DCFS Interstate Compact - 2nd Qtr Reimbursement		
DCFS Interstate Compact - 3rd Qtr Reimbursement		
DCFS Interstate Compact - 4th Qtr Reimbursement		
Attorney General's Office (Professional Service)	(66,648.83)	
Wrongful Conviction: Berry	(2,275,000.00)	
Wrongful Conviction: Wood	(2,850,000.00)	
	-	
Total Payments	(5,193,028.83)	
Account Balance		\$ 2,715,387.17

Claims Submitted for Payment:

	0.00	
	-	
Submitted for Payment		\$ 2,715,387.17
Account Balance		\$ 2,715,387.17

Projected Outstanding Claims:

Hayes Wrongfully Convicted Claim (awarded Jan 2021)	(990,000.00)	
Steese Wrongfully Convicted Claim (projected to be awarded early 2021)	(1,375,000.00)	
Professional Service (estimate)	(235,000.00)	
	-	
Total Pending Claims	\$ (2,600,000.00)	
Account Balance		\$ 115,387.17

BA 1348 TORT Claim Fund
NRS 331.187
FY 2021 (as of January 21, 2021)

Beginning Cash	5,414,638.00	
Insurance Premiums - A	94,194.90	
Insurance Premiums	3,608,014.21	
AG Loan Repayment	5,000.00	
	-	
	9,121,847.11	
Total Revenue		\$ 9,121,847.11

Paid Claims:

Attorney General's Office (Operating)	(103,746.92)	
Tort Claims	(2,888,931.57)	
Reserve for Reversion	(960,000.00)	
	-	
	(3,952,678.49)	
Total Payments		\$ 5,169,168.62
Account Balance		\$ 5,169,168.62

Claims Submitted for Payment:

	-	
Submitted for Payment	\$ -	
Account Balance		\$ 5,169,168.62

Projected Outstanding Claims:

Attorney General's Office (projection)	-	
	-	
	-	
Total Pending Claims		\$ -
Account Balance		\$ 5,169,168.62

**BA 4888 State Claims Account
NRS 353.097
FY 2021 (as of January 21, 2021)**

Beginning Cash	538,806.00	
Transfer from Interim Finance	500,000.00	
Appropriations	-	
Total Revenue	\$ 1,038,806.00	
 <u>Paid Claims:</u>		
Post Conviction Claims	(71,012.90)	
Dept. of Corrections	(60,046.28)	
DHHS-LV Childrens Behavioral Services	(32,729.01)	
DHHS- SO Nev Mental Health	(23,145.00)	
Dept. of Education	(223,730.99)	
Secretary of State	(13,298.13)	
DHHS -Aging Services	(9,325.89)	
Judiciary	(7,770.00)	
DHHS Welfare Division	(3,782.00)	
DHHS-NO Nev Mental Health	(3,750.24)	
DETR-NERC	(2,430.47)	
DHHS-Child and Family Services	(2,221.32)	
DHHS-Health Division	(1,485.00)	
DHHS-Rural Clinics	(1,352.50)	
DCNR-Forestry	(1,453.85)	
DHHS-Youth Service Division	(977.22)	
Veterans Affairs	(637.22)	
Transfer to Military Department	3,928.36	
Dept. of Administration	(550.90)	
Parks	(220.00)	
Hearings	(200.00)	
Supreme Court	(201.84)	
Public Safety - Parole & Probation	(187.81)	
Taxation	(3,172.57)	
Governor's Office	(145.20)	
Admin Director	(140.72)	
Total Payments	(460,038.70)	
Account Balance	\$ 578,767.30	

**BA 4889 Emergency Fund
NRS 353.263
FY 2021 (as of January 21, 2021)**

Beginning Cash 114,972.00

Total Revenue **\$ 114,972.00**

Paid Claims:

-

Payments \$ -
Account Balance **\$ 114,972.00**

Claims Submitted for Payment:

-

Total Submitted Payments \$ -
Account Balance **\$ 114,972.00**

Projected Outstanding Claims

-

Total Pending Claims \$ -
Estimated Account Balance - Including all Claims **\$ 114,972.00**

**BA 1335 Disaster Relief Account
NRS 353.2735
FY 2021 (as of January 21, 2021)**

Beginning Cash	13,154,024.00
Treasurer's Interest	27,160.95
1st - 2nd Qtr Transfers Per NRS 353.288(4)	-

Total Revenue	\$ 13,181,184.95
----------------------	-------------------------

	<u>Paid Claims:</u>		
Transfer to DEM		(535,853.00)	
		-	
		-	
	Payments	(535,853.00)	
	Account Balance		\$ 12,645,331.95

<u>Projected Outstanding Claims :</u>	
<u>Reserve for Reversion to GF</u>	(7,000,000.00)
Total Pending Claims	(7,000,000.00)

Estimated Account Balance - Including all Claims \$ 5,645,331.95

IFC Contingency Fund Unrestricted
NRS 353.266
FY 2021 (as of January 21, 2021)

Unrestricted General Fund

FY 2021 Beginning Cash Balance	18,696,934.71	
FY 2021 Appropriations	144,491.00	
Reversion to IFC	4,185,202.00	
Total Revenue	23,026,627.71	

Paid Claims:

	Meeting Cost	(33,374.81)	
	Board of Examiners-Statutory Contingency	(3,467,578.00)	Approved @ August 20, 2020 IFC
	Governor's Office -Patient Protection	(241,065.00)	Approved @ August 20, 2020 IFC
	B&I Office of Labor Commission	(71,465.00)	Approved @ August 20, 2020 IFC
	NDOC Hep C	(7,044,204.00)	Approved @ October 22, 2020 IFC
	DCNR - Southfork Dam	(347,467.00)	Approved @ October 22, 2020 IFC
	NDE SPED	(428,800.00)	Approved @ October 22, 2020 IFC
	Treasurer	(16,949.00)	Approved @ October 22, 2020 IFC
	BOE -Stale Claims Account	(500,000.00)	Approved @ December 18, 2020 IFC
	Forestry	(2,463,625.00)	Approved @ December 18, 2020 IFC
	Transfer to DEM	(535,853.00)	Approved @ December 18, 2020 IFC
Total Payments	(15,150,380.81)		
Account Balance	7,876,246.90		

Pending Reimbursement:

	Military Youth Center	(816,000.00)	
		(69,000.00)	Pending January 27, 2021 IFC
	Pending JVD to transfer to BA 1335	535,853.00	Pending January 27, 2021 IFC
	Total Pending	(349,147.00)	
Account Balance-GF	7,527,099.90		

Unrestricted Highway Fund

Beginning Cash	1,620,336.35	
Reversion to IFC	17,732.00	
Total Revenue	1,638,068.35	

Paid Claims:

	Total Payments	0.00	
Account Balance-HWY	1,638,068.35		

IFC Contingency Fund Restricted
NRS 353.266
FY 2021 (as of January 21, 2021)

Restricted General Fund

Beginning Balance July 1, 2020	41,866,549.00	
	0.00	
Total Revenue		41,866,549.00

Paid Claims:

DPS-Records, Communications and Compliance Division-SB514	(2,500,000.00)	Approved @ August 20, 2020 IFC
Governor's Finance Office -Smart 21 - AB543	(252,476.00)	Approved @ June 25, 2020 IFC
Dept. of Taxation AB445	(246,593.00)	Approved @ October 2020 IFC
Forestry	(1,352,387.00)	Approved @ October 2020 IFC
31st Special Session-AB3 Transfer Restricted funds to the General Fund (July 2020).	(26,228,299.00)	Approved @ 31st Special Session
Forestry	(728,492.00)	Approved @ December 18, 2020 IFC
Nevada Atomic Testing Museum	(101,060.00)	Approved @ December 18, 2020 IFC

Payments	(31,409,307.00)	
Account Balance		10,457,242.00

Pending:

Total Pending	0.00	
Account Balance		10,457,242.00

Restricted Highway Fund

Beginning Balance July 1, 2019	2,220,935.00	
2019 Appropriations Effective July 1, 2019	125,849.00	
Total Revenue	2,346,784.00	2,346,784.00

Paid Claims:

Governor's Finance Office -Smart 21 - AB543	(59,223.00)	
---------------------------------------------	-------------	--

Payments	(59,223.00)	
Account Balance		2,287,561.00

Total Restricted Balance:		12,744,803.00
----------------------------------	--	----------------------

BA 4888 Stale Claims Account
NRS 353.097
FY 2021 (as of January 21, 2021)

Beginning Cash	538,806.00	
Transfer from Interim Finance	500,000.00	
Appropriations	-	
Total Revenue	\$ 1,038,806.00	

Paid Claims:

Post Conviction Claims	(71,012.90)	
Dept. of Corrections	(60,046.28)	
DHHS-LV Childrens Behavioral Services	(32,729.01)	
DHHS- SO Nev Mental Health	(23,145.00)	
Dept. of Education	(223,730.99)	
Secretary of State	(13,298.13)	
DHHS -Aging Services	(9,325.89)	
Judiciary	(7,770.00)	
DHHS Welfare Division	(3,782.00)	
DHHS-NO Nev Mental Health	(3,750.24)	
DETR-NERC	(2,430.47)	
DHHS-Child and Family Services	(2,221.32)	
DHHS-Health Division	(1,485.00)	
DHHS-Rural Clinics	(1,352.50)	
DCNR-Forestry	(1,453.85)	
DHHS-Youth Service Division	(977.22)	
Veterans Affairs	(637.22)	
Transfer to Military Department	3,928.36	
Dept. of Administration	(550.90)	
Parks	(220.00)	
Hearings	(200.00)	
Supreme Court	(201.84)	
Public Safety - Parole & Probation	(187.81)	
Taxation	(3,172.57)	
Governor's Office	(145.20)	
Admin Director	(140.72)	
Total Payments	(460,038.70)	
Account Balance	\$ 578,767.30	