

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:** June 8, 2021, 10:00 AM
- Location:** Old Assembly Chambers of the Capitol Building
101 N. Carson Street
Carson City, Nevada 89701
- Video Conference Location:** Grant Sawyer Building
555 E. Washington Avenue, Ste. 5100
Las Vegas, Nevada 89101

AGENDA

- 1. Call to Order / Roll Call**
- 2. Public Comment** (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 May 11, 2021 Meeting Minutes** (For possible action)

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

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

Claimant: Calvary Chapel Dayton Valley
Claim No: TC19709
Settlement Amount: \$175,000
Date of Loss: May 22, 2020

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

Department of Indigent Defense Services

Pursuant to NRS 353.268, the Department requests a recommendation to the Interim Finance Committee to reallocate \$31,500 of funds allocated to the Department in 2019, for expenses related to the Davis v. State court-ordered monitor during Fiscal Year 2021.

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 April 20, 2021 through May 17, 2021.

10. Information Item Report

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

Pursuant to NRS 321.5954, Subsection 4, the State Land Registrar is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. Pursuant to Chapter 355, Statutes of Nevada, 1993, on page 1153, the agency is to report quarterly on the status of real property or interests in real property transferred under the Lake Tahoe Mitigation Program. This submittal reports on program activities for the 3rd quarter of Fiscal Year 2021.

B. Statewide Quarterly Overtime Report – Fiscal Year 2021 3rd Quarter

Pursuant to NRS 321.5954, Subsection 4, the State Land Registrar is required to Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget Division regarding the report. The Budget Division submits the 3rd Quarter Overtime Report and analysis for Fiscal Year 2021.

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 at 209 E. Musser Street, Suite 200, Carson City, NV 89701 or by contacting Dale Ann Luzzi at (775) 684-0223 or by email at daluzzi@finance.nv.gov

Agenda Posted at the Following Locations:

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

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

Governor Steve Sisolak
Chairman

Attorney General Aaron D. Ford
Member

Susan Brown
Clerk of the Board

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>

Date and Time: May 11, 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.

MEMBERS PRESENT:

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

STAFF PRESENT:

Susan Brown, Clerk of the Board
Dale Ann Luzzi, Board Secretary

OTHERS PRESENT:

Laura Freed, Administrator, Department of Administration
Frank Richardson, Deputy Administrator, Department of Administration,
Division of Human Resource Management

MEETING MINUTES

1. Call to Order / Roll Call

Governor: I would like to call to order today's meeting for Tuesday, May 11, 2021 for the State of Nevada, Board of Examiners. If I could ask the Clerk to take the roll, please?

Board Secretary: Governor Sisolak?

Governor: Here.

Board Secretary: Secretary of State Cegavske?

Secretary of State: Here.

Board Secretary: Attorney General Ford?

Attorney General: Here.

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

Governor: Thank you very much.

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 step forward, identify yourself for the record and comments will be limited to three minutes. Do we have anybody for Carson City wishing to make a public comment? Do we have anyone for Las Vegas wishing to make a public comment? Do we have anyone on the phone wishing to make a public comment? Do we have any written public comments?

Clerk of the Board: We do not.

Governor: That is all of the options we have for public comment.

3. **Approval of the April 13, 2021 Meeting Minutes** (For possible action)

Governor: Item number 3, *Approval of the April 13, 2021 Meeting Minutes*. Are there any corrections for the minutes?

Secretary of State: I move for approval.

Governor: Thank you. We have a motion from Secretary Cegavske. Is there any discussion? Hearing and seeing none. All in favor signify by saying aye. Are any opposed? The motion passes.

4. State Vehicle Purchases (For possible action)

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Administration, Fleet Services Division	4	\$110,822
Department of Corrections	1	\$18,500
Total	1	\$129,322

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

Clerk of the Board: Good morning. There are two requests for vehicles in this agenda item. The first request is from the Department of Administration, Fleet Services Division to purchase four new vehicles for \$110,822. These vehicles were funded in the legislatively approved budget.

The second request is from the Department of Corrections to purchase one replacement vehicle for \$18,500. The agency is proposing to purchase a used vehicle and the vehicle being replaced meets the age and/or mileage requirements in the State Administrative Manual. The Department is proposing to use savings that they have realized in their one-shot appropriations to fund this purchase. Are there any questions on these items?

Governor: Do we have any questions on the vehicle purchases? Hearing none. Do I have a motion?

Attorney General: Move approval.

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

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

A. Department of Administration – Purchasing Division

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee John Butler to perform uniformed security guard duties for various agencies through Master Service Agreement #19049 with Universal Protection Service LLP, dba Allied Universal Security.

B. Department of Administration – Purchasing Division

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Paul Burke to perform search and rescue coordination services for the Department of Public Safety, Division of Emergency Management and Homeland Security through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

C. Department of Administration – Purchasing Division

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Jeffrey Frischmann to perform administrative duties for the Department of Employment, Training and Rehabilitation through Master Service Agreement #18404 between Department of Administration, Purchasing Division and HAT Limited Partnership, dba Manpower.

D. Department of Administration – Purchasing Division

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Bret Sandborn to perform uniformed security guard duties for various agencies through Master Service Agreement #19049 with Universal Protection Service LLP, dba Allied Universal Security.

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

Clerk of the Board: Item 5 includes four requests to contract with former employees pursuant to NRS 333.705, subsection 1. Do you want to take all of these together?

Governor: Does anyone object to taking them together?

Secretary of State: No.

Governor: There are no objections. I'll take them all together, please.

Clerk of the Board: The first request is from the Department of Administration, Purchasing Division to contract with a former employee to perform uniformed security guard duties for various agencies. This individual will be employed by Allied Universal Security.

The second request is also from the Department of Administration, Purchasing Division to contract with a former employee to perform search and rescue coordination services

for the Department of Public Safety, Division of Emergency Management and Homeland Security. This individual will be employed through the Marathon Staffing Group.

The third request is from the Department of Administration, Purchasing Division to contract with a former employee to perform administrative duties for the Department of Employment, Training and Rehabilitation for unemployment insurance programs. This individual will be employed through Manpower.

The final request is from the Department of Administration, Purchasing Division to contract with a former employee to perform uniformed security guard duties for various agencies. This individual will be employed by Allied Universal Security.

Governor: Do we have questions on any of these four items?

Attorney General: None here.

Governor: Do I have a motion?

Attorney General: I move approval.

Governor: We have a motion for approval from General Ford. Is there any discussion? All in favor signify by saying aye. Are any opposed? The motion passes unanimously.

6. Request for Exemption from the Furlough Process (For possible action)

A. Cannabis Compliance Board

Pursuant to Section 131.4 (4) of Assembly Bill 3 of the 31st Special Legislative Session, the Cannabis Compliance Board (CCB) requests a 4.6% pay reduction in place of participating in the furlough process from January 1, 2021 to June 31, 2021 for all CCB Board members.

B. Department of Taxation

Pursuant to Section 131.4 (4) of Assembly Bill 3 of the 31st Special Legislative Session, the Department requests a 4.6% pay reduction in place of participating in the furlough process from January 1, 2021 to June 31, 2021 for all Nevada Tax Commission members.

Governor: Item number 6, *Request for Exemption from the Furlough Process*.

Clerk of the Board: There are two requests for exemption from furloughs under this item. The Cannabis Compliance Board is requesting an exemption for the five members of their board and the Nevada Tax Commission has eight members on the Tax Commission that are requesting to be exempted from furloughs. Pursuant to Assembly Bill (AB) 3 of Section 131 of the 31st Special Session, employees are required to take

furloughs or request an exemption which results in a 4.6% pay reduction. These requests, if approved, would reduce the pay of the board members and the commissioners for the period of January 1, 2021 to June 30, 2021 by 4.6%. Are there questions on this item?

Governor: I'll take these two separately. Do I have any questions on Item 6-A? Do I have a motion?

Attorney General: None here. Move approval.

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

Now, 6-B, do I have a motion?

Attorney General: I move approval.

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

7. Approval of Proposed Leases (For possible action)

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

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

Governor: I do not have any questions and I want to thank you again for my briefing, which you always answer the questions we have, which we sincerely appreciate. Do we have any questions about the proposed leases?

Attorney General: None here. Move approval.

Governor: We have a motion for approval. Is there any discussion on that motion? Hearing and seeing none. All in favor signify by saying aye. 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 35 contracts in Agenda Item 8 for approval by the Board this morning. Are there any questions on any of these items?

Governor: Does anyone have any questions on any of the contract items? The 35 contracts?

Attorney General: I don't.

Governor: Do I have a motion?

Attorney General: Move approval.

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

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

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

Clerk of the Board: Item number 9 includes two master services agreements for approval by the Board this morning. Are there any questions on these items?

Governor: Do we have any questions on the master service agreements? Again, thank you for my briefing, I do not.

Attorney General: None here.

Governor: Do I have a motion?

Attorney General: Move approval.

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

10. Collective Bargaining (For possible action)

Pursuant to NRS 288.555, subsection 1, the Department of Administration, Division of Human Resource Management acting on behalf of the Executive Department of the State of Nevada requests approval of the new Collective Bargaining Agreement with the Nevada State Law Enforcement Officers' Association for Bargaining Unit H, comprised of Category II peace officers.

Governor: Item number 10, *Collective Bargaining*.

Clerk of the Board: Item 10 is a request for approval of a new collective bargaining agreement under NRS 288, the Board shall consider the fiscal impact of this agreement. NRS 288 through Senate Bill 135 of the 2019 Legislative Session grants certain state employees the right to organize and collectively bargain, requiring the state to recognize and negotiate wages, hours and other terms and conditions of employment with labor organizations that represent state employees and to enter into written agreements, evidencing the results of collective bargaining and requires that a new collective bargaining agreement be approved, by the Board of Examiners at a public hearing.

The Nevada State Law Enforcement Officers' Association was certified as the exclusive representative for the peace officers in Bargaining Unit H and this agreement is the result of negotiations on their behalf.

Pursuant to NRS 288.555, subsection 1, the Department of Administration, Division of Human Resource Management (DHRM), acting on behalf of the Executive Department of the State of Nevada, requests approval of the new collective bargaining agreement with the Nevada State Law Enforcement Officers' Association for Bargaining Unit H, which is comprised of Category II peace officers. I would point out that Article 10 of this agreement includes a 2% salary increase effective July 1 of 2022 and if a statewide increase is approved by the Legislature, the employees eligible under this agreement would also receive that increase.

Additionally, this agreement provides for a one-time payment of \$500 for employees covered under this agreement that have continuous state service of more than five years but less than 15 years on July 1, 2022 and for those with 15 or more years of continuous state service, on July 1, 2022, a one-time payment of \$1,000. The fiscal impact of this agreement for the 2% cost-of-living allowance (COLA) is expected to cost approximately \$276,966 and the one-time payments are estimated to be a maximum of \$141,000. We have here with us today representatives from the Department of Administration to provide additional information on this item.

Governor: Thank you for joining us.

Laura Freed: Good morning, Governor. Good morning, Attorney General and Secretary of State. For the record, my name is Laura Freed. I serve as Director of the Department of Administration. I'm joined by Frank Richardson who is the Deputy Administrator of the Division of Human Resource Management's Labor Relations Unit and Frank is an expert in all things collective bargaining. I really can't say it better than the Clerk of the Board said – that this is the step in the process where the Board of Examiners is required to approve or disapprove the ratified contract with Unit H of the Nevada State Law Enforcement Officers' Association (NSLEOA), which is the exclusive representative for Category II.

To give you a sense of the folks in that unit, this would be criminal investigators, Attorney General's criminal investigators, compliance enforcement and youth parole counselors. So, it's a relatively small unit and it was the first one to reach an agreement with the State and we have been grateful for NSLEOA's collaboration. With that, we're happy to answer any questions the Board might have.

Governor: Thank you. Could you just walk me through it for those who aren't familiar with it? I am because I have a great staff that has kept me advised from the beginning until the end of this process. Just a brief synopsis if you would.

Laura Freed: We started bargaining in November with various exclusive representatives and we have spent many, many hours. It's been a while since I calculated this for the benefit of the Legislature but it was well over 400 hours for the core members of the bargaining team, spread across the various units. There are about 35 articles, correct me if I'm wrong, Frank, in each of these tentative agreements and once we tentatively agree on every article, including the economics provisions, what happens is, the articles are all collated into one master agreement, which is what you see in the Board packet. Each team goes through and reviews to make sure that, yes, that's in fact what we all agreed to and makes any technical corrections. Then, the union pursues ratification with its members, which usually entails education sessions with the membership to describe what is in this new agreement and answering questions. Then they put it up for a vote and NSLEOA did this all electronically, owing to the pandemic. Usually, it's not done that way. Then once we receive word from the union that it's been ratified by their membership, it goes to you three for consideration and approval, possibly.

Governor: Then, tell us where it goes from here.

Laura Freed: From here, the noneconomic provisions, if the Board approves it, go into effect on July 1, 2021 and the term is two years for each collective bargaining agreement. Economic provisions that Director Brown just discussed go to the Legislature because the Legislature, under the law, has retained for itself, the ability to determine what, of the economic provisions that the State and the union agree to, get funded. So, my understanding is that the Governor's Finance Office has sent over the budget amendment to effectuate the economic provisions of this agreement and now, it's up to the Legislature.

Governor: Great. I just want everyone to have a little understanding. Do we have any questions on the collective bargaining item?

Secretary of State: This is Barbara Cegavske, Governor.

Governor: Secretary Cegavske, please.

Secretary of State: Thank you. While I appreciate the update today, we have not been briefed on this. We got everything last Tuesday and we went through it with a fine-tooth comb, as much as we could, by Friday and submitted our questions. Some of the questions were answered, not all of them. The other issue was, in this agreement, there are several typos and grammatical errors in it and that is a concern. I also was dismayed when I found out that in 2020 my staff had called two times in October and November to follow up with DHRM because they had been asked previously to be a part of this process and they got no calls back or anything. On one of the returned questions, it was said to us that they had surveys that were sent out. The only survey my staff ever got was to find out what Category II peace officers' equipment was and they filled that out and sent that in but that was the only questionnaire that anybody on my staff received. So, with that, I will not be supporting this today.

I think several issues need to be addressed and the other thing that I'm concerned about is that it's not in my budget because I don't know what the cost is and I am concerned about all the things that I've brought to your attention. Now, I don't want to minimize, your staff has been very good to us, Governor, and responded to us on everything that was on there today. This was sent to DHRM and as I said, some of the questions were answered, some weren't. We sent 10 pages in to have them looked at and again, it's typos, agreements, questions, all of it and there are about 90 of those that we submitted. So, that's my statement and that's all I have to say today. Thank you.

Governor: Thank you. I'm going to let staff respond to that. It's my understanding that all staff were invited to participate in this and were sent emails. Is that true or not true, Ms. Freed?

Laura Freed: With respect, we did invite directors and deputy directors and, in this case, the chief of staff to the Secretary of State to the training sessions that were held in October of last year to get familiar. According to our records, the Secretary of State's staff did not respond to two out of the three training sessions.

The other thing I would say is that the Secretary of State's Office has six people in this unit and the total unit, as I said, isn't very big, it's just over 130 people. We were advised by our contract negotiator that the best practice is to keep negotiating teams to less than 10. So, where we have bigger units with a variety of departments represented, we made a conscious choice to keep the negotiating teams at no more than 10, including our subject matter experts. So, we're regretful that the staff at the Secretary of State's office feels as they do but we can demonstrate that we made an effort to include them.

Governor: I appreciate that and I don't want to cast blame or dispersions. I want everybody included as much as we possibly can and appreciate the efforts you went to. As to the comment, if there are typos or grammar, my legal counsel behind me, he's very good with spelling and punctuation so, if you need somebody to look at that to fix those, I'd be more than happy to offer his services. I'm sure he's going to be thrilled with my offer there. Do we have any other questions on this one?

Attorney General: Mr. Governor, Aaron Ford here. I just want to say kudos to everyone working on this. This has been a labor, obviously, of great intensity. A lot of hard work has gone into it. I'm appreciative of the right that our state workers have to organize and kudos to all of those who came to this agreement. I will be supporting it and if you want a motion on that, I'm happy to provide it right now.

Governor: Are there any other questions? I do need a motion, please.

Attorney General: I move approval, please.

Governor: We have a motion for approval. Is there any discussion? I'm going to ask you to do a roll-call vote on this one since we have one against.

Clerk of the Board: Can I add something?

Governor: Please, Director Brown.

Clerk of the Board: So, just for the record, the funding for this agreement is not included in anybody's budget at this point in time. A budget amendment was submitted to the Legislature and should that get approved, the funding will be available in the salary adjustment account which is standard practice when COLAs are granted within the State.

Governor: Thank you for that clarification. Could I ask for the roll-call vote, please?

Board Secretary: Governor Sisolak?

Governor: Aye.

Board Secretary: Secretary of State Cegavske?

Secretary of State: No.

Board Secretary: Attorney General Ford?

Attorney General: Yes.

Governor: The motion passes. Thank you. Thank you both very much for joining us.

11. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from March 23, 2021 through April 19, 2021.

Governor: Item number 11, *Information Item, Clerk of the Board Contracts*.

Clerk of the Board: There were 37 contracts under the \$50,000 threshold that were approved by the Clerk between March 23, 2021 and April 19, 2021. Are there any questions on any of these items?

Governor: I do not have any questions. Does anyone have any questions on this one?

Attorney General: None here.

Secretary of State: No.

Governor: That's an information item. Thank you.

12. Information Item Report

Department of Motor Vehicles – Complete Streets

Pursuant to NRS 482.1825, subsection 2, the Department of Motor Vehicles shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents and that the money has been distributed as provided in statute. This is the 3rd quarter of State Fiscal Year 2021 report for the period beginning January 1, 2021 and ending March 31, 2021.

Governor: Item number 12, *Information Item Report, Department of Motor Vehicles, Complete Streets.*

Clerk of the Board: This item is a report from the Department of Motor Vehicles on the voluntary contributions collected by counties pursuant to NRS 482.480, also known as the Complete Streets Program. This report is for the period of January 1st, 2021 through March 31st, 2021. During the third quarter of fiscal year 2021, the Department collected \$106,778.99 compared to \$86,108.51 in the same period in fiscal year 2020. Of the amount collected, 78.14% was from Clark County, 15.63% from Washoe County, 3.29% from Carson City and just under 3% from Douglas County. After deducting the 1% to administer the collection and distribution of contributions, the Department distributed \$105,711.20 for this quarter. Approximately 13.55% of those registering a vehicle during the quarter contributed to the Complete Streets Program during this period. Are there any questions on this item?

Governor: Do we have any questions on Complete Streets?

Attorney General: None here.

Governor: Hearing and seeing none, we'll close that item.

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

Governor: Item number 13, *Public Comment.* This is the second time set aside for public comment. Anyone wishing to address the Board on any item, please come forward, identify yourself for the record and comments will be limited to three minutes. Do we have anyone for Carson City wishing to make a public comment? Anyone for Las Vegas wishing to make a public comment? Anyone on the phone wishing to make a public comment? Is there any written public comment? Hearing and seeing none.

14. Adjournment (For possible action)

Governor: I'll move on to Item 14. Do we have a motion to adjourn?

Attorney General: So, moved.

Governor: We have a motion on the floor. Is there any discussion? All in favor signify by saying aye. The motion passes. We are adjourned. Thank you, everybody.

Steve Sisolak
Governor

Susan Brown
Director



Tiffany Greenameyer
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: April 27, 2021

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

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

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

OFFICE OF THE ATTORNEY GENERAL

Agenda Item Write-up:

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

Claimant: Calvary Chapel Dayton Valley
Claim No: TC19709
Settlement Amount: \$175,000.00
Date of Loss: May 22, 2020

Additional Information:

A consent decree has been entered in the amount of \$175,000.00 representing a negotiated settlement from approximately \$235,000.00 to \$175,000.00 for attorney's fees.

Statutory Authority:

SAM 2905 and NRS 41.036

REVIEWED: _____

ACTION ITEM: _____



AARON D. FORD
Attorney General

KYLE E.N. GEORGE
First Assistant Attorney General

CHRISTINE JONES BRADY
Second Assistant Attorney General

JESSICA L. ADAIR
Chief of Staff

LESLIE NINO PIRO
General Counsel

HEIDI PARRY STERN
Solicitor General

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street
Carson City, Nevada 89701

MEMORANDUM

To: Heather Field, Executive Branch Budget Officer
From: Nancy Katafias, Tort Claims Manager
Subject: BOE Agenda Submittal
Date: April 23, 2021

Please place the following item on the June 8, 2021 Board of Examiner's (BOE) agenda. Upon BOE approval, this item will be paid out of Budget 1348, category 15. The item will be paid after July 1, 2021, utilizing fiscal year 2022 funding.

Claimant: Calvary Chapel Dayton Valley
Claim No.: TC 19709
Settlement Amount: \$175,000

Payable as follows:

Alliance Defending Freedom
c/o Ryan Tucker
1000 Hurricane Shoals Rd, NE
Suite D-1100
Lawrenceville GA 30043

RECEIVED

APR 23 2021

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

TORT CLAIM RECOMMENDATION

DATE: April 15, 2021
CLAIMANT: Calvary Chapel Dayton Valley
CLAIM NUMBER: TC19709
DATE OF LOSS: May 22, 2020
AGENCY: Office of the Governor and Office of the Attorney General

DISCUSSION

This action challenges Governor Steve Sisolak's emergency orders prohibiting churches and other places of worship from holding in-person worship services of ten or more people, even when such services could be held in accordance with social distancing and public health guidelines.

The plaintiff prevailed in this action and is entitled to attorney fees pursuant to Section 1988. The payment of attorney fees was negotiated from approximately \$235,000 down to \$175,000.

RECOMMENDATION

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

RECOMMENDATION: PAY

G/L 7357 Alliance Defending Freedom c/o Ryan Tucker
1000 Hurricane Shoals Rd, NE, Ste D-1100
Lawrenceville GA 30043

Approved:

Nancy Katafias April 15, 2021
NANCY KATAFIAS, CLAIMS MANAGER DATE

Leslie Nino Piro April 21, 2021
LESLIE NINO PIRO, GENERAL COUNSEL DATE

TORT CLAIM RECOMMENDATION

DATE: April 15, 2021
CLAIMANT: Calvary Chapel Dayton Valley
CLAIM NUMBER: TC19709
DATE OF LOSS: May 22, 2020
AGENCY: Office of the Governor and Office of the Attorney General

DISCUSSION

This action challenges Governor Steve Sisolak's emergency orders prohibiting churches and other places of worship from holding in-person worship services of ten or more people, even when such services could be held in accordance with social distancing and public health guidelines.

The plaintiff prevailed in this action and is entitled to attorney fees pursuant to Section 1988. The payment of attorney fees was negotiated from approximately \$235,000 down to \$175,000.

RECOMMENDATION

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

RECOMMENDATION: PAY

G/L 7357 Alliance Defending Freedom c/o Ryan Tucker
1000 Hurricane Shoals Rd, NE, Ste D-1100
Lawrenceville GA 30043

Approved:

Nancy Katafias April 15, 2021
NANCY KATAFIAS, CLAIMS MANAGER DATE

Leslie Nino Piro April 21, 2021
LESLIE NINO PIRO, GENERAL COUNSEL DATE

1 AARON D. FORD
Attorney General
2 CRAIG A. NEWBY (Bar No. 8591)
Deputy Solicitor General
3 State of Nevada
Office of the Attorney General
4 100 North Carson Street
Carson City, Nevada 89701-4717
5 (775) 684-1100 (phone)
6 (775) 684-1108 (fax)
Email: CNewby@ag.nv.gov

7 *Attorneys for State Defendants*

8
9 **UNITED STATES DISTRICT COURT**
DISTRICT OF NEVADA

10
11 CALVARY CHAPEL DAYTON VALLEY

Case No. 3:20-cv-00303-RFB-VCF

12 Plaintiff,

13 vs.

CONSENT DECREE

14 STEVE SISOLAK, in his official capacity
as Governor of Nevada, et al.,

15 Defendants.

16
17 **I. INTRODUCTION AND BACKGROUND**

18 On March 12, 2020, the Governor of the State of Nevada issued an Emergency
19 Declaration in response to the novel coronavirus that causes COVID-19. *See* Governor
20 Steve Sisolak, Declaration of Emergency for COVID-19, <https://bit.ly/3jnk6CR>. The
21 Emergency Declaration remains in effect until the Governor issues an order declaring an
22 end to the emergency. Pursuant to the Emergency Declaration, the Governor issued
23 Emergency Directive 021 on May 29, 2020. *See* Governor Steve Sisolak, Declaration of
24 Emergency Directive 021 – Phase Two Reopening Plan, <https://bit.ly/2MOoYoj>. The
25 Directive and related official guidance imposed a 50-person attendance limit on indoor
26 services in houses of worship.

27 Calvary Chapel Dayton Valley (“the Church”) brought this action under 42 U.S.C. §
28 1983 against the Governor and the Attorney General of Nevada (collectively “Nevada” or

1 “the State”) and the Sheriff of Lyon County, each in his official capacity. The Church alleged
2 in its Amended Complaint that the 50-person attendance limit under Directive 021 and
3 related official State guidance violated the Free Exercise, Speech, and Assembly Clauses
4 of the First Amendment. *See generally* ECF 8. The church requested preliminary and
5 permanent injunctive relief prohibiting the Defendants from enforcing that limit on indoor
6 worship services and a judgment declaring the limit was unconstitutional, both facially and
7 as-applied. *Id.*; ECF 19 (motion for preliminary injunction). This Court denied the Church’s
8 Motion for Preliminary Injunction, relying largely on *South Bay United Pentecostal Church*
9 *v. Newsom*, — U.S. —, 140 S. Ct. 1613, 207 L.Ed.2d 154 (2020) (mem.), and the Church
10 appealed. *See Calvary Chapel Dayton Valley v. Sisolak*, 2020 WL 4260438 (D. Nev. June
11 11, 2020).

12 The Ninth Circuit held that the Church demonstrated a likelihood of success on the
13 merits of its free-exercise claim, based on *Roman Cath. Diocese of Brooklyn v. Cuomo*, 141
14 S. Ct. 63, 67, 208 L. Ed. 2d 206 (2020), that the Church established any enforcement of the
15 50-person attendance limit would cause irreparable harm, and that an injunction was in
16 the public interest. *Calvary Chapel Dayton Valley v. Sisolak*, 982 F.3d 1228, 1234 (9th Cir.
17 2020), *cert. denied*, No. 20-639 (U.S. Jan. 25, 2021). Accordingly, the court of appeals
18 reversed, instructed this Court to employ strict scrutiny to its review of Directive 021, and
19 preliminarily enjoined the State from imposing attendance limits on indoor religious
20 gatherings that are less favorable than 25% of the listed fire code capacity. *Id.* The 25%
21 attendance limit is the same limit that, under Emergency Directive 035, Nevada has
22 imposed on certain commercial entities, including “casinos; bowling alleys, arcades,
23 miniature golf facilities, amusement parks, and theme parks; restaurants, food
24 establishments, breweries, distilleries, and wineries; museums, art galleries, zoos, and
25 aquariums; and gyms, fitness facilities, and fitness studios.” *Id.* at 1230 n.1; *see* Governor
26 Steve Sisolak, Declaration of Emergency for Directive 035, <https://bit.ly/36B5vhD>. The
27 State has subsequently increased the attendance limit to 50% for all applicable entities,
28 including houses of worship. *See* Governor Steve Sisolak, Declaration of Emergency for

1 Directive 037. The State intends to delegate attendance limits to Nevada counties upon
2 approval of local plans. *See* Governor State Sisolak, Declaration of Emergency for Directive
3 041.

4 The parties have agreed to enter into this Consent Decree to resolve this matter
5 without further contested litigation. The parties agree that this Consent Decree resolves
6 all issues raised in the Church's Amended Complaint (ECF 8) and Motion for Preliminary
7 Injunction (ECF 19) and is final and binding on the parties and their officials, agents,
8 employees, and successors.

9 **II. SETTLEMENT OF CLAIMS**

10 This Consent Decree is intended to resolve all claims by Calvary Chapel in its
11 Amended Complaint.

12 **III. INJUNCTIVE AND PROSPECTIVE RELIEF**

13 Nevada is permanently enjoined from:

14 1. Enforcing Directive 021's and Directive 035's numerical capacity limits
15 on indoor religious gatherings; and

16 2. Enforcing a percentage capacity limit on indoor religious gatherings
17 that is less favorable than the highest of the percentage capacity limits imposed on indoor:
18 (a) casinos; (b) entertainment venues (*e.g.*, movie theaters, bowling alleys, arcades,
19 amusement parks, and theme parks); (c) food and spirits establishments (*e.g.*, restaurants,
20 breweries, distilleries, wineries, and bars); (d) museums, art galleries, zoos, and
21 aquariums; and (e) gyms, fitness facilities, and fitness studios.

22 **IV. DEFINITIONS**

23 "Numerical capacity limit" means a fixed maximum number of persons (*e.g.*, "the
24 occupancy shall not exceed 50 persons").

25 "Percentage capacity limit" means a maximum number of persons expressed as a
26 fraction of 100 that is tied to a facility's physical size (*e.g.*, "the occupancy shall not exceed
27 25% of the listed fire code").

28 ///

1 **V. ATTORNEY'S FEES AND COSTS**

2 1. Nevada agrees to pay the Church reasonable attorney's fees and
3 taxable and non-taxable costs for the work performed and costs incurred in this Court and
4 the Ninth Circuit before the date of this Consent Decree.¹ If necessary State approvals from
5 the Board of Examiners and/or the Legislature's Interim Finance Committee for any
6 agreement on the amount of reasonable attorney fees and costs are not received by the end
7 of business July 7, 2021, the Church shall file a fee and costs application with this Court
8 by July 30, 2021. Both Nevada and the Church reserve the right to appeal this Court's
9 disposition of such application.

10 2. Separate from the previous paragraph, if (a) the Church seeks judicial
11 relief in enforcing this Consent Decree, and (b) the Church prevails in obtaining such relief
12 or Nevada corrects its alleged violation in response to the Church's request for judicial
13 relief, Nevada agrees that it will pay the reasonable attorney's fees and costs that the
14 Church incurs in seeking such relief. If an agreement on the amount of reasonable attorney
15 fees and costs cannot be reached, the Church shall file a fee and costs application with this
16 Court within 30 days of the date that this Court grants relief or that Nevada corrects its
17 alleged violation. Both Nevada and the Church reserve the right to appeal this Court's
18 disposition of such application.

19 APPROVED and ORDERED May 13, 2021.

20 

21 _____
22 RICHARD F. BOULWARE, II
23 UNITED STATES DISTRICT JUDGE

24
25
26 _____
27 ¹ The Church's application for attorney's fees and non-taxable costs incurred during
28 Appeal No. 20-16169 is presently pending in the Ninth Circuit. See Cir. R. 39-1.6. The
parties will seek to stay consideration of that application in accordance with the terms of
this stipulated consent decree.

1 AGREED:

2 For Calvary Chapel Dayton Valley:

3 /s/ Ryan J. Tucker
4 Ryan J. Tucker (AZ Bar 034382)*
5 ALLIANCE DEFENDING FREEDOM
6 15100 N. 90th Street
7 Scottsdale, AZ 85260
8 Telephone: (480) 444-0020
9 rtucker@adflegal.org

10 *Admitted pro hac vice

For the Governor and Attorney General:

/s/ Craig A. Newby
Craig A. Newby
Deputy Solicitor General
STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
555 E. Washington, Ave., Ste. 3900
Las Vegas, NV 89101
Telephone: (702) 486-3420
cnewby@ag.nv.gov

For Sheriff Hunewill:

/s/ Brian R. Hardy
Brian R. Hardy (NV Bar 10068)
MARQUIS AURBACH COFFING
10001 Park Run Drive
Las Vegas, NV 89145
Telephone: (702) 382-0711
bhardy@maclaw.com

9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

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: May 4, 2021
To: Susan Brown, Clerk of the Board
Governor's Finance Office
From: Bessie J. Wooldridge, Executive Branch Budget Officer
Governor's Finance Office, Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF INDIGENT DEFENSE SERVICES

Agenda Item Write-up:

Pursuant to NRS 353.268, the Department requests a recommendation to the Interim Finance Committee to reallocate \$31,500 of funds allocated to the Department in 2019, for expenses related to the Davis v. State court-ordered monitor during fiscal year 2021.

Additional Information:

The Indigent Defense Department was established during the 2019 Legislative Session to provide services to rural counties and implement statewide policies for indigent defense. The American Civil Liberties Union has an open lawsuit against the state for violating the constitutional rights of people in rural counties. It was agreed that the State of Nevada "shall make all reasonable efforts to ensure that the fees and costs of the monitor are paid in full in an amount not to exceed \$75,000 per year. The monitor has provided a work plan through June 30, 2021, wherein she estimates working 105 hours at \$300 per hour. The Department is expecting to have unused funding from the caseload study. The amount approved from IFC Contingency for the weighted caseload study was \$295,000 however the award was \$176,600. The Department is requesting to use \$31,500 of the unused funding from the weighted caseload study to be re-appropriated to the Court Monitor request. Relates to work program C54273.

Memorandum

DATE: April 20, 2021

TO: Susan Brown, Director, Governor's Finance Office, State of Nevada

FROM: Marcie Ryba, Executive Director, Department of Indigent Defense Services

SUBJECT: Request for IFC Contingency Funds

This memorandum serves as a request for approval of the Department of Indigent Defense Services to seek additional funding from the Interim Finance Committee Contingency Account, specifically to request \$31,500 in additional funding to cover expenses related to the *Davis v. State* court-ordered monitor.

On August 11, 2020, the State of Nevada entered into a "Stipulated Consent Judgment." To facilitate the successful implementation of the Consent Judgment, the parties agreed to have a court appointed monitor which would assess the extent to which the State of Nevada is complying with the terms of the judgment. It was agreed that the State of Nevada "shall make all reasonable efforts to ensure that the fees and costs of the Monitor are paid in full in an amount not to exceed \$75,000 per year (absent an agreement by the parties or Court approval for additional work) in a timely manner." *Davis v. State*, "Stipulated Consent Judgment," p. 19.

The Monitor has provided a work plan through June 30, 2021 wherein she estimates working 105 hours at \$300 per hour, which totals \$31,500. Budget Account 1008 does not have sufficient funding to cover the billing for this fiscal year.

However, the Department is expecting to have unused funding from the IFC Contingency account funding approval for the weighted caseload study. The amount appropriated for the weighted caseload study was \$295,000. The winning bid for the caseload study was \$176,600. It is requested that \$31,500 of unused funding from the weighted caseload study category be re-appropriated to this new request.

We respectfully request submission of this reappropriation request to the next Board of Examiners and Interim Finance Committee meetings. A work program is in process for this request.

Monitoring in Davis v. State

March 2, 2021

Work Plan through June 30, 2021

M. Eve Hanan, Monitor

Mailing address:

UNLV Boyd School of Law

4505 S. Maryland Pkwy

Las Vegas, NV 89154

Telephone: (410) 350-4605

Email: eve.hanan@unlv.edu & evehanan@gmail.com

Provided to:

Representatives of Plaintiff Class:

Franny Forsman, Esq., Plaintiffs' counsel

Margaret Carter, Esq., Plaintiffs' counsel

Matt Cowan, Esq. Plaintiffs' counsel

Emma Andersson, ACLU Plaintiffs' counsel

Representatives of the Defendants, State of Nevada and Governor Sisolak:

Assistant Attorney General Craig Newby

Department of Indigent Defense Services:

Marcie Ryba, Director of the Department of Indigent Defense

Board of Indigent Defense Services:

Anne Traum, Chair of the Board of Indigent Defense

On October 26, 2020, M. Eve Hanan was appointed to serve as the Monitor for the *Davis v. State* (Case No. 170C002271B) Consent Judgment. Although the Monitor is an Associate Professor of Law at the University of Nevada, Las Vegas, Boyd School of Law, she is serving as the Monitor in her individual capacity.

The Consent Judgment builds on years of effort to improve indigent defense in Nevada, the history of which is summarized in a 2018 report by Sixth Amendment Center (6AC Report), a report commissioned by the Nevada Right to Counsel Commission (NRTCC) to determine whether Nevada was meeting its obligations under the Sixth and Fourteenth Amendments to provide effective assistance of counsel in jurisdictions with a population of less than 100,000 residents.¹ Despite the absence of statewide data, the 6AC Report noted failures to timely appoint counsel, irregular and insufficient indigency determination procedures, the imposition of fines

¹ The Right to Counsel in Rural Nevada, Report of the Sixth Amendment Center 24-39 (September 2018) (summarizing state efforts to ensure effective assistance of counsel) [hereinafter "The 6AC Report"].

without an assessment of ability to pay, and the absence of counsel at critical stages of proceedings.² Moreover, the 6AC Report concluded that the state was failing to set standards, gather data, and oversee the provision of indigent representation.³ Accordingly, the report recommended the creation of a state Board of Indigent Defense and Office of Indigent Defense Services to set standards for the appointment, compensation, caseloads, and performance of attorneys representing indigent defendants in rural Nevada, and that the Office of Indigent Defense Services should collect relevant data and provide oversight to the rural indigent defense systems and attorneys.⁴ In October 2018, the Plaintiffs filed their First Amended Complaint in the instant case.

In 2019, the Nevada legislature passed Assembly Bill 81 (AB 81) acknowledging the state's obligation to provide effective assistance of counsel and establishing the Board of Indigent Defense Services (the "Board") and the Department of Indigent Defense Services (the "Department") with a mandate to answer many of the concerns raised by the 6AC Report.⁵ On April 30, 2020, the Interim Finance Committee approved expenditures for the Department designed to permit implementation of AB 81.

The Consent Judgment sets forth a comprehensive plan to safeguard the constitutional right to counsel for indigent defendants in ten rural counties of Nevada, pursuant to the Sixth and Fourteenth Amendments to the United States Constitution, Article I, Section 8 of the Nevada Constitution, and Nevada Revised Statutes §§ 171.188 and 178.397. The agreed-upon plan memorialized in the Consent Judgment has the potential to become a model for standards of excellence in rural, indigent defense across the country.

Per the terms of the Consent Judgment, the Monitor serves a foundational role to ensure the success of the agreement. The parties agree that the Monitor shall have access to the Chair and members of the Board and the Executive Director and staff of the Department upon reasonable notice, to complete the reports. The parties further agree that the Department is best suited to implement the Defendants' obligations arising under the Consent Judgment.

This Work Plan sets forth the actions, timeline, and projected budget for the first quarterly report. It includes work accomplished thus far.

The monitor notes two factors relevant to implementation. The Department is working toward compliance but notes that some requirements contained in the Consent Judgment may require additional time because the Department was recently created, in 2019. Second, the Covid-19 pandemic has created unique physical and fiscal challenges for the parties. In her initial review of the work that the Department has done to comply with the terms of the Judgment, the Monitor

² *Id.* at 165.

³ *Id.* at 164.

⁴ *Id.* at 166-180 (recommending the creation of the Board and Office of Indigent Defense and describing the recommended mandate of each entity).

⁵ Codified at NRS 180.002 et seq.

has been impressed with the diligence and creativity that the Department has applied to meeting its obligations under the Judgment despite the physical and budgetary challenges resulting from the pandemic. In moving forward with review and analysis of compliance, the Monitor acknowledges that certain requirements of the Consent Judgment may be difficult or impossible to accomplish until restrictions on in-person court and client meetings again become feasible.

Likewise, the work plan and budget set forth below are constrained by the pandemic. The plan does not include a budget for in-person attendance for meetings, observation, and so forth. It is likely that the work plan and corresponding budget will be expanded to fulfill the terms of the Monitorship in future quarters.

Preliminary work conducted by the Monitor to date

The Monitor has reviewed the prior reports on indigent defense in Nevada that are referenced above, the Nevada Indigent Defense Standards of Performance (ADKT No. 411, October 16, 2008); as well as the material provided by the Department to date.

On June 9, 2020, the Monitor met with the Executive Director of the Department to discuss planned and completed training sessions for rural attorneys as well as proposed regulations, to be adopted pursuant to N.R.S. § 180.320.2(d), drafted by the Department, which were then under review with the Legislative Council Bureau.

On September 17, 2020, the Monitor met with attorneys for the Plaintiffs and Defendants, the Executive Director, and the Acting Chair of the Board regarding the potential Monitorship. Parties agreed that the Monitor will communicate directly with the Department and Board to collect information, and that additional site visits may be necessary in later phases of the Monitorship. The Executive Director discussed the timeline for adoption of software in the rural counties that will ensure that the mandatory data collection is uniform and complete. Finally, the Monitor discussed a timeline with the parties, understanding that the Monitorship would commence once approved by the District Court.

On September 24, 2020, the Monitor attended a Board meeting, where issues surrounding software adoption for data collection, the Delphi weighted workload study, and training sessions for rural defense counsel were discussed.

The District Court approved the Monitorship on October 26, 2020. The Monitor was provided with notice of appointment on January 26, 2021.

On January 26, 2021, the Monitor met with the Department and attorneys for the Plaintiffs. The Department provided information about the Department's active efforts to ensure training opportunities for rural defenders through online, live CLE programs with prominent defense attorneys and a planned annual training in April 2021. Despite a training budget reduction from \$10,000 to \$3,000, the April training will proceed. The Department discussed issues of data

collection and reporting from rural defense counsel as well as potential software requirements, depending upon Board approval. The Department also discussed pandemic-related difficulties with oversight. Department staff attend remote court appearances in the Department's oversight capacity and have been able to confirm improvements in advocacy at bail hearings (in which defense counsel should incorporate arguments based on *Valdez-Jimenez*⁶ and the Nevada Pretrial Risk Assessment Tool). It was noted, however, that aspects of the Consent Judgment are difficult to fulfill and to oversee during the pandemic.

On January 28, 2021, the Monitor attended a Board meeting during which the Board's proposed, temporary regulations were adopted.

On February 18, 2021, the Monitor met with the Department and counsel for both the Plaintiffs and Defendant to discuss a timeline for the Monitorship. The Monitor agreed to draft a work plan to circulate to both parties.

Tasks, description, timeline, budget

The duties of the Monitor listed in the Consent Judgment include the following. The Monitor notes that data collection and analysis (Task Groups I and II) in several areas listed cannot be completed until subsequent quarters, according to the timeline set in the Consent Judgment and implementation factors mentioned above. Please note that the Monitor anticipates that the workplan will be revised, in consultation with the parties, after pandemic restrictions are lifted and if other circumstances require.

Task Group I: Collecting of data, reports and other information from the Department and Board related to the state's obligations under the terms of the Consent Judgment.

Task Group II: Analyzing the information received in Task Group I to determine whether the Defendants are complying with the terms of the Consent Judgment.

Task Group III: Filing quarterly written reports with the District Court and Parties with detailed analysis and findings, either confirming compliance or notifying of failures to comply. The following section lists the Task Group activities in more detail.

Task Group I: Collection

The Monitor will collect reports and other information from the Department related to the following. The monitor notes that the Department's deadlines for generating some of the data and reports occur during or after the timeframe contemplated in this workplan.

1. Standardized contracting

⁶ 136 Nev. 155 (2020) (clarifying constitutional limits on the imposition of monetary bail).

The Monitor will collect data demonstrating whether contracts for indigent defense have been standardized in a manner consistent with the American Bar Association (ABA) Ten Principles, as set forth in the Consent Judgment, and standardized to include requirements to follow minimum standards, including confidential meetings with clients, regular communication with clients, arguing for release at initial appearance, and advising against waiving rights. (Judgment 11-12; 14-15).

2. Qualifications of counsel

The Monitor will collect data regarding the Department's establishment of standards to ensure that indigent defense providers have the ability, training, and experience necessary for the complexity of their appointed cases. (Judgment, 15).

3. Training and resources

The Monitor will collect data regarding training and resources provided to appointed counsel. The Monitor notes that the Department has taken steps to notify the Monitor of past and upcoming trainings. (Judgment, 16). The Department has made training dates available on its website at <https://dids.nv.gov/Training/Resources/>.

4. Performance guidelines

The Monitor will collect data on the incorporation of the performance guidelines in the implementation of AB 81 Section 13. (Judgment, 16). The Monitor notes that counties are expected to incorporate performance guidelines in their model plans by September 3, 2021.

5. Evaluation

- a. The Monitor will collect data regarding the Department's system for and actions to evaluate the performance of public defense counsel on an annual basis. (Judgment, 16-17). The Monitor notes that evaluation by the Department is contingent upon the counties' implementation of model plans, which is expected by September 3, 2021.
- b. The Monitor will collect data regarding the implementation of a client survey as part of the annual review process of public defense counsel. (Judgment 17). The Monitor notes that the Department will conduct the survey using the LegalServer management software, after the software is adopted.
- c. The Monitor will collect data on whether the Department timely informs the Plaintiffs of all Board and Department determinations that a Rural County is not meeting the minimum standards and shall share a corrective action plan, and that the plan is being Monitored by the Department. (Judgment, 17).

6. Workload

- a. Delphi study: The Monitor will collect information regarding the Department's obligation to commission a Delphi weighted caseload study. (Judgment, 17). The Monitor will also collect information on whether the Department has included in the model contract provisions to ensure that attorney workloads are consistent with the results of the Delphi study. The Monitor notes that the Judgment requires the Defendants to contract for the Delphi study within 12 months of the effective date of the Judgment, and to include the standards from the Delphi study in the defense contract standards within six months of completion of the study. (Judgment, 9). Within 12 months of completion of the Delphi study, data collection will include confirmation that the Department has required compliance with the study. (Judgment, 17).
- b. Workload reporting: The Monitor collects data regarding whether the Department has ensured that indigent defense providers report the relevant caseload information required by the Consent Judgment in Section IX. A. and that the reports have been made available to the Plaintiffs on a quarterly basis, starting May 1, 2020. (Judgment, 18). The Monitor notes that workload reporting is contained within the temporary regulations, effective on March 5, 2021.

7. First appearance/arraignment

- a. The Monitor will determine whether the Department has ensured that Plaintiff class members have access to applications for indigent defense and are represented by counsel at first appearance/arraignment, without delay.
- b. The Monitor will collect data on class member access to applications for indigent defense, whether through the county jails or another government source, and that class members are promptly screened for indigence such that they are represented by counsel at their initial appearance/arraignment. The Monitor will also collect data regarding whether initial appearance/arraignment is delayed for eligibility determinations in contravention of the Consent Judgment. (Judgment, 13-14).

It should be noted that collection of this data begins with the Department but may require on-site visits by the Department or the Monitor. Due to the Covid-19 pandemic, data collection may be more limited than it will be after courts resume normal operations.

8. Annual report on the status of indigent defense in Nevada

The Monitor will obtain the annual report, which shall include an analysis of whether (1) NRS 171.188(4) and (2) NRS 7.115-7.175 are inconsistent with AB 81's requirement in section 8.2(a) that the Board establish minimum standards that "do not create any type of economic disincentive ...to provide effective representation." If the Department determines the provisions are inconsistent with AB 81, it shall recommend legislative cures in the annual report. (Judgment, 12-13).

Task Group II: Analysis

- a. The Monitor will analyze compliance with the terms of the Consent Judgment in light of the information collected in Task Group I. The Monitor's analysis will include the reasons for any delay and a discussion of implementation challenges encountered by the Department. The Analysis will include steps the Department took to achieve compliance, such as drafting and implementation regulations, as well as an assessment of the steps necessary to achieve compliance in the future. With the parties' consent, the Monitor's analysis will also include actions the Department has taken to implement AB 81.
- b. The Monitor will establish regular meetings with the Department to ensure that the information upon which the Monitor is basing her analysis is accurate and up to date.

Task Group III: Reporting

The Monitor's reporting will include the following stages:

- a. Monitor circulates a preliminary draft of the quarterly report to the parties.
- b. Disputes between parties regarding the report will be resolved per the Consent Judgment, with the disputing party notifying the opposing party within seven days, and the parties meeting to resolve the issue within seven days of notification. Any motions to enforce or revise the judgement, or to further dispute the Monitor's findings, shall be filed in District Court per the Consent Judgment. (Judgment, 20-21).
- c. Monitor issues the final draft of quarterly report, providing it to the District Court and Parties

Timeline for Work Plan

Task	Estimated time to complete	Work period (final date in column is estimated date of completion)
Preliminary work completed: Initial meetings with attorneys and Department and subsequent meetings regarding monitorship Attendance at Board meetings	15 hours	September 18, 2020 – March 2, 2021

<p>Review of the Consent Judgment and Standards</p> <p>Review of background material regarding indigent defense in rural Nevada</p> <p>Collection of some data regarding training, workload study, promulgation of regulations, data collection issues</p>		
<p>Data Collection</p> <p>Collection of all information described in Task Group I above in items 1-8.</p> <p>Meetings with Department to request and secure data</p>	10 hours	March 1, 2021 – March 15, 2021
<p>Data Analysis</p> <p>Review and organize material collected in Task Group II.</p> <p>Continue weekly meetings with Department to clarify issues regarding the data collected and secure additional information necessary for analysis.</p> <p>Other steps necessary to analyze data collected</p>	20 hours	March 16, 2021 – April 15, 2021
<p>Draft Report</p> <p>Draft report sections related to data collected and analysis with Consent Judgment.</p> <p>Circulate draft to attorneys for Plaintiffs and Defendant, as well as to the Department for comment.</p>	20 hours	April 15, 2021 - May 15, 2021
<p>Complete Final report</p>	15 hours	May 15, 2021 – June 1, 2021

<p>Complete final report incorporating any agreed-upon changes or outlining any areas of dispute.</p> <p>Address edits, attachments and formatting for paper and online access.</p>		
<p>For 2nd Report</p> <p>Data Collection and Analysis in the following areas:</p> <p>Delphi study results Workload reporting Legal Server software Progress on oversight strategy Progress on county plans Training and resources</p> <p>Outcome and next steps re: proposed legislation regarding NRS171.188 and NRS 7.115-7.175</p> <p>Discuss topics for inclusion in the Dept.'s Annual Report</p>	<p>25 hours</p>	<p>June 1, 2021 – June 30, 2021</p>

Other terms of Monitorship

Monitorship team

The Monitor is acting in her individual capacity and not as a representative of the UNLV Boyd School of Law. However, students at the UNLV Boyd School of Law may assist with the Monitorship activities.

Compensation

The Monitor's fee is \$300 per hour. Additional staffing will be compensated by the Monitor.

Indemnification

The parties agree that the scope of responsibility of the Monitor is to collect, analyze, and report information regarding compliance with the Consent Judgment. The Defendant indemnifies the Monitor from any liability that may arise in the course of performing these duties.

Statement Regarding Potential Conflicts

On September 17, 2020, the Monitor confirmed that the parties waive any conflict or appearance of conflict based on the Monitor's professional relationship with the Chair of the Board, Anne Traum, a professor at UNLV Boyd School of Law where the Monitor is employed as an associate professor. The Monitor and Professor Traum co-direct a criminal defense clinic at the law school.

1 **X. MONITORING**

2 In order to facilitate the successful implementation of this Consent Judgment, the Court
3 shall appoint a Monitor to assess, on an ongoing basis, the extent to which Defendants are
4 complying with the terms of this Consent Judgment, and to advise the Court on any compliance
5 issues that may arise. The Monitor's authority shall be limited to the duties expressly set forth in
6 this Consent Judgment.

7 Within fourteen days of the effective date of this Consent Judgment, the Parties shall
8 identify and recommend potential monitors to each other. If the Parties can reach an agreement,
9 the Court will appoint the agreed upon monitor. If the Parties cannot come to an agreement on
10 who the monitor should be, the Parties shall identify their recommended monitors to the Court for
11 consideration. The Court shall make the final determination as to which of these proposed
12 monitors will be appointed for purposes of this Consent Judgment. Should the Monitor, or any
13 successor, become unwilling or unable to serve as Monitor while this Consent Judgment is
14 effective, then the Parties shall repeat the initial process to select a replacement monitor: first try
15 to reach a joint decision; if a joint decision cannot be reached, submit potential names to the
16 Court for decision. Defendants shall make all reasonable efforts to ensure that the fees and costs
17 of the Monitor are paid in full in an amount not to exceed \$75,000 per year (absent agreement by
18 the parties or Court approval for additional work) in a timely manner.

19 The duties of the Monitor shall include the following: 1) receive reports and information
20 from the Department, Department staff, and the Board related to the Board's and Department's
21 obligations under the terms of the Agreement; 2) analyze the information received to evaluate
22 compliance with the terms of the Agreement; and 3) file quarterly written reports to the District
23 Court and Parties, either confirming compliance with the terms of the Agreement or notifying the
24 District Court and Parties of any failures to comply with the terms of the Agreement. The
25 Monitor's first report shall be due within 3 months of his or her start date.

26 Disputes between the parties regarding the Monitor's compliance findings shall be
27 resolved according to the following process: 1) within 7 work days of being served a copy of the
28

1 Monitor's compliance report, a party shall notify the other party of the dispute;⁸ 2) the parties
2 shall meet and confer within 7 work days in order to resolve the dispute; 3) if in order to resolve
3 the dispute, the parties agree that this Judgment requires revision, the parties shall file a joint
4 motion to amend this Judgment; and 4) if the parties are unable to reach a resolution, the
5 complaining party may file a motion with the District Court to either enforce the terms of this
6 Judgment or dispute the Monitor's findings. The opposing party shall file its opposition within
7 15 calendar days of the motion and the parties shall have an opportunity for a hearing by the
8 District Court, to be attended by the Monitor.

9 The Monitor shall have access to Board members and Department personnel, upon
10 reasonable notice, in order to complete his/her reports to the District Court and Parties. Such
11 access shall be reasonably limited to what the Monitor deems necessary to fulfill his or her duties.
12 Additional investigatory efforts to evaluate compliance, such as site visits in the Rural Counties,
13 that will cause the Monitor's annual fee to exceed \$75,000, requires either prior agreement of the
14 parties or Court approval.

15 The Court in which this case was filed, Department II of the First District Judicial Court
16 of the State of Nevada in and for Carson City, will maintain jurisdiction for purposes of
17 adjudicating disputes under this Section.

18 **XI. ATTORNEYS' FEES AND COSTS**

19 Each party shall bear their respective expenses and costs incurred from the date the Action
20 was commenced through the Effective Date. In the event that further legal fees and costs are
21 incurred as the result of a dispute arising from this Judgment, enforcement thereof and/or the
22 terms herein, each Party shall bear its own future attorneys' fees and costs, unless the Court
23 determines there is a material breach of a term of this Judgment, in which case the successful
24 Party shall be awarded reasonable attorneys' fees and costs as determined by the Court.

25 **XII. DISPUTES**

26 In the event that a Party believes that any other Party is not in compliance with the terms

27 ⁸ If either party elects not to dispute the Monitor's findings or conclusions in one report, that party
28 shall not have waived their ability to dispute the same findings or conclusions in a subsequent
report.

LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION	NSA PROPERTY HOLDINGS, LLC DBA 5 TH STREET STORAGE SOLUTIONS	\$58,560
		This lease is an extension of the existing lease.	
	Term of Lease:	07/01/2021 – 06/30/2023	Located in Carson City
2.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	MILES PROPERTIES, INC.	\$106,517
		This lease is an extension of the existing lease.	
	Term of Lease:	07/01/2021 – 06/30/2026	Located in Mound House
3.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES DIVISION	NYE COMMUNITIES COALITION	\$13,680
		This lease is an extension of the existing lease.	
	Term of Lease:	07/01/2021 – 06/30/2023	Located in Pahrump

For Budget Division Use Only	
Reviewed by: <i>[Signature]</i>	5/18/21
Reviewed by: <i>[Signature]</i>	5/18/21

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

1. Agency (Lessee): Department of Employment, Training and REhabilitation
500 East Third Street
Carson City, NV 89713
Attention: Brandon Taylor 775-684-3901
bataylor@nvdetr.org

Purpose: This lease is for continued use of the 6,000 square foot warehouse space for DETR Administration Services Division.

Exceptions/Special Lease Terms: Warehouse space does not require contracted janitorial services.

2. Name of Landlord (Lessor): NSA Property Holdings, LLC dba 5th Street Storage Solutions

3. Address of Landlord: 855 East Warner Road
Suite 102
Chandler, AZ 85225

4. Property Contact: Manager: Denise Donovan, 480-844-3900
denise.donovan@storage-solutions.org

5. Address of Lease Property: 333 South Carson Meadows Drive, Unit #337
Carson City, NV 89701

a. Square Footage or Unit Description: 6,000

b. Cost:

	Cost Per Month	# of Months in Time Frame	Cost Per Year	Time Frame	Cost/Square Foot
Increase % 9%	2,440.00	12	29,280.00	July 1, 2021 - June 30, 2022	.40667
0%	2,440.00	12	29,280.00	July 1, 2022 - June 30, 2023	.40667

c. Total Lease Consideration:

d. Option to Renew: Yes No Renewal Terms: N/A

e. Holdover Notice: # of Days Required N/A Holdover Terms: N/A

f. Term: Two (2) Years

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

h. Utilities: Landlord Tenant

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

j. Repairs: Major: Landlord Tenant Minor: Landlord Tenant

k. Comparable Market Rate:

l. Specific termination clause in lease: Breach/Default/Lack of Funding

m. Lease will be paid for by Agency Budget Account Number or BOC Number: 3272

6. BOE Threshold:

7. This lease constitutes:

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

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

PROPERTY OR STORAGE LEASE INFORMATION

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

Yes No Dec Unit N/A

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

Kath B DeSoto 5-12-21
Authorized Agency Signature Date

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20161565036</u>	Exp:	<u>09/30/2021</u>
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC. <input type="checkbox"/> CORP. <input type="checkbox"/> LP <input type="checkbox"/>		
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
g. State of Nevada Vendor number:	<u>T32007890A</u>		

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

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

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

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:	APP 3.4.21
Reviewed by:	BDW 5/13/21
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
 Division of Public and Behavioral Health
 4150 Technology Way, Suite 200
 Carson City, Nevada 89701
 Tessa Gundy
 T: 775.684.5915 F: 775.684.4211 E: contractunit@health.nv.gov

Remarks: This is a renewal of a current lease.

Exceptions/Special notes: Warehouse space. No janitorial, except access to onsite trash collection. The Lessor provides property access 24 hours a day; 365 days per year. Lessor also provides training and use of an onsite forklift for the Tenant's use, at no additional cost.

2. Name of Lessor: Miles Properties, Inc.

3. Address of Lessor: P.O. Box 22605
 Carson City, Nevada 89721

4. Property contact: Jessica Crossman
 T: 775.246.4537 F: 775.246.5196 E: bwi.nevada@gmail.com

5. Address of Lease property: 61 Industrial Parkway, Building B2, Units C and D
 Mound House, Nevada 89706

a. Square Footage: Rentable
 Usable 2,600

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improve-ment cost per square foot	Base Rent cost per square foot	Approximate cost per square foot
	\$ 1,731.60	12	\$ 20,779.20	July 1, 2021 - June 30, 2022	\$0.00	\$0.00	\$0.67
2%	\$ 1,768.00	12	\$ 21,216.00	July 1, 2022 - June 30, 2023	\$0.00	\$0.00	\$0.68
0%	\$ 1,768.00	12	\$ 21,216.00	July 1, 2023 - June 30, 2024	\$0.00	\$0.00	\$0.68
2%	\$ 1,804.40	12	\$ 21,652.80	July 1, 2024 - June 30, 2025	\$0.00	\$0.00	\$0.69
0%	\$ 1,804.40	12	\$ 21,652.80	July 1, 2025 - June 30, 2026	\$0.00	\$0.00	\$0.69

c. Total Lease Consideration: 60 \$ 106,516.80

d. Total Improvement Cost: \$0.00

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

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

g. Term: Five (5) years

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

i. Utilities: Landlord Tenant

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

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

l. Comparable Area Market Rate Average: \$0.85

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

n. Lease will be paid for by Agency Budget Account Number: 3218

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

RECEIVED

MAY - 4 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

Laura P. O'Connell 2/24/21
 Authorized Agency Signature Date

For Public Works information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input checked="" type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic	
f. Nevada Business ID Number:	NV20011345121	Exp: 6/30/2021
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. 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
i. State of Nevada Vendor number:	T29026806	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<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

Harold D. Patrick 5/2/21
 Authorized Signature Date
 Public Works Division
 For Board of Examiners YES NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation. 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:	<i>[Signature]</i> 5/6/21
Reviewed by:	<i>[Signature]</i> 5/6/21
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
Aging and Disability Services Division
3416 Goni Road, Building D 132-Fiscal
Carson City, Nevada 89706
Mariana Acevedo
T: 775.687.0545 F: 775.687.0573 E: macevedo@adsd.nv.gov

Remarks: This is a renewal of a current sublease. This sublease was negotiated at a 5% reduced rate.

Exceptions/Special notes: This location is shared by joint agencies, organizations and individuals in a coordinated and cooperative effort for the provision of services and opportunities in Nye and Esmeralda Counties.

2. Name of Lessor: Nye Communities Coalition

3. Address of Lessor: 1020 East Wilson Road
Pahrump, Nevada 89048

4. Property contact: Tammi Odegard
T: 775.727.9970 x224 F: 775.537.2322 E: tammi@nyecc.org

5. Address of Lease property: 1020 East Wilson Road, Room 1
Pahrump, Nevada 89048

a. Square Footage: Rentable Usable 274

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improve-ment cost per square foot	Base Rent cost per square foot	Approximate cost per square foot
\$ 570.00	12	\$ 6,840.00	July 1, 2021 - June 30, 2022	\$0.00	\$0.00	\$2.08
\$ 570.00	12	\$ 6,840.00	July 1, 2022 - June 30, 2023	\$0.00	\$0.00	\$2.08
c. Total Lease Consideration:		24	\$ 13,680.00			
d. Total Improvement Cost:					\$0.00	
e. Option to renew:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Renewal terms:	None		
f. Holdover notice:		# of Days required	Holdover terms:	None		
g. Term:		Two (2) years				
h. Pass-thrus/CAM/Taxes		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Utilities:		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
j. Janitorial:		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	<input type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input checked="" type="checkbox"/> Other			
k. Repairs:		Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant			
l. Comparable Area Market Rate Average:		\$2.09				
m. Specific termination clause in lease:		Breach/Default lack of funding				
n. Lease will be paid for by Agency Budget Account Number:		3167				

budgeted @ 2.19

RECEIVED

APR 29 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
 2

3-23-2021
 Date

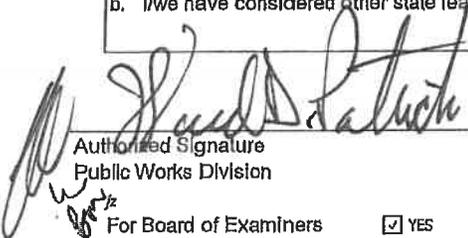
For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Non-profit		
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic	
f. Nevada Business ID Number:	NV20021504003	Exp: NA
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
h. 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
i. State of Nevada Vendor number:	T27003317	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<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

4/13/21
 Date

For Board of Examiners YES NO

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	011	GOVERNOR'S OFFICE - STATE ENERGY OFFICE - RENEWABLE ENERGY ACCOUNT	DEPARTMENT OF BUSINESS & INDUSTRY	OTHER: RENEWABLE ENERGY FUND	\$3,000,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide administrative support for the Home Energy Retrofit Opportunities for Seniors program.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24106		
2.	015	GOVERNOR'S OFFICE OF FINANCE - BUDGET DIVISION	AERIS ENTERPRISES, INC.	GENERAL	\$456,256	Sole Source
	Contract Description:	This is a new contract to provide ongoing programming and analysis of enterprise computer applications.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24264		
3.	018	GOVERNOR'S OFFICE OF WORKFORCE INNOVATION – NEVADA P20 WORKFORCE REPORTING	DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION – NEVADA DEPARTMENT OF EDUCATION - NEVADA SYSTEM OF HIGHER EDUCATION	GENERAL	\$256,266	Exempt
	Contract Description:	This is a new interlocal agreement to provide the maintenance and operation of the Statewide Longitudinal Data System.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24360		
4.	054	TREASURER'S OFFICE - UNCLAIMED PROPERTY	AVENU INSIGHTS & ANALYTICS, LLC	OTHER: ABANDONED PROPERTY TRUST FUND	\$590,226	Sole Source
	Contract Description:	This is a new contract to provide ongoing support for the unclaimed property database and software system.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 23922		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - NON-EXEC	KNIT	BONDS 92% OTHER: UNIVERSITY 8%	\$125,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the College of Southern Nevada - Health and Sciences Building CIP project: CIP Project No. 19-C28; SPWD Contract No. 112945. This amendment increases the maximum amount from \$987,660 to \$1,112,660 due to the addition of FF&E services to the construction administration phase of the project.				
		Term of Contract:	02/11/2020 - 06/30/2023	Contract # 22766		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - VETERANS CIP PROJECTS - NON-EXEC	Q&D CONSTRUCTION, INC.	BONDS 88% OTHER: VETERANS - REIMBURSEMENTS 12%	(\$154,798)	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides owner construction manager at risk (CMAR) services for the Northern Nevada Veterans Home CIP project: CIP Project No. 15-C77 and 17-C13; SPWD Contract No. 110653. This amendment decreases the maximum amount from \$48,051,540.00 to \$47,926,742.37 due to the return of the unused Owner Contingency to the Owner.				
		Term of Contract:	07/05/2017 - 06/30/2021	Contract # 18860		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	AINSWORTH ASSOCIATES DBA MECHANICAL ENGINEERS	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical plan checking services for CIP Projects: SPWD Contract No. 113971.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24117		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	AZTECH INSPECTIONS & TESTING, LLC	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114029.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24226		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	BJG ARCHITECTURE & ENGINEERING	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional structural plan checking services for CIP Projects: SPWD Contract No 114012.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24213		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	BLACK EAGLE CONSULTING, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114042.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24245		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	BLACK EAGLE CONSULTING, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services for CIP Projects: SPWD Contract No. 114031.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24267		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	BROADBENT & ASSOCIATES, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional miscellaneous environmental services for CIP Projects: SPWD Contract No. 114045.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24243		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	BUREAU VERITAS NORTH AMERICA, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional code plan checking services for CIP Projects: SPWD Contract No. 113981.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24126		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	CFBR STRUCTURAL GROUP, LLC	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional structural plan checking services for CIP Projects: SPWD Contract No. 113992.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24149		
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	CHARLES ABBOTT ASSOCIATES, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional code plan checking services for CIP Projects: SPWD Contract No. 113986.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24261		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	CONSTRUCTION MATERIALS ENGINEERS, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services for CIP Projects: SPWD Contract No. 114041.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24227		
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	CONSTRUCTION MATERIALS ENGINEERS, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114038.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24246		
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	CSG CONSULTANTS, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional code plan checking services for CIP Projects: SPWD Contract No. 113983.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24146		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	DG KOCH ASSOCIATES, LLC	OTHER: CIP PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical/electrical plan checking services for CIP Projects: SPWD Contract No. 113976.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24129		
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	DINTER ENGINEERING COMPANY	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide professional electrical plan checking services for CIP Project: SPWD Contract No. 113990.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24139		
21.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	ETCHEMENDY ENGINEERING, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical plan checking services for CIP Projects: SPWD Contract No. 113974.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24142		
22.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional civil plan checking services for CIP Projects: SPWD contract No. 114043.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24250		
23.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114048.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24238		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services for CIP Projects: SPWD Contract No. 114032.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24306		
25.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	GEOTEK, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114028.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24236		
26.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	HARRIS CONSULTING ENGINEERS, LLC	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical/electrical plan checking services for CIP Projects: SPWD Contract No. 113978.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24140		
27.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	IMEG CORPORATION, MENDENHALL SMITH STRUCTURAL ENGINEERS, PLLC	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional structural plan checking services for CIP Projects: SPWD Contract No. 114097.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24339		
28.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	INTERWEST CONSULTING GROUP, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional code plan checking services for CIP Projects: SPWD Contract No. 113984.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24127		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	IQC SOUTHWEST, LLC	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services for CIP Projects: SPWD Contract No. 114035.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24229		
30.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	JENSEN ENGINEERING, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional electrical plan checking services for CIP Projects: SPWD Contract No. 113989.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24237		
31.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	JOHN A. MARTIN & ASSOCIATES OF NEVADA, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional structural plan checking services for CIP Projects: SPWD Contract No. 114001.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24240		
32.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	JP ENGINEERING, LLC	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional electrical plan checking services for CIP Projects: SPWD Contract No. 113988.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24147		
33.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	J-U-B ENGINEERS, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional civil plan checking services, for CIP Projects: SPWD Contract No. 114007.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24235		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	KORDT ENGINEERING GROUP, LLC	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional structural plan checking service for CIP Projects: SPWD Contract No. 114056.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24257		
35.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	LOCHSA, LLC	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional structural plan checking services for CIP Projects: SPWD Contract No. 113994.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24116		
36.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	LOCHSA, LLC	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional civil plan checking services for CIP Projects: SPWD Contract No. 114008.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24220		
37.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	LUMOS & ASSOCIATES	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114022.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24248		
38.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	MCGETTIGAN CONSULTING, LLC	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114026.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24223		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	NINYO & MOORE	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigations services for CIP Projects: SPWD Contract No. 114025.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24242		
40.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	PCNA CONSULTING GROUP, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional code plan checking services for CIP Projects: SPWD Contract No. 113985.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24217		
41.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	PETTY & ASSOCIATES, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical plan checking services for CIP Projects: SPWD Contract No. 113975.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24141		
42.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	PURCELL ELECTRICAL PROF CROP DBA PK ELECTRICAL, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional electrical plan checking services for CIP Projects: SPWD Contract No. 113987.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24136		
43.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	RESOURCE CONCEPTS, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional civil plan checking services for CIP Projects: SPWD Contract No. 114009.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24186		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	ROUNDS ENGINEERING, LTD	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical plan checking services for CIP Projects: SPWD Contract No. 113972.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24124		
45.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	SGF ENGINEERING, LLC	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional mechanical plan checking services for CIP Projects: SPWD Contract No. 113973.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24134		
46.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	SUMMIT ENGINEERING CORPORATION	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114024.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24230		
47.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	SUMMIT ENGINEERING CORPORATION	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services for CIP Projects: SPWD Contract No. 114036.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24262		
48.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	TANEY ENGINEERING, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional civil plan checking services for CIP Projects: SPWD Contract No. 114010.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24259		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
49.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	TECTONICS DESIGN GROUP	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional structural plan checking services for CIP Projects: SPWD Contract No. 114002.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24221		
50.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	TJ KROB CONSULTING ENGINEERS, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide professional mechanical/electrical plan checking services for CIP Projects: SPWD Contract No. 113980.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24137		
51.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	WEST COAST CODE CONSULTANTS	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional code plan checking services CIP Projects: SPWD Contract No. 113982.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24131		
52.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	WESTERN TECHNOLOGIES, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services for CIP Projects: SPWD Contract No. 114053.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24258		
53.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	WESTERN TECHNOLOGIES, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114054.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24260		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
54.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	WILL ENGINEERING, LLC	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide professional structural plan checking services for CIP Projects: SPWD Contract No. 114003.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24115		
55.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	WOOD RODGERS, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional civil plan checking services for CIP Project: SPWD Contract No. 114011.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24212		
56.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	WOOD RODGERS, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114021.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24263		
57.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	WOOD RODGERS, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services for CIP Projects: SPWD Contract No. 114037.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24265		
58.	085	DEPARTMENT OF ADMINISTRATION - RISK MANAGEMENT - INSURANCE & LOSS PREVENTION	ORIGAMI RISK, LLC	OTHER: PROPERTY/CASUALTY PREMIUMS	\$277,376	
	Contract Description:	This is a new contract to provide software services and data hosting for the Risk Management Information System.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24333		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
59.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT - STATE SMALL BUSINESS CREDIT INITIATIVE	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – OBO UNIVERSITY OF NEVADA, RENO	FEE: FILING	\$55,000	Exempt
	Contract Description: This is the third amendment to the original interlocal agreement which provides ongoing administration of the Battle Born Venture Capital Program. This amendment extends the termination date from June 30, 2021 to December 31, 2021 and increases the maximum amount from \$446,111 to \$501,111 due to the continued need for these services.					
		Term of Contract:	05/09/2017 - 12/31/2021	Contract # 18529		
60.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	LORI A. KUNDER DBA KUNDER DESIGN STUDIOS	GENERAL	\$60,000	
	Contract Description: This is the first amendment to the original contract which provides graphic design services. This amendment extends the termination date from June 30, 2021 to June 30, 2024 and increases the maximum amount from \$20,000 to \$80,000 due to the continued need for these services.					
		Term of Contract:	05/13/2020 - 06/30/2024	Contract # 22986		
61.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES – COMPUTER FACILITY	SIRIUS COMPUTER SOLUTIONS, INC	FEE: SERVICE	\$20,000,000	
	Contract Description: This is a new contract to provide ongoing IBM Mainframe and Unix hardware, software, leasing, installation, and consulting services.					
		Term of Contract:	06/08/2021 - 06/07/2025	Contract # 24256		
62.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	BROADBENT & ASSOCIATES, INC.	OTHER: PRIVATE PAY/COUNTY REIMBURSEMENTS 35% FEDERAL 65%	\$398,182	
	Contract Description: This is a new contract to provide ongoing water sampling, quality control testing and reporting as per Nevada Department of Environmental Protection requirements. The vendor will also serve as Operator of Record for the secondary water treatment system.					
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24312		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
63.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	GARRATT CALLAHAN COMPANY	OTHER: PRIVATE PAY/COUNTY REIMBURSEMENTS 35% FEDERAL 65%	\$183,840	
	Contract Description:	This is a new contract to provide ongoing monthly service and repairs to the secondary water treatment system.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24313		
64.	270	DEPARTMENT OF TAXATION - MARIJUANA REGULATION AND CONTROL ACCOUNT	METRC, LLC	FEE: LICENSE	\$60,000	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides seed-to-sale inventory tracking software. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$384,000 to \$444,000 due to the continued need for these services.				
		Term of Contract:	09/12/2017 - 06/30/2022	Contract # 19114		
65.	300	DEPARTMENT OF EDUCATION - EDUCATOR EFFECTIVENESS	HARRIS MACKESSY & BRENNAN, INC.	GENERAL 5% FEDERAL 95%	\$272,930	
	Contract Description:	This is a new contract to provide software, including maintenance and support to manage and approve subgrantee budgets and requests for payment for federal and state grants.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24272		
66.	300	DEPARTMENT OF EDUCATION - ASSESSMENTS AND ACCOUNTABILITY	NORTHWEST EVALUATION ASSOCIATION	GENERAL	\$7,765,040	
	Contract Description:	This is a new contract to provide ongoing delivery and support of a Read by Grade 3 Assessment System which includes elementary Reading Assessment that meets the student academic achievement needs, universal screening assessments, diagnostic assessments, progress monitoring assessments, and reporting system that provides immediate results to schools and teachers.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24051		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
67.	300	DEPARTMENT OF EDUCATION - ASSESSMENTS AND ACCOUNTABILITY	REGENTS OF THE UNIVERSITY OF CALIFORNIA DBA UNIVERSITY OF CALIFORNIA, SANTA CRUZ, SILICON VALLEY	GENERAL 75% FEDERAL 25%	\$7,487,332	Exempt
	Contract Description:	This is the second amendment to the original interlocal agreement which provides the Smarter Balanced Complete Assessment System which includes summative, interim and formative assessments in English Language Arts and Mathematics for grades 3 through 8. This amendment extends the termination date from June 30, 2021 to June 30, 2024 and increases the maximum amount from \$9,454,690.80 to \$16,942,022.80 due to the continued need for these services.				
		Term of Contract:	11/14/2017 - 06/30/2024	Contract # 19313		
68.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	JENNIFER KALAS CONSULTING, LLC	FEDERAL	\$1,880,132	
	Contract Description:	This is a new contract to provide ongoing Environment Rating Scales (ERS) anchor assessors for the Child Care and Development Program, Quality Rating and Improvement System. ERS are observational assessment tools used to evaluate the quality of early childhood classrooms at childcare centers in Nevada.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24349		
69.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	WASHOE COUNTY SCHOOL DISTRICT	FEDERAL	\$3,026,540	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing Nevada Registry and the Nevada Early Learning Standards services for the Child Care and Development Program.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24278		
70.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	AMERICAN INSTITUTES FOR RESEARCH	FEDERAL	\$225,333	
	Contract Description:	This is a new contract to provide an annual evaluation and report on the Expanding Access to Well-Rounded Courses grant programs which provide access to career and technology, advanced placement and work-based learning courses and opportunities to rural high school students.				
		Term of Contract:	Upon Approval - 10/30/2024	Contract # 24269		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
71.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	NEPRIS, INC.	FEDERAL	\$564,900	Sole Source
	Contract Description:	This is a new contract to provide a cloud-based platform that will allow staff and students to connect with businesses and universities for work-based learning.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 24319		
72.	300	DEPARTMENT OF EDUCATION – DATA SYSTEMS MANAGEMENT	IDENTITY AUTOMATION	FEDERAL	\$1,600,000	
	Contract Description:	This is a new contract to provide a new identity and access management security system.				
		Term of Contract:	07/01/2021 - 02/28/2024	Contract # 24367		
73.	300	DEPARTMENT OF EDUCATION – DATA SYSTEMS MANAGEMENT	OTIS EDUCATIONAL SYSTEMS, INC.	GENERAL	\$364,914	Exempt
	Contract Description:	This is the fifth amendment to the original contract which provides ongoing hardware and software maintenance services and operational support for the Student Accountability Information System and the Nevada Statewide Longitudinal Data System. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$1,653,450 to \$2,018,364 for ongoing licensing, maintenance and support.				
		Term of Contract:	06/10/2014 - 06/30/2023	Contract # 15748		
74.	300	DEPARTMENT OF EDUCATION – SAFE AND RESPECTFUL LEARNING	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO NEVADA STATE COLLEGE	FEDERAL	\$656,863	Exempt
	Contract Description:	This is a new interlocal agreement to provide student recruitment, retention and re-specialization of specialized instructional support personnel to increase the workforce pipeline.				
		Term of Contract:	05/15/2021 - 04/14/2025	Contract # 24133		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
75.	300	DEPARTMENT OF EDUCATION – SAFE AND RESPECTFUL LEARNING	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS	FEDERAL	\$1,372,246	Exempt
	Contract Description:	This is a new interlocal agreement to provide recruitment, retention and re-specialization of specialized instructional support personnel to increase the workforce pipeline.				
		Term of Contract:	05/15/2021 - 04/14/2025	Contract # 24125		
76.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	INFINITE CAMPUS, INC.	FEE: SPONSORSHIP	\$1,909,842	Exempt
	Contract Description:	This is a new contract to provide ongoing service for a student information system for statewide data collection and data management.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24120		
77.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	SHOUTPOINT, INC.	FEE: SPONSORSHIP	\$372,382	Sole Source
	Contract Description:	This is a new contract to provide ongoing services for an interconnected Voice over Internet Protocol solution for emergency notification.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24029		
78.	400	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE - INDIGENT HOSPITAL CARE	NEVADA ASSOCIATION OF COUNTIES	OTHER: AD VALOREM TAX	\$280,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing program administration on behalf of the Board of Trustees of the Fund for Hospital Care for Indigent Persons.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24294		
79.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES - RURAL REGIONAL CENTER	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – OBO UNIVERSITY OF NEVADA, RENO	GENERAL	\$64,452	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing services that include one Behavioral Analysis Psychology Extern to perform behavioral analysis and evaluations for individuals served under the supervision of the agency's licensed psychologists.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24194		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
80.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER	SHI INTERNATIONAL CORPORATION	GENERAL	\$62,843	
	Contract Description:	This is the first amendment to the original work plan under master service agreement #3466 which provides cloud services for an electronic health record, software as a service technology. This amendment extends the termination date from June 30, 2021 to June 30, 2024 and increases the maximum amount from \$36,049.92 to \$98,892.96 due to the continued need for these services.				
		Term of Contract:	09/17/2020 - 06/30/2024	Contract # 22840		
81.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES - SIERRA REGIONAL CENTER	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – OBO UNIVERSITY OF NEVADA, RENO	GENERAL	\$56,424	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing services that include one Behavioral Analysis Psychology Extern to perform behavioral analysis and evaluations for individuals served under the supervision of the agency's licensed psychologists.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24268		
82.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY – INTER GOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY	OTHER: REVENUE INTER-GOVERNMENTAL TRANSFER	\$122,021,816	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing receipt of Intergovernmental funds to support and fund the state's share of the Disproportionate Share Hospital program for supplemental payments to hospitals that serve a disproportionate share of uninsured, indigent and Medicaid patients.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 23855		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
83.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES -HEALTH CARE FINANCING AND POLICY – INTER GOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY	OTHER: REVENUE	\$62,504,302	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide support and fund the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state, governmental owned or operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.				
	Term of Contract:	07/01/2020 - 06/30/2023	Contract # 23967			
84.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY – INTER GOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY	OTHER: REVENUE	\$81,360,051	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide Directed Managed Care Capitated Payments for services provided to Medicaid recipients enrolled in a Managed Care Organization.				
	Term of Contract:	01/01/2020 - 06/30/2023	Contract # 24025			
85.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY – INTER GOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY	OTHER: REVENUE	\$11,949,902	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide the receipt of funds to support the state's share of the supplemental inpatient, outpatient and Graduate Medical Education Upper Payment Limit program for non-state, governmental-owned or operated hospitals and the Managed Care Organization capitated payment program. The supplemental program pays the difference between the Medicaid payments and the Medicare amount.				
	Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24035			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
86.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY – INTER GOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY	OTHER: REVENUE INTER-GOVERNMENTAL TRANSFER	\$18,141,905	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides ongoing receipt of funds to support and fund the state's share of the supplemental Disproportionate Share Hospital (DSH) program for supplemental payments to hospitals that serve a disproportionate share of uninsured, indigent and Medicaid. This amendment increases the maximum amount from \$137,414,021 to \$155,555,926 due to the postponement of the federal DSH allotment.				
		Term of Contract:	07/01/2018 - 06/30/2021	Contract # 21460		
87.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY – INTER GOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY	OTHER: REVENUE INTER-GOVERNMENTAL TRANSFER	\$549,700	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides a continuation of receipt of funds to support the state's share of the supplemental inpatient, outpatient and Graduate Medical Education Upper Payment Limit program for non-state, governmental owned or operated hospitals and the Managed Care Organization capitated payment program. This amendment increases the maximum amount from \$103,382,599 to \$103,932,299 due to final demonstration amounts being slightly higher than program projections.				
		Term of Contract:	07/01/2018 - 06/30/2021	Contract # 21457		
88.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY – INTER GOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY	OTHER: REVENUE INTER-GOVERNMENTAL TRANSFER	\$2,334,161	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides receipt of the non-federal share of funds in order to secure federal funding for the program to pay the supplemental payments of the higher costs incurred by practitioners who are associated with the training/teaching program for outpatient services. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$774,718 to \$3,108,879 due to higher than expected claims volume and designated practitioners by the public teaching entities.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 21461		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
89.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY – INTER GOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY	OTHER: REVENUE	\$31,764,854	Exempt
	Contract Description:	This is a new revenue interlocal to provide support and fund the non-federal share of the supplemental Graduate Medical Education program for non-state government-owned or operated teaching hospitals.				
		Term of Contract:	07/01/2020 - 06/30/2023	Contract # 23979		
90.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES – HEALTH CARE FINANCING AND POLICY – INTER GOVERNMENTAL TRANSFER PROGRAM	WASHOE COUNTY	OTHER: REVENUE	\$3,000,000	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing receipt of Intergovernmental funds to support and fund the state's share of the Disproportionate Share Hospital program for supplemental payments to hospitals that serve a disproportionate share of uninsured, indigent and Medicaid patients.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 23958		
91.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES DIVISION	FEDERAL	\$511,458,125	Exempt
	Contract Description:	This is a new interlocal agreement to reimburse the federal share of costs associated with administrative activities and cost per eligible reimbursement of the provisions of Home and Community Based Services Waivers for Frail Elderly, Persons with Physical Disabilities and Individuals with Intellectual and Developmental Disability populations so those individuals at risk of being placed in hospitals or nursing facilities can be cared for in their homes and the community, preserving independence and ties with families and friends at a lower cost than institutional care.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24318		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
92.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES DIVISION	FEDERAL	\$14,314,108	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing Medicaid reimbursement for Medicaid Outreach and Medicaid Administrative duties for Nevada Early Intervention Services, Autism Treatment Assistance Program and Adult Rights Specialists; and to provide targeted case management services in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.				
	Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24326			
93.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	FEE: COST CONTAINMENT 50% FEDERAL 50%	\$926,100	Exempt
	Contract Description:	This is a new interlocal agreement to provide delineation of responsibilities between the Division of Health Care Financing and Policy and the Division of Public and Behavioral Health with respect to Medicaid reimbursement for Board of Nursing activities.				
	Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24207			
94.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	GENERAL 25% FEDERAL 75%	\$8,815,154	Exempt
	Contract Description:	This is a new interlocal agreement to provide delineation of responsibilities between the Division of Health Care Financing and Policy and the Division of Public and Behavioral Health with respect to Medicaid reimbursement for Survey and Certification activities.				
	Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24283			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
95.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	MAGELLAN MEDICAID ADMINISTRATION, INC.	GENERAL 23% FEDERAL 77%	\$19,081,253	
	Contract Description:	This is a new contract to implement an approved technology investment that provides comprehensive Pharmacy Benefits Manager services for the Nevada Medicaid Fee-For-Service populations.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24351		
96.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	MYERS AND STAUFFER, LC	GENERAL 50% FEDERAL 50%	\$120,000	Exempt
	Contract Description:	This is the third amendment to the original contract which provides audit services for managed care organizations, patient trust funds, and cost reports of nursing facilities. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$8,449,289 to \$8,569,289 due to the continued need for these services.				
		Term of Contract:	07/01/2017 - 06/30/2022	Contract # 18630		
97.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	PUBLIC KNOWLEDGE, LLC	GENERAL 10% FEDERAL 90%	\$158,440	
	Contract Description:	This is a new work plan under statewide contract #23410 which provides procurement of acquisition support services. This agreement will provide the identified outcomes and Centers for Medicare & Medicaid Services (CMS) obligations for an environmental scan of the Health Information Technology (HIT) landscape, creation of a five-year plan for future activities related to HIT and consolidate information from the environment scan and five-year plan for submission to CMS.				
		Term of Contract:	07/01/2021 - 03/31/2022	Contract # 24293		
98.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	ALIGNMENT HEALTH PLAN OF NEVADA, INC.	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is a new contract to provide medical services to Dual Eligible Special Needs Plan recipients.				
		Term of Contract:	01/01/2022 - 12/31/2022	Contract # 24201		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
99.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	CHURCHILL COUNTY	OTHER: REVENUE	\$339,355	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. This amendment increases the maximum amount from \$845,376.19 to \$1,184,731.61 due to increased Medicaid administrative services necessary to implement the program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 22058		
100.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	COUNTY OF CARSON CITY	OTHER: REVENUE	\$171,737	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. This amendment increases the maximum amount from \$2,147,956.80 to \$2,319,693.72 due to increased Medicaid administrative services necessary to implement the program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 22057		
101.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	ESMERALDA COUNTY	OTHER: REVENUE	\$62,340	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. This amendment increases the maximum amount from \$.00 to \$62,339.63 due to increased Medicaid administrative services necessary to implement the program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 22061		
102.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	HUMBOLDT COUNTY	OTHER: REVENUE	\$259,090	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. This amendment increases the maximum amount from \$691,171.51 to \$950,261.87 due to increased Medicaid administrative services necessary to implement the program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 22063		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
103.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	HOMETOWN HEALTH PLAN, INC.	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is a new contract to provide medical services to Dual Eligible Special Needs Plan recipients.				
		Term of Contract:	01/01/2022 - 12/31/2022	Contract # 24224		
104.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	HUMANA INSURANCE COMPANY	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is a new contract to provide medical services to Dual Eligible Special Needs Plan recipients.				
		Term of Contract:	01/01/2022 - 12/31/2022	Contract # 24205		
105.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is a new contract to provide medical services to Dual Eligible Special Needs Plan recipients.				
		Term of Contract:	01/01/2022 - 12/31/2022	Contract # 24203		
106.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	LINCOLN COUNTY	OTHER: REVENUE	\$54,940	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. This amendment increases the maximum amount from \$250,667.19 to \$305,607.28 due to increased Medicaid administrative services necessary to implement the program.				
		Term of Contract:	07/01/2019 - 06/30/2021	Contract # 22065		
107.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	REGIONAL TRANSPORTATION COMMISSION OF WASHOE COUNTY	GENERAL 35.3% FEDERAL 64.7%	\$130,968	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing assessments for paratransit services for eligible Medicaid recipients for non-emergency transportation services in northern Nevada.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 23989		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
108.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH - COMMUNICABLE DISEASES	MAGELLAN MEDICAID ADMINISTRATION, INC.	OTHER: PHARMACEUTICAL REBATES 70% FEDERAL 30%	\$70,319,656	
	Contract Description:	This is a new contract to provide Pharmacy Benefits Manager services for clients of the Ryan White HIV/AIDS Part B Program.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24335		
109.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES – WELFARE AND SUPPORTIVE SERVICES - ADMINISTRATION	DELOITTE CONSULTING, LLP	FEDERAL	\$3,300,568	
	Contract Description:	This is a new contract to provide Pandemic-Electronic Benefit Transfer benefits to children who qualify for the National School Lunch Program.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 24393		
110.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES – WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	CHASE GLOBAL SERVICES	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$1,300,000	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides ongoing maintenance and operations services, including staff and equipment, to support the Child Support Enforcement Decision Support System. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$3,876,027 to \$5,176,027 due to the continued need for these services.				
		Term of Contract:	07/01/2015 - 06/30/2023	Contract # 16615		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
111.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES – WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	COUNTY OF CHURCHILL	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$3,034,867	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 23885		
112.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES – WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	COUNTY OF CLARK	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$141,518,807	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 23888		
113.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES – WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	COUNTY OF ELKO	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$3,274,198	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 23892		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
114.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES – WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	COUNTY OF HUMBOLDT	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$2,332,786	Exempt
	Contract Description:		This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.			
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 23896		
115.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES – WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	COUNTY OF LYON	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$2,450,068	Exempt
	Contract Description:		This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.			
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 23908		
116.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES – WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	COUNTY OF MINERAL	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$656,745	Exempt
	Contract Description:		This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.			
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 23911		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
117.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES – WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	COUNTY OF NYE	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$2,496,968	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 23913		
118.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES – WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	COUNTY OF PERSHING	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$1,100,983	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 23914		
119.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES – WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	STATE OF RHODE ISLAND	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$400,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing services through the Child Support Lien Network, a multistate consortium of state child support agencies providing data matching services to increase child support collections by giving the Child Support Enforcement Program a way to identify and intercept insurance claim settlements before insurers send payments to claimants who owe past-due child support.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24090		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
120.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES – WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	COUNTY OF WASHOE	OTHER: COUNTY SHARE 34% FEDERAL 66%	\$19,200,508	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 23916		
121.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES – CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	CARAHSOFT TECHNOLOGY	FEDERAL	\$356,400	
	Contract Description:	This is a new work plan under master service agreement #18855 which provides cloud services. This work plan is for the modernization of several key workflows related to grants management.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 24315		
122.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NEVADA YOUTH TRAINING CENTER	DANIEL C. JONES	GENERAL	\$72,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing physician services to ensure the health and well-being of the youth. This amendment extends the termination date from June 30, 2021 to March 31, 2022 and increases the maximum amount from \$384,000 to \$456,000 due to the continued need for these services.				
		Term of Contract:	07/01/2017 - 03/31/2022	Contract # 18768		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
123.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES – CHILD AND FAMILY SERVICES – SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	STATE OF MARYLAND – UNIVERSITY OF MARYLAND, BALTIMORE	FEDERAL	\$428,250	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides ongoing services for Families are Laughing, Outcomes, Coordination, Unconditional Positive Regard, Short-Term intermediate level care coordination training, coaching, certification, capacity building, licensing evaluations, and continuous quality improvement processes. This amendment increases the maximum amount from \$339,000 to \$767,250 due to an increased scope of work to expand the certification and re-certification of coaches.				
	Term of Contract:	10/01/2019 - 09/30/2023	Contract # 22965			
124.	431	OFFICE OF THE MILITARY	COMPASS GROUP, USA	GENERAL 25% FEDERAL 75%	\$3,200,000	Professional Service
	Contract Description:	This is a new contract to provide on-site food services for the Battle Born Youth Challenge Academy.				
	Term of Contract:	Upon Approval - 06/07/2025	Contract # 24276			
125.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – OBO UNIVERSITY OF NEVADA, RENO	GENERAL	\$177,056	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing access to the NevadaNet system to support educational and public access programs at various facilities.				
	Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24202			
126.	440	DEPARTMENT OF CORRECTIONS – PRISON INDUSTRY	DAYTON VALLEY TURF, INC.	OTHER: REVENUE	\$105,600	
	Contract Description:	This is a new revenue contract to provide an ongoing land/use lease with Dayton Valley Turf, Inc. allowing the vendor to operate a turf/sod distribution and above-ground garden prefabrication enterprise within the confines of the Northern Nevada Transitional Housing Center.				
	Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24155			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
127.	440	DEPARTMENT OF CORRECTIONS – CASA GRANDE TRANSITIONAL HOUSING	RENTOKIL NORTH AMERICA, INC.	GENERAL	\$63,643	
	Contract Description:	This is the first amendment to the original contract that continues ongoing regularly scheduled pest control services at the following correctional facilities: Casa Grande Transitional Housing, Florence McClure Women's Correctional Center, High Desert State Prison, Jean Conservation Camp, Southern Desert Correctional Center and Three Lakes Valley Conservation Camp. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$119,456.00 to \$183,099.44 due to the continued need for these services.				
		Term of Contract:	07/06/2017 - 06/30/2023	Contract # 18821		
128.	500	DIVISION OF MINERAL RESOURCES	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – OBO UNIVERSITY OF NEVADA, RENO	FEE: MINING CLAIM	\$194,400	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing publication and curation services of mineral industry reports and associated database management of oil, gas and geothermal drill cuttings.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24347		
129.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	BONGARDS CREAMERIES	FEDERAL	\$1,075,463	
	Contract Description:	This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.				
		Term of Contract:	07/08/2021 - 06/14/2025	Contract # 24284		
130.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	GOODMAN FOOD PRODUCTS, INC. DBA DON LEE FARMS	FEDERAL	\$1,996,574	
	Contract Description:	This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.				
		Term of Contract:	06/15/2021 - 06/14/2025	Contract # 24321		
131.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	INTERNATIONAL FOOD SOLUTIONS	FEDERAL	\$3,251,042	
	Contract Description:	This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.				
		Term of Contract:	07/08/2021 - 06/14/2025	Contract # 24292		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
132.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	JTM PROVISIONS COMPANY, INC.	FEDERAL	\$1,357,936	
	Contract Description:	This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.				
		Term of Contract:	06/15/2021 - 06/14/2025	Contract # 24291		
133.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	LAND O' LAKES, INC.	FEDERAL	\$1,755,430	
	Contract Description:	This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.				
		Term of Contract:	07/08/2021 - 06/14/2025	Contract # 24289		
134.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	LET'S DO LUNCH, INC. DBA INTEGRATED FOOD SERVICE	FEDERAL	\$5,670,627	
	Contract Description:	This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.				
		Term of Contract:	07/08/2021 - 06/14/2025	Contract # 24290		
135.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	M.C.I. FOODS, INC.	FEDERAL	\$4,567,847	
	Contract Description:	This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.				
		Term of Contract:	07/08/2021 - 06/14/2025	Contract # 24288		
136.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	MICHAEL FOODS, INC.	FEDERAL	\$974,427	
	Contract Description:	This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.				
		Term of Contract:	07/01/2021 - 06/14/2025	Contract # 24287		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
137.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	NATIONAL FOOD GROUP, INC.	FEDERAL	\$15,525,884	
	Contract Description:	This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.				
		Term of Contract:	07/08/2021 - 06/14/2025	Contract # 24286		
138.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	OUT OF THE SHELL LLC, DBA LINGS	FEDERAL	\$4,314,320	
	Contract Description:	This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.				
		Term of Contract:	07/08/2021 - 06/14/2025	Contract # 24285		
139.	650	DEPARTMENT OF PUBLIC SAFETY - DIRECTOR'S OFFICE	LAS VEGAS METROPOLITAN POLICE DEPARTMENT	FEE: DNA TESTING 30% GENERAL 2% HIGHWAY 68%	\$1,300,152	
	Contract Description:	This is a new Interlocal agreement to provide ongoing genetic marker testing, forensic laboratory analysis and toxicology laboratory analysis services for the Department.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24279		
140.	651	DEPARTMENT OF PUBLIC SAFETY - HIGHWAY SAFETY GRANTS ACCOUNT	ITERIS, INC.	FEDERAL	\$98,000	
	Contract Description:	This is a new contract to provide project management for the Federal Motor Carrier Safety Administration - Innovative Technology Deployment Program in support of the agency's motor carrier safety program and associated technology advancement capability efforts.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 24320		
141.	690	COLORADO RIVER COMMISSION	MARCH COUNSEL, LLC	OTHER: POWER REVENUES	\$150,000	Professional Service
	Contract Description:	This is a new contract to provide legal services relating to matters ending before or involving the Federal Energy Regulatory Commission, North American Electric Reliability Corporation and other national and regional regulatory bodies.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24190		
142.	690	COLORADO RIVER COMMISSION	MOSS ADAMS, LLP	FEE: POWER REVENUES	\$120,000	
	Contract Description:	This is a new contract to provide annual professional auditing services of financial records and an audit opinion on the Comprehensive Annual Financial Report.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24050		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
143.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - USGS CO-OP - NON-EXEC	UNITED STATES DEPARTMENT OF THE INTERIOR	OTHER: PASS-THROUGH	\$90,000	
	Contract Description:	This is the first amendment to the original Joint Funding Agreement to fund a study of the hydraulic connectivity and bulk hydraulic properties of carbonate-rock and basin-fill aquifers in the vicinity of Big Springs and the Johnson Springs Wetland Complex in Goshute Valley. This amendment extends the termination date from September 30, 2021 to September 30, 2022 and increases the maximum amount from \$300,000 to \$390,000 due to the continued need for these services.				
		Term of Contract:	10/09/2018 - 09/30/2022	Contract # 21064		
144.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES	UNITED STATES DEPARTMENT OF THE INTERIOR	GENERAL 60% FEDERAL 40%	\$77,800	
	Contract Description:	This is a new joint funding agreement that provides an ongoing monitoring program for the South Fork of the Humboldt River consisting of two streamflow gauges and data collection platforms.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24358		
145.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES	UNITED STATES DEPARTMENT OF THE INTERIOR	GENERAL 54% FEDERAL 46%	\$819,910	
	Contract Description:	This is a new joint funding agreement that provides ongoing operation and maintenance of a streamflow network of 24 gages and a reservoir gage, groundwater level data collection, data entry and review, publication of the data to the internet, and an annual publication.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24359		
146.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	NEVADA DEPARTMENT OF WILDLIFE	OTHER: REVENUE	\$40,000	
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides for ongoing sharing of pilots and maintenance personnel. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$40,000 to \$80,000 due to the continued need for these services.				
		Term of Contract:	09/16/2019 - 06/30/2023	Contract # 22200		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
147.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - INDUSTRIAL SITE CLEANUP	MCGINLEY & ASSOCIATES, INC.	OTHER: HAZARDOUS WASTE FUNDS	\$480,000	
	Contract Description:	This is a new contract to provide technical review services and recommendations to support regulatory oversight and corrective action at the Three Kids Mine Project site.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 24164		
148.	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: PERMIT	\$310,000	Exempt
	Contract Description:	This is the third amendment to the original interlocal agreement which provides air quality-related environmental regulatory assistance and outreach. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$523,000 to \$833,000 due to the continued need for these services.				
		Term of Contract:	07/01/2017 - 06/30/2023	Contract # 18725		
149.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - MATERIALS MANAGEMENT & CORRECTIVE ACTION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEE: HAZARDOUS WASTE	\$418,000	
	Contract Description:	This is a new interlocal agreement to provide industry consultant support on hazardous waste regulations.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24348		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
150.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - MATERIALS MANAGEMENT & CORRECTIVE ACTION	MCGINLEY & ASSOCIATES, INC.	FEDERAL	\$1,200,000	
	<p>Contract Description: This is a new contract to provide ongoing support services for the State Response Program by conducting the site-specific assessment, cleanup and other redevelopment activities at sites deemed eligible to receive Brownfields and or State Response funding.</p> <p>Term of Contract: 07/01/2021 - 06/30/2025 Contract # 24160</p>					
151.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - SAFE DRINKING WATER PROGRAM	SOUTHERN NEVADA HEALTH DISTRICT	FEDERAL	\$300,000	Exempt
	<p>Contract Description: This is a new interlocal agreement to provide ongoing assistance with conducting and documenting sanitary surveys within Clark County, reviewing and updating the Safe Drinking Water Information System, participating in training programs, preparing relevant reports, and implementing new US Environmental Protection Agency rules.</p> <p>Term of Contract: 07/01/2021 - 06/30/2023 Contract # 24096</p>					
152.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - SAFE DRINKING WATER PROGRAM	WASHOE COUNTY HEALTH DISTRICT	FEDERAL	\$250,000	Exempt
	<p>Contract Description: This is a new interlocal agreement to provide ongoing assistance with conducting and documenting sanitary surveys within Washoe County, reviewing and updating the Safe Drinking Water Information System, participating in training programs, preparing relevant reports, and implementing new US Environmental Protection Agency rules.</p> <p>Term of Contract: 07/01/2021 - 06/30/2023 Contract # 24080</p>					

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
153.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - UNINSURED EMPLOYERS CLAIMS - NON-EXEC	SIERRA NEVADA ADMINISTRATORS, INC.	OTHER: WORKERS' COMPENSATION AND SAFETY FUND	\$246,000	
	Contract Description:	This is a new contract to provide ongoing third-party Workers' Compensation claims administration for the Uninsured Employers Claims Account.				
		Term of Contract:	Upon Approval - 06/07/2023	Contract # 24344		
154.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	JOBS FOR NEVADA'S GRADUATES	GENERAL 21.3% FEDERAL 78.7%	\$750,000	Sole Source
	Contract Description:	This is a new contract to provide ongoing Pre-Employment Transition Services and Work-Based Learning Experiences in secondary education schools for high school students with disabilities.				
		Term of Contract:	08/01/2021 - 07/31/2024	Contract # 24122		
155.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - UNEMPLOYMENT INSURANCE	CONDUENT STATE & LOCAL	FEDERAL	\$0	
	Contract Description:	This is a new contract to provide electronic distribution of Unemployment Insurance Benefits.				
		Term of Contract:	04/12/2021 - 06/30/2023	Contract # 24252		
156.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - RESEARCH & ANALYSIS	STATE OF MONTANA	FEDERAL	\$70,000	Exempt
	Contract Description:	This is the sixth amendment to the original contract which provides the hardware, software, infrastructure and personnel to the Department of Employment, Training and Rehabilitation to support both the labor market legacy system known as Workforce Informer as well as the new replacement system known as LMInformer. This amendment extends the termination date from June 30, 2021 to June 30, 2025 and increases the maximum amount from \$140,000 to \$210,000 due to the continued need for these services.				
		Term of Contract:	04/02/2014 - 06/30/2025	Contract # 15423		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
157.	920	DEPARTMENT OF ADMINISTRATION - DEFERRED COMPENSATION COMMITTEE	CASEY NEILON, INC.	OTHER: ADMINISTRATION CHARGE	\$63,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides a financial statement audit. This amendment extends the termination date from June 30, 2021, to July 31, 2023, and increases the maximum amount from \$71,750 to \$134,750 due to the continued need for these services.				
		Term of Contract:	04/14/2020 - 07/31/2023	Contract # 22925		
158.	950	PUBLIC EMPLOYEES BENEFIT PROGRAM	HOMETOWN HEALTH PROVIDERS	OTHER: 63% STATE SUBSIDY/ 37% PREMIUM REVENUE	\$1,395,049	
	Contract Description:	This is the fifth amendment to the original contract which provides a statewide medical Preferred Provider Organization network service for participants in the Consumer Driven Health Plan. This amendment extends the termination date from June 30, 2021 to June 30, 2022, increases the maximum amount from \$8,560,090 to \$9,955,139 and revises the attachment on scope of services.				
		Term of Contract:	07/01/2014 - 06/30/2022	Contract # 15510		
159.	950	PUBLIC EMPLOYEES BENEFIT PROGRAM	STANDARD INSURANCE COMPANY	OTHER: 67% STATE SUBSIDY/ 33% PARTICIPANT CONTRIBUTIONS	(\$14,412,909)	
	Contract Description:	This is the third amendment to the original contract which provides group basic life insurance and long-term disability insurance to eligible participants. This amendment reduces the maximum amount from \$95,000,000 to \$80,587,091 and revises the attachment on the fee schedule to reflect benefit and cost changes effective July 1, 2021.				
		Term of Contract:	07/01/2013 - 06/30/2022	Contract # 14276		
160.	B006	LICENSING BOARDS AND COMMISSIONS - COSMETOLOGY	PSI SERVICES, LLC	FEE: LICENSE	\$170,000	
	Contract Description:	This is the first amendment to the original contract which provides testing service. This amendment extends the termination date from June 30, 2021 to December 30, 2021 and increases the maximum amount from \$1,170,440 to \$1,340,400 due to the continued need for services while pursuing a formal request for proposal process.				
		Term of Contract:	06/14/2017 - 12/30/2021	Contract # 18577		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24106**

Agency Name: **STATE ENERGY OFFICE**
Agency Code: **011**
Appropriation Unit: **4869-08**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **DEPT OF BUSINESS & INDUSTRY**
Contractor Name: **DEPT OF BUSINESS & INDUSTRY**
Address: **HOUSING DIVISION**
1535 OLD HOT SPRINGS RD STE 50
City/State/Zip: **CARSON CITY, NV 89706**
Contact/Phone: **775-687-2049**
Vendor No.: **D74426000**
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 % Renewable energy fund

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 05/2021

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: **Energy Prgm HEROS**

5. Purpose of contract:

This is a new interlocal agreement to provide administrative support for the Home Energy Retrofit Opportunities for Seniors program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,000,000.00**

Payment for services will be made at the rate of \$750,000.00 per fiscal year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Housing Division currently manages a weatherization/energy efficiency program and these funds will help to advance/sustain their current program for seniors.

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

These funds are being granted to the Housing Division to expand their existing program. They currently have the infrastructure to carry out the desired 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: **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:

Robin Youchum, Energy Program Manager Ph: 775-434-3087

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dmarlo2	05/05/2021 07:54:21 AM
Division Approval	tmilazz1	05/05/2021 08:26:08 AM
Department Approval	tmilazz1	05/05/2021 08:26:11 AM
Contract Manager Approval	ddav12	05/05/2021 08:54:20 AM
Budget Analyst Approval	rjacob3	05/10/2021 08:02:03 AM
BOE Agenda Approval	cbrekken	05/17/2021 13:14:28 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: **24264**

Agency Name: GOVERNOR'S FINANCE OFFICE	Legal Entity Name: AERIS ENTERPRISES INC
Agency Code: 015	Contractor Name: AERIS ENTERPRISES INC
Appropriation Unit: 1340-26	Address: 59 DAMONTE RANCH PKWY STE B292
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521-1907
If "No" please explain: Not Applicable	Contact/Phone: JOE FIX 415-203-6680
	Vendor No.: T81082046A
	NV Business ID: NV200011516008

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **PROGRAMMING**

5. Purpose of contract:

This is a new contract to provide ongoing programming and analysis of enterprise computer applications.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$456,256.00**

Payment for services will be made at the rate of \$225.00 per HOUR

Other basis for payment: FY22 \$126,833;FY23 \$126,833;FY24 \$101,295;FY25 \$101,295

II. JUSTIFICATION

7. What conditions require that this work be done?

This vendor is the primary developer of the software the state depends on for budget, HR, contracts, and open government applications. This contract ensures adequate support is provided for these applications. This contract supports state employees who manage and determine the work to be completed by the vendor

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

This contract provides supplemental support to state employees and the vendor possesses knowledge of the applications necessary to provide detailed analysis and maintenance support including solutions when issues arise involving the core code of each 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 210401

Approval Date: 04/06/2021

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:

GFO and service is satisfactory

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

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

Not Applicable

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

Tiffany Greenameyer, Deputy Director Ph: 775-684-0226

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dmarlo2	05/03/2021 16:16:57 PM
Division Approval	tmilazz1	05/04/2021 12:10:45 PM
Department Approval	tmilazz1	05/04/2021 12:10:47 PM
Contract Manager Approval	ssands	05/04/2021 13:16:11 PM
Budget Analyst Approval	cbrekken	05/07/2021 13:34:28 PM
BOE Agenda Approval	cbrekken	05/07/2021 13:34:30 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#:	210401 ©

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:	Governor's Finance Office		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Susan Brown, Director	775-684-0222	SusanBrown@finance.nv.gov
	Tiffany Greenameyer, Deputy Director	775-684-0222	tmgreenameyer@finance.nv.gov	

1b	Vendor Information:	
	Identify Vendor:	Aeris Enterprises, Inc.
	Contact Name:	Joseph Fix
	Complete Address:	59 Damonte Ranch Parkway #B292 Reno, NV
	Telephone Number:	415-203-6680
	Email Address:	joefix@aerisinc.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:	7/1/2021	End Date:	6/30/2025

1f	Funding:	
	State Appropriated:	<input checked="" type="checkbox"/>
	Federal Funds:	<input type="checkbox"/>
	Grant Funds:	<input type="checkbox"/>
	Other (Explain):	

Purchasing Use Only:

Approval #:

210401 (2)

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$456,256

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Upgrades and enhancements to the existing Nevada Executive Budget System (NEBS). Enhancements include modernizing the system, providing consistency across screens, enhancing the user experience, expanding reporting capability.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>This vendor developed the application and knows the source code, environment, architecture and state processes.</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>These upgrades and enhancements to the system require technical and functional knowledge, understanding and ability to perform the specific program on source code that was developed by this vendor. This vendor has unique knowledge of the applications, environment, architecture and state processes and has a proven ability to provide effective and efficient solutions. The vendor has worked with both the Executive and Legislative Branches developing related applications. When changes are made to NEBS those changes have to be coordinated with the legislative programs. Since Aeris developed both the Executive and the Legislative Branch applications, they are the best qualified to analyze and develop solutions. Sufficient resources do not exist within the state to provide the support necessary and train a new vendor to provide the support needed for the system at this time.</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 state went through an extensive review process with stakeholders and reviewed products that were available from other vendors, this alternative was the most cost-effective and efficient use of state resources. Additionally, to procure and train a new vendor would require extensive support from state personnel. There is not sufficient personnel to provide this support and training at the same time. It would also take a significant amount of time for another vendor to learn the source code, unique characteristics of the applications, state process and architecture of this system.</i>				

Purchasing Use Only:

Approval #:

210461②

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.			Yes:	X	No:	
	a. <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>		
	8/13/2013	6/30/2021	\$1,323,624		Sole Source #190704		
			\$				
			\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>If the request were to be denied, this project would not be completed in the timeframe and within the funding available for this project. To procure and train a new vendor would take significant state resources.</i>

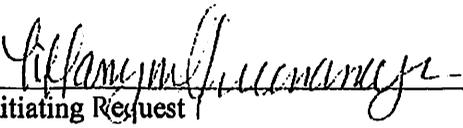
8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>Based on the work performed by this vendor and the process of selection when these applications were originally developed, Aeris is the only vendor with the knowledge necessary to support these programs without extensive training efforts and expenditures of resources.</i>

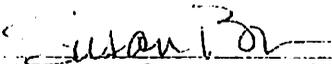
9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:	X	No:	
	a. <i>If yes, please provide details regarding future obligations or needs. System is installed and in place at a significant expense. If additional funding is available are intent is to continue with this vendor.</i>				

Purchasing Use Only:	
Approval #:	210401 @

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

Tiffany Greenameyer, Deputy Director  4/5/21
 Print Name of Agency Representative Initiating Request Date


 Signature of Agency Head Authorizing Request

Susan Brown, Director 4/5/21
 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:

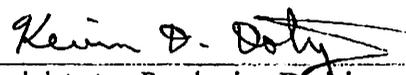
Representative Providing Review

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:

 4/6/21
 Administrator, Purchasing Division or Designee Date

Steve Sisolak
Governor



Laura E. Freed
Director

Matthew Tuma
Deputy Director

Alan Cunningham
State Chief Information Officer

Timothy Galluzi
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: Susan Brown, Director, GFO
Tiffany Greenameyer, Deputy Director, GFO
Dale Ann Luzzi, Executive Assistant, GFO

CC: Alan Cunningham, State CIO, EITS, DOA
Tim Galluzi, Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA
Suzie Block, IT Chief, Agency IT Services, EITS, DOA
Sean Montierth, IT Chief, Computing, EITS, DOA
Jon Mathews, IT Chief, Communication, EITS, DOA

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

SUBJECT: TIN Completion Memo – GFO – *Aeris* – BA1340 TIN254

DATE: April 30, 2021

We have completed an update review for GFO's – *Aeris* TIN254.

The submitted TIN, for an estimated value of \$253,666 in the next biennium and \$202,590 in the following biennium (50% General Fund and 50% State Fees) for a total of four years of ongoing support for enterprise fiscal systems including:

- Nevada Executive Budget System,
- Nevada Employee Action and Timekeeping System,
- Nevada Project Accounting System,
- Nevada Applicant Tracking System,
- Human Resource Data Warehouse,
- Contract Entry and Tracking System,

- Nevada Open Government, and
- Priorities/Performance Based Budgeting

Typical activities of support and maintenance of the above systems includes:

- General analysis or troubleshooting of problems,
- Programming to correct problems,
- Design, development, and deployment of new modules to enhance existing programs or improve functionality of the platforms,
- Upgrading source code programming, infrastructure, middleware, or any other component as requested to resolve issues, improve functionality, or improve performance, and
- Modifications to maintain browsers.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

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: **24360**

Agency Name: OFFICE OF WORKFORCE INNOVATION	Legal Entity Name: DETR REHABILITATION DIVISION
Agency Code: 018	Contractor Name: DETR REHABILITATION DIVISION
Appropriation Unit: 3270-25	Address: 500 EAST THIRD STREET
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89713
If "No" please explain: Not Applicable	Contact/Phone: 775-684-3951
	Vendor No.: D90151050
	NV Business ID: GOVERNMENTAL ENTITY

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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 %

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 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 364 days**

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

Contract description: **NV P-20 to NPWR**

5. Purpose of contract:

This is a new interlocal agreement to provide the maintenance and operation of the Statewide Longitudinal Data System.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$256,266.00**

Other basis for payment: \$229,757 to NSHE and \$26,498 to DETR

II. JUSTIFICATION

7. What conditions require that this work be done?

This agreement is entered into by the NDE, NSHE, DETR, and OWINN to link data between the four agencies through the Nevada Statewide Longitudinal Data System (SLDS), aka Nevada P-20 to Workforce Research Data System (NPWR).

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

State employees do not have the expertise to perform this work.

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

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

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

Not Applicable

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

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

Per statute NRS 277.080 and SAM 300, this is an interlocal contract, solicitations are not required.

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 has been an ongoing service since fiscal year 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 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:

Zach Heit, Strategic Data Manager Ph: 702-486-8080

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mgassawa	05/06/2021 17:26:45 PM
Division Approval	tmilazz1	05/07/2021 08:26:39 AM
Department Approval	tmilazz1	05/07/2021 08:26:43 AM
Contract Manager Approval	ssands	05/07/2021 08:30:21 AM
EITS Approval	daxtel1	05/12/2021 15:01:37 PM
Budget Analyst Approval	dbaughn	05/12/2021 15:07:53 PM
BOE Agenda Approval	hfield	05/12/2021 15:44:58 PM
BOE Final Approval	Pending	

Steve Sisolak
Governor



Laura E. Freed
Director

Colleen Murphy
Deputy Director

David Haws
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Enterprise IT Services Division

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

M E M O R A N D U M

TO: Craig von Collenberg, Executive Director, OWINN
Zachary Heit, Strategic Data Manager, OWINN
Ansara Martino, Program Officer, OWINN

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

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

SUBJECT: TIN Review Completed: OWINN – Nevada P-20 to Workforce Research Data System (NPWR) - TIN: T18191031150818

DATE: April 28, 2020

We have completed the review of Office of Workforce Innovation's (OWINN) – Nevada P-20 to Workforce Research Data System (NPWR) TIN.

The submitted TIN, for the estimated cumulative investment of \$ \$3,980,601, supports the enhancement and or upgrade an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

This TIN is an update to a previously approved TIR for the state-wide longitudinal data system that tracks metrics from OWINN, NDE, NSHE and DETR. Office of Workforce Innovation is the lead on this project with DBDriven as the vendor. Additional investment purpose includes improved data-driven and evidence-based business intelligence that will inform and support policy and decision makers throughout state and local government. This effort also supports federal reporting that is manually burdensome through some process automation. The State of Nevada made an original investment of \$2.5 million from a US Department of Education grant to design and develop a multi-agency longitudinal data system from which policy and decision makers could link and analyze de-identified information to make evidence-based decisions. This project continues to leverage the initial investment, continue improvements, and will bring new cross-agency, actionable information for analysis and decisions.

More of the application appears to use cloud technology. Ensuring that the State's data is secure, that a reasonable approach is available to exit the product when the time comes, and that the state will not be held "hostage" for its data by the vendor should disagreements occur is important. It is good to see that the previous \$2M IT investment is being leveraged to provide further value as part of the solution.

It is understood that this investment will continue to follow the State Security Standards and Policies. If requested, the Office of Information Security (OIS) is available to conduct a security audit of the investment.

A copy of this completion 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: **23922**

Agency Name: TREASURER - UNCLAIMED PROPERTY	Legal Entity Name: Avenu Insights & Analytics, LLC
Agency Code: 054	Contractor Name: Avenu Insights & Analytics, LLC
Appropriation Unit: 3815-04	Address: 5860 Trinity Parkway, Ste. 120
Is budget authority available?: Yes	City/State/Zip: Centerville, VA 20120
If "No" please explain: Not Applicable	Contact/Phone: David Milby 859-309-5886
	Vendor No.: T27042794
	NV Business ID: NV20071747320

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 % Abandoned Property Trust Fund

Agency Reference #: **C 23922**

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 **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Uncl. Prop. Database**

5. Purpose of contract:

This is a new contract to provide ongoing support for the unclaimed property database and software system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$590,226.00**

Other basis for payment: Annual support & maintenance = \$376,526; Est. Online Claims = \$188,700; Est. Special Projects = \$25,000.

II. JUSTIFICATION

7. What conditions require that this work be done?

In accordance with NRS 120A.560 and 120A.640, the State Treasurer is responsible to catalog and record abandoned property. The office is also responsible to manage claims of the aforementioned property. This software/database system is used to receipt, track and process all unclaimed property (monies, safekeeping, securities, etc.) remitted to Nevada and also facilitates the claiming and return of this property to rightful owners (claims processing).

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

State personnel do not possess the rights to this 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 #: 201204

Approval Date: 12/04/2020

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

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

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The vendor has provided services to the State Treasurer's Office since 1/2016 - satisfactory

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

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

Not Applicable

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

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:

Linda Tobin, Deputy Treasurer Ph: 702-486-4354

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	thagan	05/05/2021 14:22:21 PM
Division Approval	thagan	05/05/2021 14:22:25 PM
Department Approval	thagan	05/05/2021 14:22:30 PM
Contract Manager Approval	thagan	05/05/2021 14:22:33 PM
EITS Approval	daxtel1	05/05/2021 15:42:14 PM
Budget Analyst Approval	cbrekken	05/07/2021 13:32:09 PM
BOE Agenda Approval	cbrekken	05/07/2021 13:32:11 PM
BOE Final Approval	Pending	



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

Purchasing Use Only:	
Approval#:	201204 @

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:	Office of the State Treasurer		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Rick Morse	775-684-5755	ramorse@nevadatreasurer.gov
		Linda Tobin	702-486-4354	ltobin@nevadatreasurer.gov

1b	Vendor Information:	
	Identify Vendor:	Avenu Insights & Analytics
	Contact Name:	David Milby
	Complete Address:	201 E. Main Street Suite 300 Lexington, Kentucky 40507
	Telephone Number:	(o) 859-309-5886 (m) 859-948-4714
	Email Address:	David.milby@avenuinsights.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: 4- years, with the possibility of four (4) one-year extensions			
	One (1) Time Purchase:	<input type="checkbox"/>		
	Contract:	Start Date:	7/1/2021	End Date: 6/30/2025

1f	Funding: Abandoned Property Trust Fund	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	Funds from the Abandoned Property Trust Fund

Rec'd 12/01/2020 Division

Purchasing Use Only:

Approval #:

#201204 (C)

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase: \$376,526 for a four-year contract.
----	---

2	Provide a description of work/services to be performed or commodity/good to be purchased: This provides continuing support of the Avenu "Wagers" (Avenu) unclaimed property database and software system. This system is used to receipt, track and process all unclaimed property (monies, safekeeping, securities, etc.) remitted to Nevada and also facilitates the claiming and returning of this property to rightful owners (claims processing). The current database tracks \$942 million in assets which represents over 5.7 million properties. Annually, the Division receipts \$85 million in property and remits over \$45 million in property to its rightful owners. The difference is then transferred to the State General Fund following the end of the fiscal year. The Division and the vendor have made process improvements over the past several years to more efficiently return property to rightful owners through the FastTrack program (automated claims processing for claims \$5,000 or less) and improved the 'holder' reporting and collection of funds, including working with the State's banking partner to create a debit file to reduce manual processes related to reporting property and associated dollars. The current cost of the Service Level Agreement is \$60,920 per year which included improvements in various processes throughout the years. The annual maintenance cost has not increased since January 1, 2017. The potential new contract with Avenu will cost \$90,000 annually with a three (3) percent cost of living adjustment year over year (Please see attached email quote.) and include the following process improvement: integrate claims processing website documentation with an upload for scanning and imaging to a more cost effective and automated process. The current process today requires staff to scan all claim documents manually and the enhancement will automate this for all paperwork submitted online (~90%). Today this task takes ~ two (2) hours each day by staff; therefore, the automation will allow for this time to be better utilized in the Division. We use a contractor (OnBase) for scanning and imaging today which costs ~\$10,000 annually and this will no longer be required once the enhancement is completed. Therefore, the benefits will be reduced costs and improved efficiencies for the Division.
---	---

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor: The current vendor provides operational software and support to 22 states in addition to Nevada. The vendor has over 40 years of experience in Unclaimed Property operations, including understanding of federal uniform laws under the revised Unclaimed Property Act and participation in the National Association of Unclaimed Property Association. The vendor provides continuous updates and enhancements under the annual maintenance agreement. When the vendor adds modules for other states, this is also deployed to Nevada at no additional cost. For example, a process was created for another state to perform an internal FastTrack verification which was rolled out to Nevada in the latest version this fall. The only competitor, KAPS, is currently used in a similar amount of states, and the remaining states have 'homegrown' systems, including Kansas which did previously provide its software and support for a fee to other states but has since stopped this practice. We would be concerned that a move to KAPS would require significant resources to transition this large database which could result in an inability to comply with NRS 120A, including but not limited to the statutory requirement to pay claims within 90 days after a claim is filed. We are concerned that the recent efficiencies we have implemented for both the receipt of monies and payment of claims could be eliminated or scaled-back with a new vendor. This would create
---	---

#201904

the need for more internal resources, such as FTEs. In addition, the costs associated with KAPS are significantly higher than the current vendor and would be burdensome to the Division (Please see specifics below).

Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

We received the attached quote from KAPS, the only competitor to Avenu which we noted in the answer above. The costs for similar database services with KAPS are \$250,000 annually for maintenance with a three (3) percent cost of living increase per year. The implementation fee for the transition is \$50,000; therefore, a four-year contract would cost the Division \$1,377,285 versus \$376,526 which is an increased cost of \$1,000,759 (~265%). This increased cost becomes even more stark with an eight (8) year contract which would cost \$2,270,122 versus \$800,307, an increase of \$1,469,3815. In addition, the enhancement for scanning and imaging which is included in the contractual annual fee with Avenu (which allows us to eliminate a \$10,000 annual expense in addition to increases in automation) is not included in the fees above. This fee, per the attached is an additional \$60,000 per year. Furthermore, we are not certain that this additional annual fee would include the automation and upload for our scanning/imaging, similar to the Avenue enhancement. Please note the fees above do NOT include this \$60,000 annual fee. If we included this fee, the four (4) year contract would cost the Division an additional \$200,000 for a total of \$1,577,285.

We are also concerned that the enhancements we achieved in moving holder reporting online will be achievable with KAPS. We worked with Avenu to improve reconciliation (properties and bank deposits) via an online portal which requires holders to send funds with an electronic banking file which debits each holder's account. We worked with the State's banking contractor, Wells Fargo, Avenu and our Office staff to reduce the manual processes (mailing checks and data files (CDs)) and staff time in order to automate a time consuming processes which occurs in October and April of each year (holder reporting periods).

Were alternative services or commodities evaluated? Check One. Yes: X No:

a. If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.

As noted above, we have several concerns with a transition to a new provider (KAPS). KAPS would require a full system migration, as opposed to the scenario with Avenu which is an enhancement of an existing solution. Due to the size of the existing database, we are concerned that a transition would require one year or longer to complete, place a substantial burden on resources, prevent us from complying with NRS 120A, including but not limited to the requirement to pay claims within 90 days from receipt, and increase the time it takes to accept holder funds into the Division's bank account, all at a significant increase in annual costs.

We are also concerned the enhancements we achieved in moving holder reporting online will not be achievable with KAPS, nor could we substantiate an additional \$60,000 expense for scanning which may not achieve the automation we are seeking with the new contract with Avenu. Over the past few years, we have achieved a greater level of automation and efficiencies in the current database and are looking forward to the improvement in our scanning/imaging of claims paperwork with this new contract. We are concerned that KAPS would not be able to continue with the existing improvements nor meet our expectations for the scanning automation.

Informal surveys of other state unclaimed property programs have indicated that switching to the alternative system would cause the State to incur upfront migration and training expense, estimated to be up to a hundred thousand dollars, this is in addition to the increased maintenance costs we've already provided.

b. If not, why were alternatives not evaluated?

Purchasing Use Only:
 Approval #: #201204 (9)

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:					
<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>	
6	July 1, 2020 June 30, 2021	\$60,962	Extension	Maintenance Agreement	
	January 1, 2019 June 30, 2020	\$60,962	Extension	Maintenance Agreement	
	January 1, 2016 December 31, 2018	\$170,048	New Maintenance Agreement which included upgraded Fast Track Claim Processing Module	Maintenance Agreement	
	July 1, 2015 December 31, 2015	\$18,232.50	Extension	Maintenance Agreement	
	July 1, 2014 June 30, 2015	\$36,465	Extension	Maintenance Agreement	
	June 8, 2010 June 30, 2014	\$67,804	State Contract	Solicitation Waiver (# not found)	
	July 1, 2007 June 30, 2010	\$60,000	State Contract	Solicitation Waiver #070404	

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

Avenue has indicated it will not extend the current maintenance agreement with the Division beyond June 30, 2021; therefore, if the solicitation waiver is denied or we are required to conduct a competitive bid, we potentially would be without a database vendor for our unclaimed property and claimants. This would be devastating to the Division and the Office of the Treasurer and prevent us from fulfilling our statutory required duties in NRS 120A.

If we are required to conduct a competitive bid and KAPS was selected as the vendor, we would have concerns that this substantial increase in cost would not be approved by the Governor's Finance Office, the Interim Finance Committee or 2021 Legislature. Please note the Unclaimed Property Division's

budget directly affects the General Fund reserves. The difference between holder monies received and claimant monies paid is transferred to the General Fund at the end of each fiscal year (~\$26M - ~\$30M annually). Therefore, an increase in the Division's operational budget reduces the General Fund reserve transfer and given the current budget crisis, we would have concerns that this request would be denied.

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 noted above, informal surveys of other state's unclaimed property divisions were conducted and we have had conversations with both the current vendor and KAPS to better understand database enhancements and efficiencies, in addition to the costs provided by each vendor. We do not believe the costs for the KAPS database is fair and reasonable given that it is over 265 times more expensive than the current vendor and we would not achieve additional efficiencies. In addition, we may not have the same automation that we have today with the new vendor at the higher cost.

9 **Will this purchase obligate the State to this vendor for future purchases? Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.** Yes: No: **X**
a. *If yes, please provide details regarding future obligations or needs.*

<i>Purchasing Use Only:</i>	
Approval #:	#201204 

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.

State Treasurer's Office

Agency Representative Initiating Request

Linda Tobin

11/12/2020

Print Name of Agency Representative Initiating Request

Date



Signature of Agency Head Authorizing Request

11/12/2020

Tara R. Hagan

11/12/2020

Print Name of Agency Head Authorizing Request

Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

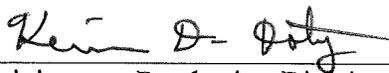
Print Name of Representative Providing Review

Date

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

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

Approved by:



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: 22766	Amendment Number: 1
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: KNIT
Agency Code: 082	Contractor Name: KNIT
Appropriation Unit: 1510-74	Address: 7250 PEAK DR SUITE 216
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89128-9029
If "No" please explain: Not Applicable	Contact/Phone: 702-363-2222
	Vendor No.: T29033716
	NV Business ID: NV19851015692

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	92.00 %
Highway Funds	0.00 %	X Other funding	8.00 % University

Agency Reference #: 112945

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 06/2021

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 College of Southern Nevada - Health and Sciences Building CIP project: CIP Project No. 19-C28; SPWD Contract No. 112945. This amendment increases the maximum amount from \$987,660 to \$1,112,660 due to the addition of FF&E services to the construction administration phase of the project.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$987,660.00	\$987,660.00	\$987,660.00	Yes - Action
2. Amount of current amendment (#1):	\$125,000.00	\$125,000.00	\$125,000.00	Yes - Action
3. New maximum contract amount:	\$1,112,660.00			

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	nmann	05/04/2021 13:34:02 PM
Division Approval	nmann	05/04/2021 13:34:06 PM
Department Approval	nmann	05/04/2021 13:34:12 PM
Contract Manager Approval	lwildes	05/04/2021 13:56:39 PM
Budget Analyst Approval	nkephart	05/10/2021 11:56:14 AM
BOE Agenda Approval	jrodrig9	05/13/2021 18:15:09 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18860** Amendment Number: **3**
 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: **1567-17** Address: **1050 S. 21ST STREET**
 Is budget authority available?: **Yes** City/State/Zip: **SPARKS, NV 89431**
 If "No" please explain: **Not Applicable** Contact/Phone: **775-786-2677**
 Vendor No.: **T81009604A**
 NV Business ID: **NV19671000639**

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	88.00 %
Highway Funds	0.00 %	X Other funding	12.00 % Veterans - Reimbursements

Agency Reference #: 110653

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/05/2017**
 Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**
 Contract term: **3 years and 361 days**

4. Type of contract: **Contract**
 Contract description: **Owner CMAR Const Agr**

5. Purpose of contract:
This is the third amendment to the original contract which provides owner construction manager at risk (CMAR) services for the Northern Nevada Veterans Home CIP project: CIP Project No. 15-C77 and 17-C13; SPWD Contract No. 110653. This amendment decreases the maximum amount from \$48,051,540.00 to \$47,926,742.37 due to the return of the unused Owner Contingency to the Owner.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$47,281,540.00	\$47,281,540.00	\$47,281,540.00	Yes - Action
a. Amendment 1:	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
b. Amendment 2:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
2. Amount of current amendment (#3):	-\$154,797.63	-\$154,797.63	-\$154,797.63	Yes - Action
3. New maximum contract amount:	\$47,926,742.37			

II. JUSTIFICATION

7. What conditions require that this work be done?
2015 & 2017 CIP

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. 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	nmann	04/29/2021 10:01:23 AM
Division Approval	nmann	04/29/2021 10:01:37 AM
Department Approval	nmann	04/29/2021 10:01:51 AM
Contract Manager Approval	ssands	05/10/2021 13:08:51 PM
Budget Analyst Approval	nkephart	05/10/2021 13:13:09 PM
BOE Agenda Approval	jrodrig9	05/13/2021 18:08:47 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: **24117**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: AINSWORTH ASSOCIATES DBA
Agency Code: 082	Contractor Name: AINSWORTH ASSOCIATES DBA
Appropriation Unit: All Appropriations	Address: MECHANICAL ENGINEERS 1420 HOLCOMB AVE STE 201
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-8003
If "No" please explain: Not Applicable	Contact/Phone: 775-329-9100
	Vendor No.: T27012245A
	NV Business ID: NV20201704362

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 % Capital Project Funds

Agency Reference #: 113971

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mechanical Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical plan checking services for CIP Projects: SPWD Contract No. 113971.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical plan checking services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/02/2021 14:51:09 PM
Division Approval	nmann	04/02/2021 14:51:12 PM
Department Approval	nmann	04/02/2021 14:51:14 PM
Contract Manager Approval	lwildes	04/06/2021 07:59:18 AM
Budget Analyst Approval	nkephart	05/05/2021 15:21:39 PM
BOE Agenda Approval	jrodrig9	05/13/2021 19:22:24 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24226**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: AZTECH INSPECTIONS & TESTING, LLC
Agency Code: 082	Contractor Name: AZTECH INSPECTIONS & TESTING, LLC
Appropriation Unit: All Appropriations	Address: 4700 COPPER SAGE ST
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89115-0906
If "No" please explain: Not Applicable	Contact/Phone: 702-247-7645
	Vendor No.: T27036634
	NV Business ID: NV20091455548

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 % Capital Project Funds

Agency Reference #: 114029

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Geotechnical Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114029.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical investigation services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Current, Jeff, Project Manager Ph: 775-684-9010

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/26/2021 09:46:49 AM
Division Approval	nmann	04/26/2021 09:46:51 AM
Department Approval	nmann	04/26/2021 09:46:53 AM
Contract Manager Approval	lwildes	04/26/2021 15:20:08 PM
Budget Analyst Approval	nkephart	05/10/2021 07:59:42 AM
BOE Agenda Approval	jrodrig9	05/13/2021 18:34:06 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: **24213**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	BJG ARCHITECTURE & ENGINEERING
Agency Code:	082	Contractor Name:	BJG ARCHITECTURE & ENGINEERING
Appropriation Unit:	All Appropriations	Address:	449 S VIRGINIA ST., 4th Floor
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89501-2108
If "No" please explain:	Not Applicable	Contact/Phone:	775-827-1010
		Vendor No.:	T27040813
		NV Business ID:	NV19921042277

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 % Capital Project Funds

Agency Reference #: 114012

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Structural Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional structural plan checking services for CIP Projects: SPWD Contract No 114012.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Structural plan checking services are required to ensure building safety and code compliance.

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/23/2021 14:35:14 PM
Division Approval	nmann	04/23/2021 14:35:17 PM
Department Approval	nmann	04/23/2021 14:35:19 PM
Contract Manager Approval	lwildes	04/26/2021 08:11:40 AM
Budget Analyst Approval	nkephart	05/05/2021 09:17:27 AM
BOE Agenda Approval	jrodrig9	05/14/2021 11:53:15 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: **24245**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	BLACK EAGLE CONSULTING, INC.
Agency Code:	082	Contractor Name:	BLACK EAGLE CONSULTING, INC.
Appropriation Unit:	All Appropriations	Address:	1345 CAPITAL BLVD STE A
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89502-7140
If "No" please explain:	Not Applicable	Contact/Phone:	775-359-6600
		Vendor No.:	T27002047
		NV Business ID:	NV19971293847

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 % Capital Project Funds

Agency Reference #: 114042

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Geotechnical Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114042.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical Investigation Services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/26/2021 10:09:59 AM
Division Approval	nmann	04/26/2021 10:10:05 AM
Department Approval	nmann	04/26/2021 10:10:09 AM
Contract Manager Approval	lwildes	04/26/2021 15:18:22 PM
Budget Analyst Approval	nkephart	05/10/2021 08:06:33 AM
BOE Agenda Approval	jrodrig9	05/13/2021 18:21:06 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: **24267**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: BLACK EAGLE CONSULTING, INC.
Agency Code: 082	Contractor Name: BLACK EAGLE CONSULTING, INC.
Appropriation Unit: All Appropriations	Address: 1345 CAPITAL BLVD STE A
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-7140
If "No" please explain: Not Applicable	Contact/Phone: 775-359-6600
	Vendor No.: T27002047
	NV Business ID: NV19971293847

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 % Capital Project Funds

Agency Reference #: 114031

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Materials Testing**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services for CIP Projects: SPWD Contract No. 114031.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials testing and inspection services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/13/2021 16:20:27 PM
Division Approval	nmann	04/13/2021 16:20:30 PM
Department Approval	nmann	04/13/2021 16:20:32 PM
Contract Manager Approval	lwildes	04/14/2021 07:54:16 AM
Budget Analyst Approval	nkephart	05/06/2021 16:14:16 PM
BOE Agenda Approval	jrodrig9	05/13/2021 19:07:08 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: **24243**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: BROADBENT & ASSOCIATES, INC.
Agency Code: 082	Contractor Name: BROADBENT & ASSOCIATES, INC.
Appropriation Unit: All Appropriations	Address: 8 W PACIFIC AVE
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89015
If "No" please explain: Not Applicable	Contact/Phone: 702-219-1348
	Vendor No.: T80989610B
	NV Business ID: NV19891031637

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 % Capital Project Funds

Agency Reference #: 114045

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Environmental PlanCk**

5. Purpose of contract:

This is a new contract to provide ongoing professional miscellaneous environmental services for CIP Projects: SPWD Contract No. 114045.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Environmental miscellaneous services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/23/2021 15:59:56 PM
Division Approval	nmann	04/23/2021 15:59:58 PM
Department Approval	nmann	04/23/2021 16:00:04 PM
Contract Manager Approval	lwildes	04/26/2021 08:06:19 AM
Budget Analyst Approval	nkephart	05/05/2021 11:28:32 AM
BOE Agenda Approval	jrodrig9	05/14/2021 12:08:14 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: **24126**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: BUREAU VERITAS NORTH AMERICA, Inc.
Agency Code: 082	Contractor Name: BUREAU VERITAS NORTH AMERICA, Inc.
Appropriation Unit: All Appropriations	Address: 500 S. RANCHO DRIVE #16
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89106
If "No" please explain: Not Applicable	Contact/Phone: 916-514-4516
	Vendor No.: T80982622C
	NV Business ID: NV20061131022

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 % Capital Project Funds

Agency Reference #: 113981

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Code Plan Checking**

5. Purpose of contract:

This is a new contract to provide ongoing professional code plan checking services for CIP Projects: SPWD Contract No. 113981.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Code plan checking services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Pang, Justus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/05/2021 10:26:50 AM
Division Approval	nmann	04/05/2021 10:26:53 AM
Department Approval	nmann	04/05/2021 10:26:56 AM
Contract Manager Approval	lwildes	04/06/2021 07:17:27 AM
Budget Analyst Approval	nkephart	05/04/2021 14:09:16 PM
BOE Agenda Approval	jrodrig9	05/14/2021 11:55:35 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: **24149**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	CFBR STRUCTURAL GROUP, LLC
Agency Code:	082	Contractor Name:	CFBR STRUCTURAL GROUP, LLC
Appropriation Unit:	All Appropriations	Address:	5425 LOUIE LN STE 2C
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89511-1877
If "No" please explain:	Not Applicable	Contact/Phone:	775-470-1365
		Vendor No.:	T27041395
		NV Business ID:	NV20131002820

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 % Capital Project Funds

Agency Reference #: 113992

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Structural Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional structural plan checking services for CIP Projects: SPWD Contract No. 113992.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Structural plan checking services are required to ensure building safety and code compliance.

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

[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:

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/23/2021 14:56:08 PM
Division Approval	nmann	04/23/2021 14:56:10 PM
Department Approval	nmann	04/23/2021 14:56:13 PM
Contract Manager Approval	lwildes	04/26/2021 08:14:54 AM
Budget Analyst Approval	nkephart	05/05/2021 11:08:31 AM
BOE Agenda Approval	jrodrig9	05/13/2021 19:25:15 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: **24261**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CHARLES ABBOTT ASSOCIATES, INC.
Agency Code: 082	Contractor Name: CHARLES ABBOTT ASSOCIATES, INC.
Appropriation Unit: All Appropriations	Address: 27201 PUERTA REAL STE 200
Is budget authority available?: Yes	City/State/Zip: MISSION VIEJO, CA 92691-6316
If "No" please explain: Not Applicable	Contact/Phone: 702-340-7774
	Vendor No.: T29031774
	NV Business ID: NV20071306494

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 % Capital Project Funds

Agency Reference #: 113986

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Code Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional code plan checking services for CIP Projects: SPWD Contract No. 113986.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Code plan checking services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Pang, Justus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mhelto1	05/03/2021 13:32:19 PM
Division Approval	mhelto1	05/03/2021 13:32:21 PM
Department Approval	mhelto1	05/03/2021 13:32:25 PM
Contract Manager Approval	lwildes	05/03/2021 15:08:43 PM
Budget Analyst Approval	nkephart	05/04/2021 13:01:59 PM
BOE Agenda Approval	jrodrig9	05/14/2021 12:00:19 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24227**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	CONSTRUCTION MATERIALS ENGINEERS, INC.
Agency Code:	082	Contractor Name:	CONSTRUCTION MATERIALS ENGINEERS, INC.
Appropriation Unit:	All Appropriations	Address:	ENGINEERS, INC. 300 SIERRA MANOR DR STE 1 RENO, NV 89511-9430
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89511-9430
If "No" please explain:	Not Applicable	Contact/Phone:	775-737-7566
		Vendor No.:	T29021157
		NV Business ID:	NV20091073153

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 % Capital Project Funds

Agency Reference #: 114041

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Materials Testing**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services for CIP Projects: SPWD Contract No. 114041.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials testing and inspection services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/20/2021 13:55:35 PM
Division Approval	nmann	04/20/2021 13:55:39 PM
Department Approval	nmann	04/20/2021 13:55:42 PM
Contract Manager Approval	lwildes	04/20/2021 14:03:54 PM
Budget Analyst Approval	nkephart	05/06/2021 16:02:25 PM
BOE Agenda Approval	jrodrig9	05/13/2021 19:09:56 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24246**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	CONSTRUCTION MATERIALS ENGINEERS, INC.
Agency Code:	082	Contractor Name:	CONSTRUCTION MATERIALS ENGINEERS, INC.
Appropriation Unit:	All Appropriations	Address:	300 SIERRA MANOR DR STE 1
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89511-9430
If "No" please explain:	Not Applicable	Contact/Phone:	775-737-7569
		Vendor No.:	T29021157
		NV Business ID:	NV20091073153

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 % Capital Project Funds

Agency Reference #: 114038

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Geotechnical Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114038.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical investigation services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/26/2021 09:56:56 AM
Division Approval	nmann	04/26/2021 09:56:59 AM
Department Approval	nmann	04/26/2021 09:57:01 AM
Contract Manager Approval	lwildes	04/26/2021 15:19:19 PM
Budget Analyst Approval	nkephart	05/10/2021 08:01:48 AM
BOE Agenda Approval	jrodrig9	05/13/2021 18:31:12 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: **24146**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CSG CONSULTANTS, INC.
Agency Code: 082	Contractor Name: CSG CONSULTANTS, INC.
Appropriation Unit: All Appropriations	Address: 361 N BANUELO DR
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89014
If "No" please explain: Not Applicable	Contact/Phone: 714-568-1010
	Vendor No.: T29034138
	NV Business ID: NV20111353297

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 % Capital Project Funds

Agency Reference #: 113983

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Code Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional code plan checking services for CIP Projects: SPWD Contract No. 113983.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Code plan checking services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Pang, Justus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/05/2021 10:25:26 AM
Division Approval	nmann	04/05/2021 10:25:29 AM
Department Approval	nmann	04/05/2021 10:25:31 AM
Contract Manager Approval	lwildes	04/06/2021 07:18:50 AM
Budget Analyst Approval	nkephart	05/04/2021 14:02:15 PM
BOE Agenda Approval	jrodrig9	05/14/2021 11:56:38 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24129**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	DG KOCH ASSOCIATES, LLC
Agency Code:	082	Contractor Name:	DG KOCH ASSOCIATES, LLC
Appropriation Unit:	All Appropriations	Address:	2920 S JONES BLVD STE 100
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89146-5394
If "No" please explain:	Not Applicable	Contact/Phone:	702-221-5160
		Vendor No.:	T29026336
		NV Business ID:	NV20061487757

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 % CIP Project Funds

Agency Reference #: 113976

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mech/Elec Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical/electrical plan checking services for CIP Projects: SPWD Contract No. 113976.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical/Electrical Plan Checking Services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/02/2021 16:06:05 PM
Division Approval	nmann	04/02/2021 16:06:08 PM
Department Approval	nmann	04/02/2021 16:06:12 PM
Contract Manager Approval	lwildes	04/06/2021 07:30:11 AM
Budget Analyst Approval	nkephart	05/05/2021 13:50:20 PM
BOE Agenda Approval	jrodrig9	05/14/2021 12:10:38 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24139**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: DINTER ENGINEERING CO.
Agency Code: 082	Contractor Name: DINTER ENGINEERING CO.
Appropriation Unit: All Appropriations	Address: 385 GENTRY WAY
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-4608
If "No" please explain: Not Applicable	Contact/Phone: 775-826-4044
	Vendor No.: T41734800
	NV Business ID: NV19861016365

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 % Capital Project Funds

Agency Reference #: 113990

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Electrical Plan Ck**

5. Purpose of contract:

This is a new contract to provide professional electrical plan checking services for CIP Project: SPWD Contract No. 113990.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical plan checking services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

[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:
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:

Dobson, TJ, Project Manger Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/02/2021 15:46:34 PM
Division Approval	nmann	04/02/2021 15:46:37 PM
Department Approval	nmann	04/02/2021 15:46:40 PM
Contract Manager Approval	lwildes	04/06/2021 07:45:05 AM
Budget Analyst Approval	nkephart	05/05/2021 16:35:04 PM
BOE Agenda Approval	jrodrig9	05/13/2021 19:18:45 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: **24142**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: ETCHEMENDY ENGINEERING, INC.
Agency Code: 082	Contractor Name: ETCHEMENDY ENGINEERING, INC.
Appropriation Unit: All Appropriations	Address: 10597 DOUBLE R BLVD
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521-8937
If "No" please explain: Not Applicable	Contact/Phone: 775-853-1131
	Vendor No.: T29033764
	NV Business ID: NV20111683017

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 % Capital Project Funds

Agency Reference #: 113974

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mechanical Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical plan checking services for CIP Projects: SPWD Contract No. 113974.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical plan checking services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/02/2021 15:02:06 PM
Division Approval	nmann	04/02/2021 15:02:09 PM
Department Approval	nmann	04/02/2021 15:02:12 PM
Contract Manager Approval	lwildes	04/06/2021 08:01:17 AM
Budget Analyst Approval	nkephart	05/05/2021 15:08:04 PM
BOE Agenda Approval	jrodrig9	05/13/2021 19:20:22 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24250**

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: All Appropriations	Address: FARR WEST CHILTON ENGINEERING 5510 LONGLEY LANE
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: 775-851-4788
	Vendor No.: T81102795A
	NV Business ID: NV20011242988

To what State Fiscal Year(s) will the contract be charged? **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 % Capital Project Funds

Agency Reference #: 114043

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Civil Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional civil plan checking services for CIP Projects: SPWD contract No. 114043.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Civil plan checking service are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/09/2021 15:04:33 PM
Division Approval	nmann	04/09/2021 15:04:35 PM
Department Approval	nmann	04/09/2021 15:04:37 PM
Contract Manager Approval	lwildes	04/13/2021 13:03:47 PM
Budget Analyst Approval	nkephart	05/04/2021 12:11:42 PM
BOE Agenda Approval	jrodrig9	05/14/2021 11:38:29 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: **24238**

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

To what State Fiscal Year(s) will the contract be charged? **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 % Capital Project Funds

Agency Reference #: 114048

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Geotechnical Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114048.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical investigation services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Current, Jeff, Project Manager Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/26/2021 13:08:25 PM
Division Approval	nmann	04/26/2021 13:08:28 PM
Department Approval	nmann	04/26/2021 13:08:30 PM
Contract Manager Approval	lwildes	04/26/2021 15:17:41 PM
Budget Analyst Approval	nkephart	05/10/2021 08:04:44 AM
BOE Agenda Approval	jrodrig9	05/13/2021 18:24:38 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **24306**

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

To what State Fiscal Year(s) will the contract be charged? **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 % Capital Project Funds

Agency Reference #: 114032

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retrospective? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Materials Testing**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services for CIP Projects: SPWD Contract No. 114032.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials Testing and Inspection Services/Code plan checking services are required to ensure building safety and code compliance.

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

Professional Materials Testing and Inspection Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/23/2021 15:29:00 PM
Division Approval	nmann	04/23/2021 15:29:03 PM
Department Approval	nmann	04/23/2021 15:29:05 PM
Contract Manager Approval	lwildes	04/26/2021 07:58:36 AM
Budget Analyst Approval	nkephart	05/06/2021 15:48:46 PM
BOE Agenda Approval	jrodrig9	05/13/2021 19:08:03 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: **24236**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: GEOTEK, INC.
Agency Code: 082	Contractor Name: GEOTEK, INC.
Appropriation Unit: All Appropriations	Address: 6835 S ESCONDIDO ST STE A
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119-3831
If "No" please explain: Not Applicable	Contact/Phone: 702-897-1424
	Vendor No.: T27041458
	NV Business ID: NV19971339615

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 % Capital Project Funds

Agency Reference #: 114028

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Geotechnical PI Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114028.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical investigation services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/26/2021 09:42:32 AM
Division Approval	nmann	04/26/2021 09:42:35 AM
Department Approval	nmann	04/26/2021 09:42:37 AM
Contract Manager Approval	lwildes	04/26/2021 15:21:05 PM
Budget Analyst Approval	nkephart	05/10/2021 07:56:47 AM
BOE Agenda Approval	jrodrig9	05/13/2021 18:35:13 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24140**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	HARRIS CONSULTING ENGINEERS, LLC
Agency Code:	082	Contractor Name:	HARRIS CONSULTING ENGINEERS, LLC
Appropriation Unit:	All Appropriations	Address:	680 PILOT RD STE A
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89119-9015
If "No" please explain:	Not Applicable	Contact/Phone:	702-269-1575
		Vendor No.:	T27003439
		NV Business ID:	NV20011085889

To what State Fiscal Year(s) will the contract be charged? **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 % Capital Project Funds

Agency Reference #: 113978

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mech./Elect. Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical/electrical plan checking services for CIP Projects: SPWD Contract No. 113978.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical/Electrical Plan Checking Services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/02/2021 16:11:19 PM
Division Approval	nmann	04/02/2021 16:11:24 PM
Department Approval	nmann	04/02/2021 16:11:30 PM
Contract Manager Approval	lwildes	04/06/2021 07:31:09 AM
Budget Analyst Approval	nkephart	05/05/2021 13:47:59 PM
BOE Agenda Approval	jrodrig9	05/14/2021 12:09:31 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: **24339**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	IMEG Corporation, MENDENHALL SMITH STRUCTURAL ENGINEERS, PLCC
Agency Code:	082	Contractor Name:	IMEG Corporation, MENDENHALL SMITH STRUCTURAL ENGINEERS, PLCC
Appropriation Unit:	All Appropriations	Address:	2580 MONTESSOURI ST STE 107
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89117-3065
If "No" please explain:	Not Applicable	Contact/Phone:	702-367-6725
		Vendor No.:	T29035843
		NV Business ID:	NV20021062955

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 % Capital Project Funds

Agency Reference #: 114097

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Structural Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional structural plan checking services for CIP Projects: SPWD Contract No. 114097.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Structural plan checking services are required to ensure building safety and code compliance.

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

Professional Structural Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mhelto1	05/03/2021 14:01:18 PM
Division Approval	mhelto1	05/03/2021 14:01:20 PM
Department Approval	mhelto1	05/03/2021 14:01:23 PM
Contract Manager Approval	lwildes	05/03/2021 15:11:35 PM
Budget Analyst Approval	nkephart	05/05/2021 09:10:02 AM
BOE Agenda Approval	jrodrig9	05/14/2021 11:52:08 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: **24127**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: INTERWEST CONSULTING GROUP, INC.
Agency Code: 082	Contractor Name: INTERWEST CONSULTING GROUP, INC.
Appropriation Unit: All Appropriations	Address: 4815 W RUSSELL ROAD STE 11K
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: 916-204-3178
	Vendor No.: T29030819
	NV Business ID: NV20071166199

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 % Capital Project Funds

Agency Reference #: 113984

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Code Plan Checking**

5. Purpose of contract:

This is a new contract to provide ongoing professional code plan checking services for CIP Projects: SPWD Contract No. 113984.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Code plan checking services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Pang, Justus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/05/2021 10:33:11 AM
Division Approval	nmann	04/05/2021 10:33:13 AM
Department Approval	nmann	04/05/2021 10:33:16 AM
Contract Manager Approval	lwildes	04/06/2021 07:20:02 AM
Budget Analyst Approval	nkephart	05/04/2021 14:13:16 PM
BOE Agenda Approval	jrodrig9	05/14/2021 11:54:24 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24229**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: IQC SOUTHWEST, LLC
Agency Code: 082	Contractor Name: IQC SOUTHWEST, LLC
Appropriation Unit: All Appropriations	Address: 6280 S VALLEY VIEW BLVD #216
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118-3888
If "No" please explain: Not Applicable	Contact/Phone: 702-704-4243
	Vendor No.: T27042798
	NV Business ID: NV20151621720

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 % Capital Project Funds

Agency Reference #: 114035

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Materials Testing**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services for CIP Projects: SPWD Contract No. 114035.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials testing and inspection services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/20/2021 13:54:34 PM
Division Approval	nmann	04/20/2021 13:54:37 PM
Department Approval	nmann	04/20/2021 13:54:39 PM
Contract Manager Approval	lwildes	04/20/2021 14:02:50 PM
Budget Analyst Approval	nkephart	05/06/2021 16:07:41 PM
BOE Agenda Approval	jrodrig9	05/13/2021 19:05:04 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: **24237**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: JENSEN ENGINEERING, INC.
Agency Code: 082	Contractor Name: JENSEN ENGINEERING, INC.
Appropriation Unit: All Appropriations	Address: 9655 GATEWAY DR
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521-2968
If "No" please explain: Not Applicable	Contact/Phone: 775-852-2288
	Vendor No.: T27007578
	NV Business ID: NV19921070456

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

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

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

Agency Reference #: 113989

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Electrical Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional electrical plan checking services for CIP Projects: SPWD Contract No. 113989.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical plan checking services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mhelto1	05/03/2021 13:22:11 PM
Division Approval	mhelto1	05/03/2021 13:22:14 PM
Department Approval	mhelto1	05/03/2021 13:22:17 PM
Contract Manager Approval	lwildes	05/03/2021 15:09:34 PM
Budget Analyst Approval	nkephart	05/05/2021 16:07:44 PM
BOE Agenda Approval	jrodrig9	05/13/2021 19:16:29 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: **24240**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	JOHN A. MARTIN & ASSOCIATES OF NEVADA, INC.
Agency Code:	082	Contractor Name:	JOHN A. MARTIN & ASSOCIATES OF NEVADA, INC.
Appropriation Unit:	All Appropriations	Address:	4560 S DECATUR BLVD STE 200
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89103-5252
If "No" please explain:	Not Applicable	Contact/Phone:	702-248-7000
		Vendor No.:	T29039083
		NV Business ID:	NV19831016511

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 % Capital Project Funds

Agency Reference #: 114001

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Structural Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional structural plan checking services for CIP Projects: SPWD Contract No. 114001.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Structural plan checking services are required to ensure building safety and code compliance.

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/23/2021 15:17:51 PM
Division Approval	nmann	04/23/2021 15:17:54 PM
Department Approval	nmann	04/23/2021 15:17:56 PM
Contract Manager Approval	lwildes	04/26/2021 08:13:38 AM
Budget Analyst Approval	nkephart	05/05/2021 11:05:50 AM
BOE Agenda Approval	jrodrig9	05/14/2021 12:02:16 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: **24147**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: JP ENGINEERING, LLC
Agency Code: 082	Contractor Name: JP ENGINEERING, LLC
Appropriation Unit: All Appropriations	Address: 10597 DOUBLE R BLVD STE 1
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521-8938
If "No" please explain: Not Applicable	Contact/Phone: 775-852-2337
	Vendor No.: T29038896
	NV Business ID: NV20051447455

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 % Capital Project Funds

Agency Reference #: 113988

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Electrical Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional electrical plan checking services for CIP Projects: SPWD Contract No. 113988.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical plan checking services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.wilde

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/02/2021 15:40:26 PM
Division Approval	nmann	04/02/2021 15:40:30 PM
Department Approval	nmann	04/02/2021 15:40:32 PM
Contract Manager Approval	lwildes	04/06/2021 07:43:25 AM
Budget Analyst Approval	nkephart	05/05/2021 16:36:32 PM
BOE Agenda Approval	jrodrig9	05/13/2021 19:19:36 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24235**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: JUB ENGINEERS, INC.
Agency Code: 082	Contractor Name: JUB ENGINEERS, INC.
Appropriation Unit: All Appropriations	Address: 9160 DOUBLE DIAMOND PKWY
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521
If "No" please explain: Not Applicable	Contact/Phone: 775-852-1440
	Vendor No.: T32010158
	NV Business ID: NV19741000794

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 % Capital Project Funds

Agency Reference #: 114007

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **CIVIL PLAN CK**

5. Purpose of contract:

This is a new contract to provide ongoing professional civil plan checking services, for CIP Projects: SPWD Contract No. 114007.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Civil plan checking services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/09/2021 14:59:16 PM
Division Approval	nmann	04/09/2021 14:59:18 PM
Department Approval	nmann	04/09/2021 14:59:21 PM
Contract Manager Approval	lwildes	04/13/2021 13:34:45 PM
Budget Analyst Approval	nkephart	05/04/2021 12:17:20 PM
BOE Agenda Approval	jrodrig9	05/14/2021 11:39:30 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **24257**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	KORDT ENGINEERING GROUP, LLC
Agency Code:	082	Contractor Name:	KORDT ENGINEERING GROUP, LLC
Appropriation Unit:	All Appropriations	Address:	1701 W CHARLESTON BLVD STE 610
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS , NV 89102
If "No" please explain:	Not Applicable	Contact/Phone:	702-483-6666
		Vendor No.:	T32010890
		NV Business ID:	NV20131488475

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 % Capital Project Funds

Agency Reference #: 114056

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Structural Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional structural plan checking service for CIP Projects: SPWD Contract No. 114056.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Structural plan checking services are required to ensure building safety and code compliance.

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/13/2021 16:34:01 PM
Division Approval	nmann	04/13/2021 16:34:03 PM
Department Approval	nmann	04/13/2021 16:34:05 PM
Contract Manager Approval	lwildes	04/14/2021 07:42:50 AM
Budget Analyst Approval	nkephart	05/05/2021 11:23:31 AM
BOE Agenda Approval	jrodrig9	05/14/2021 12:06:59 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24116**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: LOCHSA, LLC
Agency Code: 082	Contractor Name: LOCHSA, LLC
Appropriation Unit: All Appropriations	Address: DBA LOCHSA ENGINEERING 6345 S JONES BLVD STE 100
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118-3334
If "No" please explain: Not Applicable	Contact/Phone: 702-365-9312
	Vendor No.: T29038100
	NV Business ID: NV20201946910

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 % Capital Project Funds

Agency Reference #: 113994

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Structural Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional structural plan checking services for CIP Projects: SPWD Contract No. 113994.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Structural plan checking is required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/23/2021 14:59:34 PM
Division Approval	nmann	04/23/2021 14:59:36 PM
Department Approval	nmann	04/23/2021 14:59:39 PM
Contract Manager Approval	lwildes	04/26/2021 08:15:44 AM
Budget Analyst Approval	nkephart	05/05/2021 11:19:34 AM
BOE Agenda Approval	jrodrig9	05/14/2021 12:05:52 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: **24220**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: LOCHSA, LLC
Agency Code: 082	Contractor Name: LOCHSA, LLC
Appropriation Unit: All Appropriations	Address: DBA LOCHSA ENGINEERING 6345 S JONES BLVD STE 100
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118-3334
If "No" please explain: Not Applicable	Contact/Phone: 702-365-9312
	Vendor No.: T29038100
	NV Business ID: NV20201946910

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 % Capital Project Funds

Agency Reference #: 114008

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Civil Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional civil plan checking services for CIP Projects: SPWD Contract No. 114008.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Civil plan checking services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Current, Jeff, Project Manager Ph: 775-68-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/09/2021 15:01:07 PM
Division Approval	nmann	04/09/2021 15:01:12 PM
Department Approval	nmann	04/09/2021 15:01:14 PM
Contract Manager Approval	lwildes	04/13/2021 13:04:35 PM
Budget Analyst Approval	nkephart	05/04/2021 11:33:39 AM
BOE Agenda Approval	jrodrig9	05/14/2021 11:48:45 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: **24248**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: LUMOS & ASSOCIATES
Agency Code: 082	Contractor Name: LUMOS & ASSOCIATES
Appropriation Unit: All Appropriations	Address: 9222 PROTOTYPE DR
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521-8989
If "No" please explain: Not Applicable	Contact/Phone: 775-883-7077
	Vendor No.: T80912843A
	NV Business ID: NV19791006982

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 % Capital Project Funds

Agency Reference #: 114022

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Geotechnical Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114022.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical investigation services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/26/2021 09:21:49 AM
Division Approval	nmann	04/26/2021 09:21:52 AM
Department Approval	nmann	04/26/2021 09:21:57 AM
Contract Manager Approval	lwildes	04/26/2021 15:16:58 PM
Budget Analyst Approval	nkephart	05/10/2021 12:48:37 PM
BOE Agenda Approval	jrodrig9	05/13/2021 18:16:46 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: **24223**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: MCGETTIGAN CONSULTING, LLC
Agency Code: 082	Contractor Name: MCGETTIGAN CONSULTING, LLC
Appropriation Unit: All Appropriations	Address: 1551 DESERT CROSSING CT STE 150
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89144-7051
If "No" please explain: Not Applicable	Contact/Phone: 702-850-4137
	Vendor No.: T32007174
	NV Business ID: NV2015134896

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 % Capital Project Funds

Agency Reference #: 114026

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Geotechnical Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114026.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical investigation services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/26/2021 09:34:43 AM
Division Approval	nmann	04/26/2021 09:34:46 AM
Department Approval	nmann	04/26/2021 09:34:48 AM
Contract Manager Approval	lwildes	04/26/2021 15:21:55 PM
Budget Analyst Approval	nkephart	05/07/2021 14:26:36 PM
BOE Agenda Approval	jrodrig9	05/13/2021 18:58:06 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: **24242**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: NINYO & MOORE
Agency Code: 082	Contractor Name: NINYO & MOORE
Appropriation Unit: All Appropriations	Address: 6700 PARADISE RD STE E
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119-3744
If "No" please explain: Not Applicable	Contact/Phone: 702-433-0330
	Vendor No.: T27000873A
	NV Business ID: NV19961094658

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 % Capital Project Funds

Agency Reference #: 114025

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Geotechnical Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigations services for CIP Projects: SPWD Contact No. 114025.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical investigation services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/26/2021 09:33:02 AM
Division Approval	nmann	04/26/2021 09:33:04 AM
Department Approval	nmann	04/26/2021 09:33:07 AM
Contract Manager Approval	lwildes	04/26/2021 15:22:48 PM
Budget Analyst Approval	nkephart	05/07/2021 14:21:41 PM
BOE Agenda Approval	jrodrig9	05/13/2021 18:57:10 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24217**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PCNA CONSULTING GROUP, INC.
Agency Code: 082	Contractor Name: PCNA CONSULTING GROUP, INC.
Appropriation Unit: All Appropriations	Address: DBA PCNA GROUP 205 E WARM SPRINGS RD STE 105 LAS VEGAS, NV 89119-4250
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119-4250
If "No" please explain: Not Applicable	Contact/Phone: 702-834-6200
	Vendor No.: T29041651
	NV Business ID: NV20131734280

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 % Capital Project Funds

Agency Reference #: **113985**

2. Contract start date:

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

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **CODE PLAN CK**

5. Purpose of contract:

This is a new contract to provide ongoing professional code plan checking services for CIP Projects: SPWD Contract No. 113985.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: **Progress payments based on services provided.**

II. JUSTIFICATION

7. What conditions require that this work be done?

Code plan checking services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Pang, Justus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/20/2021 14:29:03 PM
Division Approval	nmann	04/20/2021 14:29:06 PM
Department Approval	nmann	04/20/2021 14:29:07 PM
Contract Manager Approval	lwildes	04/20/2021 14:46:23 PM
Budget Analyst Approval	nkephart	05/04/2021 13:48:05 PM
BOE Agenda Approval	jrodrig9	05/14/2021 11:58:00 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: **24141**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PETTY & ASSOCIATES, INC.
Agency Code: 082	Contractor Name: PETTY & ASSOCIATES, INC.
Appropriation Unit: All Appropriations	Address: 1375 GREG ST 106
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431-6077
If "No" please explain: Not Applicable	Contact/Phone: 775-359-5777
	Vendor No.: T80580350
	NV Business ID: NV19841014622

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 % Capital Project Funds

Agency Reference #: 113975

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mechanical Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical plan checking services for CIP Projects: SPWD Contract No. 113975.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical plan checking services are required to ensure building safety and code compliance.

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/02/2021 15:18:26 PM
Division Approval	nmann	04/02/2021 15:18:29 PM
Department Approval	nmann	04/02/2021 15:18:32 PM
Contract Manager Approval	lwildes	04/06/2021 08:02:11 AM
Budget Analyst Approval	nkephart	05/05/2021 15:55:58 PM
BOE Agenda Approval	jrodrig9	05/13/2021 19:15:31 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: **24136**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	PURCELL ELECTRICAL PROF CROP DBA PK ELECTRICAL, INC.
Agency Code:	082	Contractor Name:	PURCELL ELECTRICAL PROF CROP DBA PK ELECTRICAL, INC.
Appropriation Unit:	All Appropriations	Address:	PK ELECTRICAL, INC. 681 SIERRA ROSE DR STE B RENO, NV 89511-2060
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89511-2060
If "No" please explain:	Not Applicable	Contact/Phone:	775-826-9010
		Vendor No.:	T81016802
		NV Business ID:	NV19961128650

To what State Fiscal Year(s) will the contract be charged? **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 % Capital Project Funds

Agency Reference #: 113987

2. Contract start date:

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

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Electrical Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional electrical plan checking services for CIP Projects: SPWD Contract No. 113987.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical Plan Checking Services are required to ensure building safety and code compliance.

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

Professional Electrical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/02/2021 15:32:03 PM
Division Approval	nmann	04/02/2021 15:32:05 PM
Department Approval	nmann	04/02/2021 15:32:07 PM
Contract Manager Approval	lwildes	04/06/2021 07:42:24 AM
Budget Analyst Approval	nkephart	05/05/2021 16:21:43 PM
BOE Agenda Approval	jrodrig9	05/13/2021 19:17:45 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: **24186**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: RESOURCE CONCEPTS, INC.
Agency Code: 082	Contractor Name: RESOURCE CONCEPTS, INC.
Appropriation Unit: All Appropriations	Address: 340 N MINNESOTA ST
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89703-4152
If "No" please explain: Not Applicable	Contact/Phone: 775-883-1600
	Vendor No.: T12785100
	NV Business ID: NV19781005208

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 % Capital Project Funds

Agency Reference #: 114009

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Civil Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional civil plan checking services for CIP Projects: SPWD Contract No. 114009.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Civil plan checking Services are required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Civil Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/20/2021 14:30:07 PM
Division Approval	nmann	04/20/2021 14:30:11 PM
Department Approval	nmann	04/20/2021 14:30:14 PM
Contract Manager Approval	lwildes	04/20/2021 14:47:11 PM
Budget Analyst Approval	nkephart	05/04/2021 11:25:27 AM
BOE Agenda Approval	jrodrig9	05/14/2021 11:50:35 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: **24124**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: ROUNDS ENGINEERING, LTD
Agency Code: 082	Contractor Name: ROUNDS ENGINEERING, LTD
Appropriation Unit: All Appropriations	Address: DBA CR ENGINEERING 5434 LONGLEY LN
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511-1879
If "No" please explain: Not Applicable	Contact/Phone: 775-826-1919
	Vendor No.: T29024113
	NV Business ID: NV20041355601

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 % Capital Project Funds

Agency Reference #: 113972

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mechanical Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical plan checking services for CIP Projects: SPWD Contract No. 113972.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical plan checking services are required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Mechanical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/02/2021 14:24:13 PM
Division Approval	nmann	04/02/2021 14:24:16 PM
Department Approval	nmann	04/02/2021 14:24:18 PM
Contract Manager Approval	lwildes	04/06/2021 07:58:17 AM
Budget Analyst Approval	nkephart	05/05/2021 15:44:19 PM
BOE Agenda Approval	jrodrig9	05/13/2021 19:24:28 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: **24134**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: SGF ENGINEERING, LLC
Agency Code: 082	Contractor Name: SGF ENGINEERING, LLC
Appropriation Unit: All Appropriations	Address: 9441 DOUBLE DIAMOND PKWY STE 13
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521-2989
If "No" please explain: Not Applicable	Contact/Phone: 775-591-4123
	Vendor No.: T27042760A
	NV Business ID: NV20181807757

To what State Fiscal Year(s) will the contract be charged? **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 % Capital Project Funds

Agency Reference #: 113973

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mechanical Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional mechanical plan checking services for CIP Projects: SPWD Contract No. 113973.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical plan checking services are required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Mechanical Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/02/2021 15:00:07 PM
Division Approval	nmann	04/02/2021 15:00:15 PM
Department Approval	nmann	04/02/2021 15:00:18 PM
Contract Manager Approval	lwildes	04/06/2021 08:00:20 AM
Budget Analyst Approval	nkephart	05/05/2021 15:18:49 PM
BOE Agenda Approval	jrodrig9	05/13/2021 19:21:11 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **24230**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: SUMMIT ENGINEERING Corporation
Agency Code: 082	Contractor Name: SUMMIT ENGINEERING Corporation
Appropriation Unit: All Appropriations	Address: 1150 LAMOILLE HWY
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: 775-787-4326
	Vendor No.: T81073504
	NV Business ID: NV19781008234

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 % Capital Project Funds

Agency Reference #: 114024

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Geotechnical Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114024.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical investigation services are required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Geotechnical Investigation Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/26/2021 09:31:33 AM
Division Approval	nmann	04/26/2021 09:31:35 AM
Department Approval	nmann	04/26/2021 09:31:39 AM
Contract Manager Approval	lwildes	04/26/2021 15:23:39 PM
Budget Analyst Approval	nkephart	05/07/2021 14:16:10 PM
BOE Agenda Approval	jrodrig9	05/13/2021 18:56:00 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **24262**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: SUMMIT ENGINEERING Corporation
Agency Code: 082	Contractor Name: SUMMIT ENGINEERING Corporation
Appropriation Unit: All Appropriations	Address: 1150 LAMOILLE HWY
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: 775-787-4326
	Vendor No.: T80920751A
	NV Business ID: NV19781008234

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 % Capital Project Funds

Agency Reference #: 114036

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Materials Testing Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services for CIP Projects: SPWD Contract No. 114036.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials testing and inspection services are required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Materials Testing and Inspection Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/13/2021 16:18:58 PM
Division Approval	nmann	04/13/2021 16:19:01 PM
Department Approval	nmann	04/13/2021 16:19:05 PM
Contract Manager Approval	lwildes	04/14/2021 07:53:09 AM
Budget Analyst Approval	nkephart	05/07/2021 13:02:40 PM
BOE Agenda Approval	jrodrig9	05/13/2021 18:51:40 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: **24259**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: TANEY ENGINEERING, INC.
Agency Code: 082	Contractor Name: TANEY ENGINEERING, INC.
Appropriation Unit: All Appropriations	Address: 6030 S. JONES BLVD
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118-2659
If "No" please explain: Not Applicable	Contact/Phone: 702-362-8844
	Vendor No.: T32006658
	NV Business ID: NV20001434663

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 % Capital Project Funds

Agency Reference #: 114010

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Civil Plan Check**

5. Purpose of contract:

This is a new contract to provide ongoing professional civil plan checking services for CIP Projects: SPWD Contract No. 114010.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Civil plan checking services are required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Civil Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/13/2021 16:22:42 PM
Division Approval	nmann	04/13/2021 16:22:44 PM
Department Approval	nmann	04/13/2021 16:22:46 PM
Contract Manager Approval	lwildes	04/14/2021 07:47:29 AM
Budget Analyst Approval	nkephart	05/04/2021 11:33:48 AM
BOE Agenda Approval	jrodrig9	05/14/2021 11:49:41 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: **24221**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: TECTONICS DESIGN GROUP
Agency Code: 082	Contractor Name: TECTONICS DESIGN GROUP
Appropriation Unit: All Appropriations	Address: 730 SANDHILL ROAD, STE 250
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521
If "No" please explain: Not Applicable	Contact/Phone: 775-473-9914
	Vendor No.: T32000404
	NV Business ID: NV20051722323

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 % Capital Project Funds

Agency Reference #: 114002

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Structural Plan Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional structural plan checking services for CIP Projects: SPWD Contract No. 114002.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Structural plan checking services are required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Structural Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Naley, Kirsten, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/23/2021 15:11:11 PM
Division Approval	nmann	04/23/2021 15:11:13 PM
Department Approval	nmann	04/23/2021 15:11:16 PM
Contract Manager Approval	lwildes	04/26/2021 08:12:37 AM
Budget Analyst Approval	nkephart	05/05/2021 11:03:28 AM
BOE Agenda Approval	jrodrig9	05/14/2021 12:04:35 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24137**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	TJ KROB CONSULTING ENGINEERS, INC.
Agency Code:	082	Contractor Name:	TJ KROB CONSULTING ENGINEERS, INC.
Appropriation Unit:	All Appropriations	Address:	DBA TJK CONSULTING ENGNRS 8728 SPANISH RIDGE AVE #100
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89148
If "No" please explain:	Not Applicable		
		Contact/Phone:	702-871-3621
		Vendor No.:	T80972581
		NV Business ID:	NV19861003493

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 % Capital Project Funds

Agency Reference #: 113980

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Mech/Elect. Plan Ck**

5. Purpose of contract:

This is a new contract to provide professional mechanical/electrical plan checking services for CIP Projects: SPWD Contract No. 113980.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Mechanical/Electrical plan checking services are required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Mechanical/Electrical Plan Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Dobson, TJ, Project Manger Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/02/2021 16:22:36 PM
Division Approval	nmann	04/02/2021 16:22:39 PM
Department Approval	nmann	04/02/2021 16:22:42 PM
Contract Manager Approval	lwildes	04/06/2021 07:32:27 AM
Budget Analyst Approval	nkephart	05/05/2021 13:39:59 PM
BOE Agenda Approval	jrodrig9	05/14/2021 12:12:07 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **24131**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	WEST COAST CODE CONSULTANTS
Agency Code:	082	Contractor Name:	WEST COAST CODE CONSULTANTS
Appropriation Unit:	All Appropriations	Address:	1070 FUGGLES DRIVE
Is budget authority available?:	Yes	City/State/Zip:	SPARKS, NV 89441
If "No" please explain:	Not Applicable	Contact/Phone:	801-682-5031
		Vendor No.:	T32010678
		NV Business ID:	NV20151763533

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 % Capital Project Funds

Agency Reference #: 113982

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **2 years and 29 days**4. Type of contract: **Contract**Contract description: **Code Plan Checking**

5. Purpose of contract:

This is a new contract to provide ongoing professional code plan checking services CIP Projects: SPWD Contract No. 113982.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Code plan checking services are required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Code Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Pang, Justus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/29/2021 09:56:48 AM
Division Approval	nmann	04/29/2021 09:56:50 AM
Department Approval	nmann	04/29/2021 09:56:53 AM
Contract Manager Approval	lwildes	04/29/2021 10:06:05 AM
Budget Analyst Approval	nkephart	05/04/2021 13:04:42 PM
BOE Agenda Approval	jrodrig9	05/14/2021 11:59:10 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24258**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: WESTERN TECHNOLOGIES, INC.
Agency Code: 082	Contractor Name: WESTERN TECHNOLOGIES, INC.
Appropriation Unit: All Appropriations	Address: 6633 WEST POST ROAD STE 100
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS , NV 89118
If "No" please explain: Not Applicable	Contact/Phone: 702-798-8050
	Vendor No.: T80821910
	NV Business ID: NV19821000805

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 % Capital Project Funds

Agency Reference #: 114053

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Materials Testing PI**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspections services for CIP Projects: SPWD Contract No. 114053.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials testing and inspection services are required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Materials Testing and Inspection Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/13/2021 16:21:30 PM
Division Approval	nmann	04/13/2021 16:21:33 PM
Department Approval	nmann	04/13/2021 16:21:35 PM
Contract Manager Approval	lwildes	04/15/2021 13:37:31 PM
Budget Analyst Approval	nkephart	05/07/2021 13:51:43 PM
BOE Agenda Approval	jrodrig9	05/13/2021 18:53:01 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24260**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: WESTERN TECHNOLOGIES, INC.
Agency Code: 082	Contractor Name: WESTERN TECHNOLOGIES, INC.
Appropriation Unit: All Appropriations	Address: 6633 WEST POST ORAD STE 100
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: 702-798-8050
	Vendor No.: T80821910
	NV Business ID: NV19821000805

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 % Capital Project Funds

Agency Reference #: 114054

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Geotechnical Pln Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114054.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical investigation services are required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Geotechnical Investigation Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/13/2021 16:36:07 PM
Division Approval	nmann	04/13/2021 16:36:10 PM
Department Approval	nmann	04/13/2021 16:36:15 PM
Contract Manager Approval	lwildes	04/14/2021 07:35:54 AM
Budget Analyst Approval	nkephart	05/07/2021 14:06:21 PM
BOE Agenda Approval	jrodrig9	05/13/2021 18:54:10 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24115**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: WILL ENGINEERING, LLC
Agency Code: 082	Contractor Name: WILL ENGINEERING, LLC
Appropriation Unit: All Appropriations	Address: 2625 HEATHER FIELD LANE
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89521
If "No" please explain: Not Applicable	Contact/Phone: 775-560-6554
	Vendor No.: T29043798
	NV Business ID: NV20201932394

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 % Capital Project Funds

Agency Reference #: 114003

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Structural Plan Ck**

5. Purpose of contract:

This is a new contract to provide professional structural plan checking services for CIP Projects: SPWD Contract No. 114003.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Structural plan checking is required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Structural Plan checking services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nalley, Kirsten, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mhelto1	05/03/2021 14:03:55 PM
Division Approval	mhelto1	05/03/2021 14:03:57 PM
Department Approval	mhelto1	05/03/2021 14:04:00 PM
Contract Manager Approval	lwildes	05/03/2021 15:10:23 PM
Budget Analyst Approval	nkephart	05/05/2021 08:22:48 AM
BOE Agenda Approval	jrodrig9	05/14/2021 12:03:21 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: **24212**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: WOOD RODGERS, INC.
Agency Code: 082	Contractor Name: WOOD RODGERS, INC.
Appropriation Unit: All Appropriations	Address: 1361 CORPORATE BLVD
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: 775-823-9443
	Vendor No.: T29006428A
	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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Capital Project Funds

Agency Reference #: 114011

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **CIVIL PLAN CK**

5. Purpose of contract:

This is a new contract to provide ongoing professional civil plan checking services for CIP Project: SPWD Contract No. 114011.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Civil plan checking services are required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Civil Plan Checking Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/09/2021 15:02:55 PM
Division Approval	nmann	04/09/2021 15:02:57 PM
Department Approval	nmann	04/09/2021 15:03:00 PM
Contract Manager Approval	lwildes	04/13/2021 13:01:48 PM
Budget Analyst Approval	nkephart	05/04/2021 12:07:16 PM
BOE Agenda Approval	jrodrig9	05/14/2021 11:40:44 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: **24263**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: WOOD RODGERS, INC.
Agency Code: 082	Contractor Name: WOOD RODGERS, INC.
Appropriation Unit: All Appropriations	Address: 1361 CORPORATE BLVD
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: 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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Capital Project Funds

Agency Reference #: 114021

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Geotechnical Pln Ck**

5. Purpose of contract:

This is a new contract to provide ongoing professional geotechnical investigation services for CIP Projects: SPWD Contract No. 114021.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Geotechnical investigation services are required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Geotechnical Investigation Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/13/2021 16:35:15 PM
Division Approval	nmann	04/13/2021 16:35:17 PM
Department Approval	nmann	04/13/2021 16:35:22 PM
Contract Manager Approval	lwildes	04/14/2021 07:34:57 AM
Budget Analyst Approval	nkephart	05/07/2021 14:12:20 PM
BOE Agenda Approval	jrodrig9	05/13/2021 18:55:07 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24265**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: WOOD RODGERS, INC.
Agency Code: 082	Contractor Name: WOOD RODGERS, INC.
Appropriation Unit: All Appropriations	Address: 1361 CORPORATE BLVD
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: 775-823-4068
	Vendor No.: T29006428A
	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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Capital Project Funds

Agency Reference #: 114037

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **Materials Testing**

5. Purpose of contract:

This is a new contract to provide ongoing professional materials testing and inspection services for CIP Projects: SPWD Contract No. 114037.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Materials testing and inspection services are required to ensure building safety and code compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional Materials Testing and Inspection Services are provided by SPWD to support the State Capital Improvement Program. Consultants are selected based on their ability to provide design and engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/13/2021 16:19:41 PM
Division Approval	nmann	04/13/2021 16:19:43 PM
Department Approval	nmann	04/13/2021 16:19:45 PM
Contract Manager Approval	lwildes	04/14/2021 07:55:07 AM
Budget Analyst Approval	nkephart	05/06/2021 16:09:55 PM
BOE Agenda Approval	jrodrig9	05/13/2021 19:06:02 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: **24333**

Agency Name: ADMIN - RISK MANAGEMENT DIVISION	Legal Entity Name: ORIGAMI RISK LLC
Agency Code: 085	Contractor Name: ORIGAMI RISK LLC
Appropriation Unit: 1352-26	Address: PO BOX 74751
Is budget authority available?: Yes	City/State/Zip: CHICAGO, IL 60694-4751
If "No" please explain: Not Applicable	Contact/Phone: 312-546-6515
	Vendor No.: T32004358A
	NV Business ID: NV201816146410

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 % Property/Casualty Premiums

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 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **RMIS software**

5. Purpose of contract:

This is a new contract to provide software services and data hosting for the Risk Management Information System.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$277,376.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency needs a centralized database to track state owned and leased assets(buildings, vehicles, equipment) for insurance purposes. System also provides a mechanism for adjusting Risk Management's self-insured auto/property claims. By utilizing a "Cloud" Provider it allows Risk Management to share database with partner agencies (Attorney General's Office, Public Works Division and Nevada Department of Transportation

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency did not have subject expertise. Feasibility study recommended a Commercial Off The Shelf (COTS) provider as the most cost effective model for this type of system as under this approach initial implementation costs are much less than a traditional custom built database. Ongoing usage of software and data hosting are bundled via an annual software subscription, which allows State greater flexibility should State's needs change over time.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #08DOA-S1405, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 12/20/2020 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	04/27/2021 09:11:48 AM
Division Approval	tmilazz1	04/30/2021 14:09:33 PM
Department Approval	tmilazz1	04/30/2021 14:09:36 PM
Contract Manager Approval	ddav12	04/30/2021 14:24:03 PM
EITS Approval	daxtel1	04/30/2021 17:51:33 PM
Budget Analyst Approval	jcoope8	05/11/2021 17:06:48 PM
BOE Agenda Approval	hfield	05/12/2021 12:12:41 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: **18529** Amendment Number: **3**
 Agency Name: **GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT** Legal Entity Name: **BOARD OF REGENTS-UNR**
 Agency Code: **102** Contractor Name: **BOARD OF REGENTS-UNR**
 Appropriation Unit: **1521-10** Address: **Ansari Business Building Room 411**
 Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89557-0032**
 If "No" please explain: **Not Applicable** Contact/Phone: **Winnie Dowling 775-784-1717**
 Vendor No.: **D35000816**
 NV Business ID: **88-6000024**

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 %	X	Fees	100.00 % FILING
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/09/2017**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **4 years and 237 days**

4. Type of contract: **Interlocal Agreement**
 Contract description: **Program Management**

5. Purpose of contract:

This is the third amendment to the original interlocal agreement which provides ongoing administration of the Battle Born Venture Capital Program. This amendment extends the termination date from June 30, 2021 to December 31, 2021 and increases the maximum amount from \$446,111 to \$501,111 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:	\$230,000.00	\$230,000.00	\$230,000.00	Yes - Action
a. Amendment 1:	\$110,924.00	\$110,924.00	\$110,924.00	Yes - Action
b. Amendment 2:	\$105,187.00	\$105,187.00	\$105,187.00	Yes - Action
2. Amount of current amendment (#3):	\$55,000.00	\$55,000.00	\$55,000.00	Yes - Action
3. New maximum contract amount:	\$501,111.00			
and/or the termination date of the original contract has changed to:	12/31/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada needs to diversify its economic base, and utilizing available federal funds to provide venture capital to entrepreneurs and small business will help spur economic growth.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This work requires specialized skills and abilities the agency does does possess. NSBDC has a statewide network of offices and resources dedicated to small business development, and the program manager they hire will have extensive experience in growth escalation and identifying and verifying investment opportunities.

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?

Not applicable.

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	Icopelan	04/19/2021 17:06:18 PM
Division Approval	Icopelan	04/19/2021 17:06:21 PM
Department Approval	Icopelan	04/19/2021 17:06:28 PM
Contract Manager Approval	Icopelan	04/19/2021 17:06:34 PM
Budget Analyst Approval	stillley	05/11/2021 16:42:18 PM
BOE Agenda Approval	hfield	05/12/2021 13:13:50 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: 22986	Amendment Number: 1
Agency Name: GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	Legal Entity Name: KUNDER, LORI A DBA KUNDER DESIGN STUDIOS
Agency Code: 102	Contractor Name: KUNDER, LORI A DBA KUNDER DESIGN STUDIOS
Appropriation Unit: 1526-11	Address: 2043 S. VIRGINIA STREET
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-3414
If "No" please explain: Not Applicable	Contact/Phone: LORI KUNDER 775/224-5600
	Vendor No.: T29031297
	NV Business ID: NV20101373283

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/13/2020**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **4 years and 49 days**

4. Type of contract: **Contract**

Contract description: **Graphic Design**

5. Purpose of contract:

This is the first amendment to the original contract which provides graphic design services. This amendment extends the termination date from June 30, 2021 to June 30, 2024 and increases the maximum amount from \$20,000 to \$80,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
2. Amount of current amendment (#1):	\$60,000.00	\$60,000.00	\$80,000.00	Yes - Action
3. New maximum contract amount:	\$80,000.00			
and/or the termination date of the original contract has changed to:	06/30/2024			

II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 231, GOED is charged with diversifying Nevada's economy, measuring performance and communicating results and these services will enhance those efforts.

In addition, please note the following for the justification for the need for this contract:

- The Governor has charged GOED with authoring an 18- to 24-month economic recovery plan.
- GOED will need to utilize a graphic artist in developing outreach materials to communicate out the economic recovery plan statewide.
- While the Ferraro Group (GOED's PR contractor) will be assisting with content development, there is an additional need for a graphic artist.
- These plans/efforts will also be communicated out through a quarterly newsletter and an annual report that will require a graphic artist.
- The nature of GOED's work will require charts, graphics, one-pagers and social development posts to be developed that all require a graphic artist.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

GOED does not have the staff with the specific skills and expertise needed to provide this work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest hourly cost and best overall proposal.

d. Last bid date: 02/27/2020 Anticipated re-bid date: 05/03/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has contracted with the Nevada Arts Council (2013 to date) and the Department of Education (2016 to date). The services provided were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Icopelan	04/19/2021 16:14:49 PM
Division Approval	Icopelan	04/19/2021 16:14:52 PM
Department Approval	Icopelan	04/19/2021 16:14:55 PM
Contract Manager Approval	Icopelan	04/19/2021 16:14:59 PM
Budget Analyst Approval	stilley	05/11/2021 16:13:50 PM
BOE Agenda Approval	hfield	05/12/2021 13:18:55 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: **24256**Agency Name: **ADMIN - ENTERPRISE IT SERVICES**Agency Code: **180**Appropriation Unit: **1385-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Sirius Computer Solutions, Inc

Contractor Name: **Sirius Computer Solutions, Inc**Address: **10100 Reunion Place**City/State/Zip: **San Antonio, TX 78216**

Contact/Phone: Phyllis J. Byrd 210-369-8000

Vendor No.: PUR0003148

NV Business ID: NV20001444070

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 % Service
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/08/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/07/2025**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **AIX/Mainframe Hardwa**

5. Purpose of contract:

This is a new contract to provide ongoing IBM Mainframe and Unix hardware, software, leasing, installation, and consulting services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

These services are critical for the continuity of service as well as day to day operations

8. Explain why State employees in your agency or other State agencies are not able to do this work:

EITS staff does not have the proper training or knowledge to perform 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?

Pursuant to RFP #08DOA-S1327, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tgalluzi	05/10/2021 09:56:27 AM
Division Approval	tgalluzi	05/10/2021 09:56:33 AM
Department Approval	tgalluzi	05/10/2021 09:56:43 AM
Contract Manager Approval	jfranc5	05/10/2021 10:02:23 AM
EITS Approval	daxtel1	05/10/2021 10:06:37 AM
Budget Analyst Approval	dlenzner	05/12/2021 09:41:45 AM
BOE Agenda Approval	hfield	05/12/2021 12:29:31 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: Laura Freed, Director, DOA
Sean Montierth, IT Chief - Computing, EITS, DOA
Kathleen McLaughlin, IT Manager II, EITS, DOA
Jared Franco, Management Analyst III, EITS, 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 – *EITS – AIX/Mainframe Hardware, Software, and Services* – T1385206

DATE: November 10th, 2020

We have completed the review for Enterprise IT Services' (EITS) *AIX/Mainframe Hardware, Software, and Services* TIN.

The submitted TIN, for an estimated value of \$19,100,000, supports the renewal or update of a maintenance, licensing, or consulting agreement already in place.

Enterprise IT Services is seeking approval to conduct a RFP solicitation to secure a 4-year term contract for the purchasing and/or leasing of IBM Mainframe and UNIX (AIX) hardware, software, and services in support of the State's existing AIX and Mainframe platforms. The 4-year contract will include maintaining existing maintenance costs for software and hardware, new hardware and software purchases or leases, platform consulting services, and installation and migration services during its term.

A successful solicitation will provide EITS with a purchasing vehicle for the purchases and leases of new IBM AIX and Mainframe hardware, software, and services and the ongoing maintenance costs of existing hardware and software for the continual support of these platform's current infrastructure and future upgrades. The resulting 4-year term good of the State contract will provide EITS with a mechanism for efficient and timely acquisitions for these platforms. Responding vendors must have IBM Platinum

Partner status and will be required to provide quotes of their minimum guaranteed percentage off IBM list prices along with other relevant contracted pricing.

As this TIN is Pre-RFP, if there are any substantial changes to scope or cost please coordinate with the Enterprise Architecture Team to update the submission.

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.

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: **24312**

Agency Name:	DEPARTMENT OF VETERANS SERVICES	Legal Entity Name:	BROADBENT & ASSOCIATES INC
Agency Code:	240	Contractor Name:	BROADBENT & ASSOCIATES INC
Appropriation Unit:	2561-07	Address:	8 W PACIFIC AVE
Is budget authority available?:	Yes	City/State/Zip:	HENDERSON, NV 89015-7383
If "No" please explain:	Not Applicable	Contact/Phone:	VICTORIA TYSON-BLOYD 702/563-0600

Vendor No.: T80989610
NV Business ID: NV19891031637

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 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % PRIVATE PAY/COUNTY REIMBURSEMENTS

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 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2025**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **H2O Sys Compliance**

5. Purpose of contract:

This is a new contract to provide ongoing water sampling, quality control testing and reporting as per Nevada Department of Environmental Protection requirements. The vendor will also serve as Operator of Record for the secondary water treatment system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$398,182.00**

Other basis for payment: Monthly as per Cost Proposal submitted with RFP reponse.

II. JUSTIFICATION

7. What conditions require that this work be done?

The newly installed secondary water treatment system requires specific testing and strict compliance with Nevada Department of Environmental Protection certifications, and rules and regulations, including strict testing requirements and reporting.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees with the qualifications necessary to perform these duties nor serve as a Certified Operator of Record for this new system.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

MMC, Inc.
Sure Power Consulting
Broadbent and Associates, Inc.
Dynatek Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #24VS-S1535, 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: 03/25/2021 Anticipated re-bid date: 03/25/2025

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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD and NDVS and the services were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	04/21/2021 08:50:12 AM
Division Approval	jtheil1	04/21/2021 08:50:19 AM
Department Approval	dgree6	04/21/2021 10:36:07 AM
Contract Manager Approval	jtheil1	04/21/2021 10:38:32 AM
Budget Analyst Approval	afrantz	04/29/2021 07:23:04 AM
BOE Agenda Approval	bwooldri	04/29/2021 11:40:49 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: **24313**

Agency Name: DEPARTMENT OF VETERANS SERVICES	Legal Entity Name: GARRATT CALLAHAN CO
Agency Code: 240	Contractor Name: GARRATT CALLAHAN CO
Appropriation Unit: 2561-07	Address: 50 INGOLD RD
Is budget authority available?: Yes	City/State/Zip: BURLINGAME, CA 94010-2206
If "No" please explain: Not Applicable	Contact/Phone: JAY NORDLING 650/697-5811
	Vendor No.: T81091351
	NV Business ID: NV20121688270

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 %
X Federal Funds	65.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	35.00 % Private pay/County reimbursements

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 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **2ndry H2O Sys Maint**

5. Purpose of contract:

This is a new contract to provide ongoing monthly service and repairs to secondary water treatment system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$183,840.00**

Other basis for payment: Monthly, based on cost proposal submitted with RFP and estimated repairs of \$2.400/year.

II. JUSTIFICATION

7. What conditions require that this work be done?

Legionella bacterium has been identified in the Las Vegas valley and institutional knowledge of mitigation and eradication is limited. Residents of the Southern Nevada State Veterans home are generally immunocompromised and more susceptible to diseases caused by this bacterium.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada Department of Veterans Services employs no staff capable of maintaining this system; SPWD is currently building a knowledge base to better understand the Legionella bacterium and how to minimize its effects on potable water systems.

9. Were quotes or proposals solicited? **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):

MMC, Inc.
Sure Power Consulting
Garratt Callahan
Dynatek, inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #24VS-S1536, 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: 03/25/2021 Anticipated re-bid date: 03/25/2025

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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPWD and NDVS and services were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	jtheil1	04/21/2021 09:21:34 AM
Division Approval	jtheil1	04/21/2021 09:21:37 AM
Department Approval	dgree6	04/21/2021 10:43:19 AM
Contract Manager Approval	jtheil1	04/21/2021 10:45:08 AM
Budget Analyst Approval	afrantz	04/28/2021 12:09:15 PM
BOE Agenda Approval	bwooldri	04/28/2021 15:29:10 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **19114** Amendment Number: **1**

Agency Name: **CANNABIS COMPLIANCE BOARD** Legal Entity Name: **METRC LLC**

Agency Code: **270** Contractor Name: **METRC LLC**

Appropriation Unit: **4207-26** Address: **2525 Dranefield Rd. Ste 8**

Is budget authority available?: **Yes** City/State/Zip: **LAKELAND, FL 33911**

If "No" please explain: Not Applicable Contact/Phone: **David Eagleson 863/500-0804**

Vendor No.: **T27042356**

NV Business ID: **NV20171659432**

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % LICENSE
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/12/2017**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **4 years and 292 days**

4. Type of contract: **Contract**

Contract description: **Seed To Sale System**

5. Purpose of contract:
This is the first amendment to the original contract which provides seed to sale inventory tracking software. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$384,000 to \$444,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$384,000.00	\$384,000.00	\$384,000.00	Yes - Action
2. Amount of current amendment (#1):	\$60,000.00	\$60,000.00	\$60,000.00	Yes - Action
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$444,000.00 06/30/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?
The legalization of Retail Marijuana. Question 2 was approved by Nevada voters in November 2016, and additional legislation was passed during the 2017 Legislative Session.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The department does not have the expertise or resources to develop or maintain a seed to sale tracking and management system.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 210403

Approval Date: 04/27/2021

c. Why was this contractor chosen in preference to other?

This product is the only known product that is produced only for the regulators. While similar products are available, the vendor sells the same product to both regulators and industry.

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?

Yes If "Yes", please explain

The Marijuana Enforcement Division under the Department of Taxation used this contract from July 1, 2017 to June 30, 2020. Effective July 01, 2020 the Marijuana Enforcement Division under the Department of Taxation split into its own Agency and became the Cannabis Compliance Board (CCB). The CCB finished out the remainder of the contract from July 01, 2020 to June 30, 2021. This amendment requests a one year extension to act as a bridge to allow the agency to go through a new RFP process.

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	jgiesle2	05/14/2021 14:11:51 PM
Division Approval	jgiesle2	05/14/2021 14:11:53 PM

Department Approval	jgiesle2	05/14/2021 14:11:56 PM
Contract Manager Approval	jgiesle2	05/14/2021 14:11:58 PM
EITS Approval	daxtel1	05/14/2021 14:33:08 PM
Budget Analyst Approval	dlenzner	05/14/2021 15:45:51 PM
BOE Agenda Approval	tgreenam	05/14/2021 16:27:54 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#:	210403 (C)

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>CANNABIS COMPLIANCE BOARD</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>JASON GIESLER, ASO 2</i>	<i>775-684-2071</i>	<i>JMGiesler@ccb.nv.gov</i>
	<i>TIFFANY DAY, ACCOUNTING ASSISTANT 3</i>	<i>775-687-6280</i>	<i>dayt@ccb.nv.gov</i>

1b	Vendor Information:	
	Identify Vendor:	<i>METRC, LLC</i>
	Contact Name:	<i>SCOTT DENHOLM</i>
	Complete Address:	<i>2525 DRANE FIELD RD STE 8 LAKELAND, FL 33811-1344</i>
	Telephone Number:	<i>863-937-1080</i>
	Email Address:	<i>ACCOUNTING@METRC.COM</i>

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<i>Sole Source</i>
	Professional Service Exemption:	

1d	Contract Information:			
	Is this a new Contract?	Yes	No	<i>X</i>
	Amendment:	<i>#1</i>		
	CETS:	<i>#19114</i>		

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>July 1, 2021</i>	End Date:

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	

Other (Explain):	<i>100% Fee Funded</i>
------------------	------------------------

<i>Purchasing Use Only:</i>	
Approval #:	<i>210403</i> 

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	<i>\$5,000 per month for data hosting times 12 months is \$60,000; contract extension total would be \$60,000.</i>

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Cannabis seed to sale tracking software, which is a specialized inventory management software that tracks legal cannabis from seed to the end consumer purchase. The software provides a necessary resource for regulating a safe and legal supply chain within the cannabis industry by offering tracking, tracing, trending and reporting capabilities. The software allows regulatory agencies to track cannabis activity in real time, for all license types. This extension will act as a one year bridge to allow the agency to go through a new RFP process.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>Due to the original contractor failing to comply with the contract, Metrc was secured in 2017. Metrc software allows regulatory agencies to dynamically track product in real time, providing transparency in cannabis activities. The software provides tracing, allowing regulators to go back to the source if needed. It also allows regulators to place a system wide hold on products while alerting licensees that there may be a problem. Metrc contains trending capabilities, allowing regulators to analyze data to assess risk, monitor compliance, identify taxable events and evaluate policy. Metrc provides canned and custom reporting features that allow regulators to brief stakeholders, construct cases and share aggregate data. Metrc works for the regulators, providing a system that meets their needs. Metrc does not work for the licensees by offering a point-of-sale system.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>Metrc has been the system of record for the State of Nevada since 2017. It stores the historic information and provides tools needed to regulate the industry. The system helps licensees as well as the State of Nevada track inventory through the supply chain and help ensure that products are safe before they reach the end consumer. This extension will act as a one year bridge to allow the agency to go through a new RFP process.</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>Alternatives were not evaluated at this time. In 2017 Metrc was implemented in the State of Nevada. Metrc has been open about hearing our requests regarding system changes to help the State evolve with the cannabis industry and provide the necessary tools for us to regulate the activity.</i>				

Purchasing Use Only:	
Approval #:	2109030

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 #)		
	09.12.2017	06.30.2021	\$384,000	Set up under MJ Freeway subsequently changed to METRC. This contract is being used as a bridge to get through the RFP process.	RFP# 3205 Sole Source# 170707		

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>The CCB will be required to dedicate staff to developing, testing and standing up a new system. All CCB staff and Nevada cannabis establishment licensees will be required to receive training, adapt their business practices and modify their internal or contracted systems to meet the requirements of a new seed to sale tracking system.</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 current price is \$5,000 per month. They have changed their pricing model to be based on the number of active licenses in the system. Currently the State of Nevada has just under 800 active licenses. The pay scale this quote was provided on was based on a license range of 501-1000. A review of websites based on search engine results indicates that there is not another software system available that is an "off the shelf" product that can meet the needs of the Cannabis Compliance Board. Metrc does not charge based on regulatory users, but instead by active licenses in the system. This pricing structure enables the CCB to add as many regulatory users as needed without concerns of exceeding budget allowances. The current contract price of \$5,000 per month has been matched in the new quote. This extension will act as a one year bridge to allow the agency to go through a new RFP process.</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.				

#210403②

--	--

BLANK
PAGE

Purchasing Use Only:	
Approval #:	210403②

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.



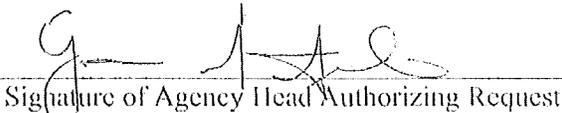
Agency Representative Initiating Request

Tiffany Day, Accounting Assistant III

2/23/21

Print Name of Agency Representative Initiating Request

Date



Signature of Agency Head Authorizing Request

Jason Giesler, Administrative Services Officer II

2/23/21

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.*

***TIN WAIVED - SEE ATTACHED EMAIL FROM D.AXTELL**
 Name of agency or entity who provided information or review:
DATED 04.27.21 *

Representative Providing Review

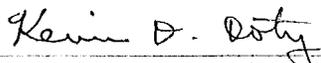
Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:



Administrator, Purchasing Division or Designee

4/27/21

Date

Cindy L. Stoeffler

From: Kevin D. Doty
Sent: Tuesday, April 27, 2021 12:18 PM
To: Jason Giesler
Cc: David Axtell; Morgan Canfield; Cindy L. Stoeffler
Subject: Re: TIN#258 / Emergency Purchase - Metrc

I have copied Cindy to see if there are any changes that need to be made to the solicitation waiver. They get posted online so we try to be careful with them.

Sent from my iPhone

On Apr 27, 2021, at 11:50 AM, Jason Giesler <jmgiesler@ccb.nv.gov> wrote:

Thanks all!

Kevin – I am assuming the solicitation waiver form will be coming back to me signed so I can upload into CETS?

Thank you,

Jason Giesler

Administrative Services Officer II
Nevada Cannabis Compliance Board
1550 College Parkway, Suite. 142
Carson City, NV 89706
Phone: 775-684-2071
Cell: 775-546-3245
E-Mail: JMGiesler@ccb.nv.gov
Web: <https://ccb.nv.gov/>

<image001.jpg>

This email contains the thoughts and opinions of the sender, and does not represent official Cannabis Compliance Board policy. This email may contain legally privileged and/or confidential information. If you are not the intended recipient(s), any dissemination, distribution or copying of this email message is strictly prohibited. If you have received this message in error, please immediately notify the sender and delete this email from your computer.

From: David Axtell <daxtell@admin.nv.gov>
Sent: Tuesday, April 27, 2021 10:17 AM
To: Kevin D. Doty <kddoty@admin.nv.gov>; Jason Giesler <jmgiesler@ccb.nv.gov>
Cc: Morgan Canfield <morgan@ccb.nv.gov>
Subject: Re: TIN#258 / Emergency Purchase - Metrc

* EITS TIN WAIVED

* You are good to go. Email me once it's in CETS and I'll apply EITS' approval (we're last in the chain before GFO).

-Ax (David Axtell)

From: "Kevin D. Doty" <kddoty@admin.nv.gov>
Date: Tuesday, April 27, 2021 at 09:47
To: Jason Giesler <jmgiesler@ccb.nv.gov>
Cc: Morgan Canfield <morgan@ccb.nv.gov>, David Axtell <daxtell@admin.nv.gov>
Subject: Re: TIN#258 / Emergency Purchase - Metrc

I sent it yesterday so I think we are good to go.

Sent from my iPhone

On Apr 27, 2021, at 9:22 AM, Jason Giesler <jmgiesler@ccb.nv.gov> wrote:

All we are waiting on is the email from Kevin correct?

Jason Giesler

Administrative Services Officer II
Nevada Cannabis Compliance Board
1550 College Parkway, Suite. 142
Carson City, NV 89706
Phone: 775-684-2071
Cell: 775-546-3245
E-Mail: JMGiesler@ccb.nv.gov
Web: <https://ccb.nv.gov/>

<image001.jpg>

This email contains the thoughts and opinions of the sender, and does not represent official Cannabis Compliance Board policy. This email may contain legally privileged and/or confidential information. If you are not the intended recipient(s), any dissemination, distribution or copying of this email message is strictly prohibited. If you have received this message in error, please immediately notify the sender and delete this email from your computer.

From: Morgan Canfield <morgan@ccb.nv.gov>
Sent: Tuesday, April 27, 2021 7:52 AM
To: Kevin D. Doty <kddoty@admin.nv.gov>; David Axtell <daxtell@admin.nv.gov>
Cc: Jason Giesler <jmgiesler@ccb.nv.gov>
Subject: TIN#258 / Emergency Purchase - Metrc

Please let me know if there is anything needed from me to get this completed – thank you!

Thank You,

Morgan Canfield – IT Manager II, ISO
State of Nevada – Cannabis Compliance Board
1550 College Parkway, Ste. 141, Carson City, NV 89706
T: 775 -684 -2068 E: morgan@ccb.nv.gov

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **24272**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	HARRIS MACKESSY & BRENNAN INC (HMB)
Agency Code:	300	Contractor Name:	HARRIS MACKESSY & BRENNAN INC (HMB)
Appropriation Unit:	2612-34	Address:	HMB INC
Is budget authority available?:	Yes	City/State/Zip:	WESTERVILLE, OH 43082
If "No" please explain:	Not Applicable	Contact/Phone:	JOHN MAMULA 614-881-1283
		Vendor No.:	PUR0005053A
		NV Business ID:	NV20101192150

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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	5.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	95.00 %	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 **07/01/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Grant Management**

5. Purpose of contract:

This is a new contract to provide software, including maintenance and support to manage and approve subgrantee budgets and requests for payment for federal and state grants.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$272,930.00**

Payment for services will be made at the rate of \$136,465.00 per Fiscal Year

II. JUSTIFICATION

7. What conditions require that this work be done?

The federal government requires SEA's to manage the finances associated with federal grants via a software solution.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This tool requires expert level software development expertise that the State of Nevada and the Nevada Department of Education do not possess.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):

HMB
MIDAS Education
HOTB Software
Catapult Systems

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #30DOE-S1433/HM, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/08/2021 Anticipated re-bid date: 01/01/2025

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:

6/5/12-6/30/20; Education; Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	bfarra2	04/19/2021 15:51:18 PM
Division Approval	bfarra2	04/19/2021 15:51:23 PM
Department Approval	bfarra2	04/19/2021 15:51:26 PM
Contract Manager Approval	bfarra2	04/19/2021 15:51:29 PM
EITS Approval	daxtel1	04/19/2021 21:19:58 PM
Budget Analyst Approval	mranki1	05/12/2021 10:09:35 AM
BOE Agenda Approval	hfield	05/12/2021 13:50:48 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: Heidi Haartz, Deputy Superintendent, NDE
Glenn Meyer, IT Manager, NDE
Dennis Roy, Project Manager, NDE

CC: David Haws, Administrator, EITS, DOA
David Axtell, Chief Enterprise Architect, EITS, DOA

FROM: Timothy Galluzi, Technology Investment Administrator, DOA, EITS

SUBJECT: TIN Review Completed – *NDE - ePAGE* – T271248

DATE: October 20th, 2020

We have completed the review for Nevada Department of Education (NDE) – *ePAGE* TIN.

The submitted TIN, for an estimated value of \$279,010, supports the replacement of an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

The agency has been using *ePAGE* since 2008. *ePAGE* is web-based software that is integral to managing the federal grant process at the NDE and across Nevada’s educational infrastructure. NDE, county school districts (LEAs) and other subgrantees use *ePAGE* for two purposes: submitting grant applications and requesting reimbursement. In a concurrent action, the agency is looking at a Consolidated Financial Management System (CFMS) that may envelop the *ePAGE* solution. The agency is going to RFP to solicit vendors for a potential replacement due to the September 8th, 2020 Board of Examiners guidance that the State would not approve of extensions going back 8-10 years.

EITS recommends that the agency works with SMART21 to see if there are any opportunities for collaboration or integrations.

The Office of Information Security recommends incorporating dual-factor authentication for solutions that are accessible from outside of SilverNet that hold sensitive data. It is understood that this solution will follow applicable 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: **24051**

Agency Name: NDE - DEPARTMENT OF EDUCATION Agency Code: 300 Appropriation Unit: 2697-11 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: NORTHWEST EVALUATION ASSOCIATION Contractor Name: NORTHWEST EVALUATION ASSOCIATION Address: 121 NW EVERETT ST City/State/Zip: PORTLAND, OR 97209-4049 Contact/Phone: REBECCA REYNOLDS 503-624-1951 Vendor No.: T27027751 NV Business ID: NV20071300623
--	--

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.

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 #: 300

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 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Assessment System**

5. Purpose of contract:

This is a new contract to provide ongoing delivery and support of a Read by Grade 3 Assessment System which includes elementary Reading Assessment that meets the student academic achievement needs, universal screening assessments, diagnostic assessments, progress monitoring assessments, and reporting system that provides immediate results to schools and teachers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,765,040.00**

Other basis for payment: Per itemized invoice of deliverables

II. JUSTIFICATION

7. What conditions require that this work be done?

The 2015 Legislature passed Senate Bill 391, the Nevada Read by Grade Three Act. This is a statewide Kindergarten through Third Grade Early Literacy Program. The Nevada Revised Statute (NRS) 388.157 supports this program and requires the reading assessment. This NRS is amended by Assembly Bill 289 passed by 2019 Legislature.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

In pursuant to RFP 30DOE-S1250, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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):

Amplify Education
Academy Global Learning
NWEA
Curriculum Associates

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Using specific criteria, this vendor was selected by a committee as the best equipped to complete the work NDE needs done.

d. Last bid date: 10/17/2020 Anticipated re-bid date: 10/01/2024

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 Nevada Department of Education 7/1/19-6/30/21, Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bfarra2	04/27/2021 13:08:57 PM
Division Approval	bfarra2	04/27/2021 13:09:00 PM
Department Approval	bfarra2	04/27/2021 13:09:03 PM
Contract Manager Approval	bfarra2	04/27/2021 13:09:07 PM
Budget Analyst Approval	mranki1	04/29/2021 08:55:44 AM
BOE Agenda Approval	hfield	04/29/2021 16:13:18 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: 19313	Amendment Number: 2
Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: Regents of the University of California DBA UCSC Silicon Valley
Agency Code: 300	Contractor Name: Regents of the University of California DBA UCSC Silicon Valley
Appropriation Unit: 2697-45	Address: UCSC Silicon Valley Campus 3175 Bowers Ave.
Is budget authority available?: Yes	City/State/Zip: Santa Clara, CA 95054
If "No" please explain: Not Applicable	Contact/Phone: Lynda M. Rogers, Ed.D. 408-450-4970
	Vendor No.: T29018364
	NV Business ID: Gov't Entity

To what State Fiscal Year(s) will the contract be charged? **2018-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	75.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	25.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2017**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **6 years and 229 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **SBAC Membership**

5. Purpose of contract:

This is the second amendment to the original interlocal agreement which provides the Smarter Balanced Complete Assessment System which includes summative, interim and formative assessments in English Language Arts and Mathematics for grades 3 through 8. This amendment extends the termination date from June 30, 2021 to June 30, 2024 and increases the maximum amount from \$9,454,690.80 to \$16,942,022.80 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,164,376.40	\$9,164,376.40	\$9,164,376.40	Yes - Action
a. Amendment 1:	\$290,314.40	\$290,314.40	\$290,314.40	Yes - Action
2. Amount of current amendment (#2):	\$7,487,332.00	\$7,487,332.00	\$7,487,332.00	Yes - Action
3. New maximum contract amount:	\$16,942,022.80			
and/or the termination date of the original contract has changed to:	06/30/2024			

II. JUSTIFICATION

7. What conditions require that this work be done?

In 2010 Nevada joined the Smarter Balanced Assessment Consortium (SBAC), a state led consortium working to develop assessments in line with the new standards. Nevada has worked with SBAC to develop new standards since 2010. This contract is necessary in order to obtain access to the Assessments that Nevada participated in developing as a Governing State within the consortium.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have access to the Assessments provided under this agreement. The Nevada Department of Education does not have the resources or expertise necessary to develop the computer adaptive assessment model.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 277.180 the agency has contracted with the Regents of the University of California, UCSC Silicon Valley Campus.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Education #16204 from 12/9/2014-7/1/2017 - 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 not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bfarra2	05/04/2021 12:20:04 PM
Division Approval	bfarra2	05/04/2021 12:20:08 PM
Department Approval	bfarra2	05/04/2021 12:20:14 PM
Contract Manager Approval	bfarra2	05/04/2021 12:20:19 PM

Budget Analyst Approval
BOE Agenda Approval

mranki1
hfield

05/12/2021 13:18:52 PM
05/12/2021 14:01:56 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24349**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: JENNIFER KALAS CONSULTING LLC
Agency Code: 300	Contractor Name: JENNIFER KALAS CONSULTING LLC
Appropriation Unit: 2709-21	Address: 11108 DESERT DOVE AVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89144
If "No" please explain: Not Applicable	Contact/Phone: JEMMFIFER KALAS 702/303-0189
	Vendor No.: T32006230
	NV Business ID: NV20171702723

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Child Care Quality**

5. Purpose of contract:

This is a new contract to provide ongoing Environment Rating Scales (ERS) anchor assessors for the Child Care and Development Program, Quality Rating and Improvement System. ERS are observational assessment tools used to evaluate the quality of early childhood classrooms at child care centers in Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,880,132.00**

Other basis for payment: Per Itemized Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

DWSS receives funding from the US Administration for Children & Families, Child Care and Development Fund (CCDF) and a minimum of 4% of CCDF funds must be used to enhance child care quality and availability.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the resources or expertise to perform these duties.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

West Ed
Jennifer Kalas Consulting
Tutor.com

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #30DOE-S1484, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/18/2021 Anticipated re-bid date: 07/01/2024

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:

1/1/24-6/30/21-Education-Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bfarra2	05/04/2021 11:59:12 AM
Division Approval	bfarra2	05/04/2021 11:59:15 AM
Department Approval	bfarra2	05/04/2021 11:59:18 AM
Contract Manager Approval	bfarra2	05/04/2021 11:59:23 AM
Budget Analyst Approval	mranki1	05/17/2021 13:50:47 PM
BOE Agenda Approval	cbrekken	05/17/2021 16:43:18 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: **24278**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	WASHOE COUNTY SCHOOL DISTRICT
Agency Code:	300	Contractor Name:	WASHOE COUNTY SCHOOL DISTRICT
Appropriation Unit:	2709-22	Address:	425 E 9TH ST
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89520
If "No" please explain:	Not Applicable	Contact/Phone:	LAUREN BELAUSTEGUI OHLIN 775/333-0254
		Vendor No.:	T40234300B
		NV Business ID:	GOV'T 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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date 06/2021

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: **Child Care Quality**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing Nevada Registry and the Nevada Early Learning Standards services for the Child Care and Development Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,026,540.00**

Other basis for payment: Per Itemized Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

In order to stay in compliance with our Sub-Award with DWSS for the CCDF funds that we receive to help to enhance child care quality.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform these duties.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

In Accordance with NRS 277.180 the agency has contracted with the Washoe County School District.

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:

Current-Education-Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bfarra2	04/21/2021 08:30:12 AM
Division Approval	bfarra2	04/21/2021 08:30:15 AM
Department Approval	bfarra2	04/21/2021 08:30:18 AM
Contract Manager Approval	bfarra2	04/21/2021 08:30:23 AM
Budget Analyst Approval	mranki1	04/28/2021 10:01:11 AM
BOE Agenda Approval	hfield	04/29/2021 15:52:27 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **24269**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	AMERICAN INSTITUTES FOR RESEARCH
Agency Code:	300	Contractor Name:	AMERICAN INSTITUTES FOR RESEARCH
Appropriation Unit:	2712-46	Address:	1400 CRYSTAL DRIVE, 10TH FLOOR
Is budget authority available?:	Yes	City/State/Zip:	ARLINGTON, VA 22202
If "No" please explain:	Not Applicable	Contact/Phone:	HUGH MILLIGAN 202-403-5000
		Vendor No.:	T81077847A
		NV Business ID:	NV20121141774

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/30/2024**Contract term: **3 years and 152 days**4. Type of contract: **Contract**Contract description: **ACCESS WEII-RND GRNT**

5. Purpose of contract:

This is a new contract to provide an annual evaluation and report on the Expanding Access to Well-Rounded Courses grant programs which provide access to career and technology, advanced placement and work based learning courses and opportunities to rural high school students.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$225,332.62**

Other basis for payment: Per Itemized Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Part of the requirements for continuation of this federal grant from US Department of Education is to complete a program evaluation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NV Department of Education does not employ personnel for evaluation work. Additionally, the program requires an unbiased external evaluator for these reports.

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):

The Leading Edge Group
Metiri Group
American Institutes for Research

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #30DOE-S1429 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/16/2021 Anticipated re-bid date: 02/01/2024

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Current-Education-Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	bfarra2	04/19/2021 13:57:38 PM
Division Approval	bfarra2	04/19/2021 13:57:42 PM
Department Approval	bfarra2	04/19/2021 13:57:45 PM
Contract Manager Approval	bfarra2	04/23/2021 07:42:03 AM
Budget Analyst Approval	mranki1	05/12/2021 08:06:14 AM
BOE Agenda Approval	hfield	05/12/2021 13:06:09 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24319**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: NEPRIS INC.
Agency Code: 300	Contractor Name: NEPRIS INC.
Appropriation Unit: 2712-36	Address: 10611 GLASS MOUNTAIN TRAIL
Is budget authority available?: Yes	City/State/Zip: AUSTIN, TX 78750
If "No" please explain: Not Applicable	Contact/Phone: MARK FRY 940-489-2547
	Vendor No.: PENDING
	NV Business ID: PENDING

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **1 year and 29 days**

4. Type of contract: **Contract**

Contract description: **Provide Website**

5. Purpose of contract:

This is a new contract to provide a cloud-based platform that will allow staff and students to connect with businesses and universities for work-based learning.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$564,900.00**

Other basis for payment: Per Itemized Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Federally approved Expanding Access to Well-Rounded Coursework grant requires this activity to be implemented.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There is not IT capacity within the agency or expertise to build out a website that contains the resources and information needed.

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 #: 210304

Approval Date: 03/30/2021

c. Why was this contractor chosen in preference to other?

Sole Source Waiver

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bfarra2	05/04/2021 12:29:07 PM
Division Approval	bfarra2	05/04/2021 12:29:11 PM
Department Approval	bfarra2	05/04/2021 12:29:14 PM
Contract Manager Approval	bfarra2	05/04/2021 12:29:31 PM
EITS Approval	daxtel1	05/04/2021 17:44:49 PM
Budget Analyst Approval	mranki1	05/17/2021 15:45:37 PM
BOE Agenda Approval	cbrekken	05/17/2021 16:24:16 PM
BOE Final Approval	Pending	



#210304 @

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

la	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency Name: <i>Education</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Maria Sauter</i>	<i>775-687-9248</i>	<i>msauter@doe.nv.gov</i>

lb	Vendor Information:	
	Identify Vendor:	<i>Nepris, Inc</i>
	Contact Name:	<i>Thomas McMullen</i>
	Complete Address:	<i>10611 Glass Mountain Trail, Austin, TX 78750</i>
	Telephone Number:	<i>424-282-0277</i>
Email Address:	<i>Thomas@nepris.com</i>	

le	Type of Waiver Requested - Check the appropriate type:	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	<input type="checkbox"/>

ld	Contract Information:		
	Is this a new Contract?	Yes	<input checked="" type="checkbox"/> No
	Amendment:	#	
	CETS:	#	

le	Term:	
	One (1) Time Purchase:	<input type="checkbox"/>
	Contract:	Start Date: <i>5/15/2021</i> End Date: <i>5/15/23 (possible 2-year ext)</i>

lf	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	<i>100% federal grant</i>
	Other (Explain):	

* Resubmission:
03/23/21 - 7:30 am *

Purchasing Use Only:

Approval#: 2103040

1 **Total Estimated Value of this Service Contract, Amendment or Purchase:** Yr 1+2 = \$1,130,000.00
\$565,000 annually for 2 years with a proposed 3- and 4-year extension to
contract at \$200,000 each additional year. Yr 3 = \$1,330,000.00 Yr 4 = \$1,530,000.00
total possible 4 year contract, not to exceed \$1,530,000.00.

2 **Provide a description of work/services to be performed or commodity/good to be purchased:**
A description of the need is purchasing a subscription to a cloud-based website that will provide virtual work-based learning opportunities including the following services:

- School/district access to career professionals from across the nation and State
- Video library of interviews and tours of professionals and their workspace
- Virtual campus tours of colleges in-state and out of state
- On-demand live interviews with professionals from a variety of high-paying, in-demand careers
- Assistance with work-force development such as mock-interviews, resume reviews, etc.

This work is currently being provided by Nepris in Oregon, Hawaii and Arkansas.

3 **What are the unique features/qualifications required for this service or good that are not available from any other vendor:**
Nepris is a cloud-based website that connects teachers with industry professionals to virtually interact with students to bring abstract lessons to life, mentor students on class projects, evaluate student work, provide insight into a day in the life of a professional and offer virtual work-based learning experiences. Nepris makes it easy for teachers to leverage industry connections to bring real world knowledge and skills to students, while providing a reliable platform for companies to easily and effectively engage their employees with schools to help build their future workforce.

Nepris also provides regional and statewide intermediaries like the workforce development, chambers of commerce, economic development and STEM hubs an easy to use, scalable site to bring K12, community colleges, higher education and regional employers together to communicate and collaborate effectively.

Nepris currently works in other states including, Oregon, Hawaii and Arkansas.

4	<p>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</p> <p>The funding that is supporting this contract is to provide virtual work-based learning experiences for high school students across the state. Other companies provide professional development for instructors, base collaboration sites to build upon or a video library of careers or are specific supports for a state, not national. Nepris provides a completed website with live interactions and the business/community connection that will strengthen students career pathway choices.</p> <p>After much research, there is no other company or service that provides the following:</p> <ul style="list-style-type: none"> • Live <u>industry</u> chats- regional, national and global companies and higher education institutions to offer live chats on topics that are relevant to curriculum, career pathways, college and career readiness. • <u>Request</u> custom live sessions - Teachers also have the option to search the database of 35,000 industry professionals and request custom live industry interactions for their students. • <u>12,000+ recorded videos</u>- These videos cover over 250 careers across all 16 CTE career clusters. • <u>Virtual Mock Interviews</u> -Virtual mock interviews provide students the unique opportunity to practice interviewing skills with real professionals. • <u>Virtual tours of workspaces & colleges</u>- provide students that don't have the chance to visit in-person an opportunity to ask questions and be exposed to various campuses. • <u>Review of Resumes</u> - High School students can get help from industry professionals to review their first resumes. • <u>Virtual Internship and Job Shadow</u>- virtual work-based learning experiences (e.g., internships, job shadow etc.) to support pathway certification requirements. • <u>Allow local intermediaries to join the website</u> – local universities, chambers and other community organizations can become a part of the website library.
---	--

5	<p>Were alternative services or commodities evaluated? Check One. Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> </p> <p>a. If <u>yes</u>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities, and compatibility.</p> <p>Workforce Innovation Technical Assistance Center -Provides many resources for transition to work, job-shadowing, etc. However, it is not geared toward high school students, it is for adults entering employment.</p> <p>Connect Ed-Is an exceptional work-based teaming program. However, it is not designed for distance learning or to connect business with students remotely. It is to redesign the school curriculum to build work force initiatives.</p> <p>GPS Educational Partners - Excellent resource for closing the skills gap between industry and talent development. However, this is a program the students must enroll in or it provides training to teachers to model the curriculum in the classroom.</p> <p>MindSpark Learning-Focus on STEM student engagement and how to transform classrooms into a work-based learning environment.</p> <p>Edmodo – A platform for info or class sharing among teachers and students.</p> <p>Declar – social learning and collaboration platform.</p> <p>Schoolology – learning platform and social networking service.</p> <p>Aula – learning platform that allows students and teachers to interact, post messages, etc.</p> <p>Eliadermy – an e-learning platform for teachers to design, share and create online courses.</p> <p>b. If <u>not</u>, why were alternatives not evaluated?</p>
---	--

Purchasing Use Only:

Approval#:

#210304 @

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.			Yes:		No:	X
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:						
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)		
			\$				
			\$				
			\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	The consequence to this request not being approved is a delay in these services being available to high school students this spring. Nepris is able to give access to supports quickly after a contract is available and agreed upon. The timeline is to have this site available this spring so school/teachers/students can be trained and gain access to the services offered before students graduate or school closes for the summer. Then students can access over the summer and teachers can plan to integrate into their curriculum next fall.

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?
	Our team reached out to and discussed this with OWINN (Office of Workforce Innovations), OSIT (Office of STEM, Innovation and Technology), Desert Research Institute, Office of Industry Development, local school districts, and offices within the Department of Education to assess if there are any sites in use that offer these services. From this outreach, there is none known. While there is no other company found that can provide these exact services, the price is reasonable based on research for similar state initiatives that will produce the same outcome and similar services provided in other states. NDE is also planning on leveraging other special project federal funding, NDE grants, or State dollars to aid with future expansion and sustainability once these specific grant funds expire.

9	Will this purchase obligate the State to this vendor for future purchases?	Yes:	X	No:	X
	<i>Please review information included on Pg. 2, Section 9 of instructions</i>				
	a. If yes, please provide details regarding future obligations or needs. If the agency receives additional funding after 9/30/23, the agency may request additional				

#210304@

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.

____ Initiating Request

Seng-Dao Yang Keo, Director of the Office of Student and School Supports

December 2, 2020

Print Name of Agency Representative Initiating Request

Date


Signature of Agency Head Authorizing Request

Jonathan Moore, Deputy Superintendent for Student Achievement
Print Name of Agency Head Authorizing Request

12/3/2020
Date

PLEASE NOTE: *In an effort to avoid possible conflict with any equipment, system or process already installed in place by the State of Nevada to assist in our due diligence, State Purchasing may solicit a Review of your request from another agency entity. The signature below indicates another agency entity has 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:

* Note: Agency must include copy of TIN approval
as an attachment in CETS* (1)
Representative Providing Review

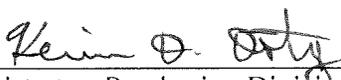
Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners(BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:


Administrator, Purchasing Division or Designee

3/30/21
Date

Steve Sisolak
Governor



Laura E. Freed
Director
Colleen Murphy
Deputy Director
Alan Cunningham
State Chief Information Officer

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: Maria Sauter, Education Program Professional, DOE
Glenn Meyer, IT Manager, DOE
Heidi Haartz, Deputy Superintendent, DOE
Seng-Dao Keo, Director OSSS, DOE

CC: Alan Cunningham, State CIO, EITS, DOA
Tim Galluzi, Administrator, EITS, DOA
Robert W. Dehnhardt, State Chief Information Security Officer, EITS, DOA

FROM: David Axtell, Chief Enterprise Architect, EITS, DOA

SUBJECT: TIN Review Completed – DOE – 220 – Nepris – BA2712 Update-b

DATE: March 19, 2021

We have completed the review of DOE's – *Nepris* TIN-220 Update-b.

The submitted TIN, for an estimated increase from \$94,000 to \$565,000 this biennium and from \$141,000 to \$565,000 in the next biennium (still 100% Federal Grant funding) for a sole source cloud-based platform that connects teachers with industry professionals to virtually interact with students to bring abstract lessons to life, mentor students on class projects, evaluate student work, provide insight into a day in the life of a professional and offer virtual work-based learning experiences.

It is expected that this solution will continue to follow all state security standards and policies.

If there are to be any changes to enterprise services, including: network, server, telecom etc. please notify EITS as soon as possible.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24367**

Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: IDENTITY AUTOMATION
Agency Code: 300	Contractor Name: IDENTITY AUTOMATION
Appropriation Unit: 2716-56	Address: 7102 N. SAM HOUSTON PARKWAY W SUITE 300
Is budget authority available?: Yes	City/State/Zip: HOUSTON, TX 77064
If "No" please explain: Not Applicable	Contact/Phone: QUANG NGUYEN 281-721-4751
	Vendor No.: PENDING
	NV Business ID: PENDING

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/28/2024**

Contract term: **2 years and 242 days**

4. Type of contract: **Contract**

Contract description: **Identity Access Mgmt**

5. Purpose of contract:

This is a new contract to provide a new identity and access management security system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,600,000.00**

Other basis for payment: Per Itemized Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

These are requirements of the 2019 SLDS awarded to the Department. The new IAM security solution is necessary as the Department's security system was built in 2006 and has not been updated since. This upgrade will enable a much higher level of system security while allowing for greater access to Department information.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This solution is a highly complex Identity and Access Management solution. The vendor was selected through the RFP process and this is a proprietary product. It is only available through this vendor and supported by this vendor. The grant was awarded based on the expectation the Department would hire a qualified vendor to implement such a solution.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Fischer Identity
Deloitte
AET

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #30DOE-S1482, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/24/2021 Anticipated re-bid date: 01/01/2024

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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	bfarra2	05/05/2021 14:59:21 PM
Division Approval	bfarra2	05/05/2021 14:59:23 PM
Department Approval	bfarra2	05/05/2021 14:59:27 PM
Contract Manager Approval	bfarra2	05/05/2021 14:59:30 PM
EITS Approval	daxtel1	05/05/2021 15:50:37 PM
Budget Analyst Approval	mranki1	05/11/2021 13:52:52 PM
BOE Agenda Approval	hfield	05/13/2021 09:08:07 AM
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: Peter Zutz, Administrator, ADAM, NDE
Glenn Meyer, ITM 2, NDE
Susie King, Fiscal Grant Analyst, NDE

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 – NDE - *SLDS Grant* – T2616132

DATE: Aug 21st, 2020

We have completed the review for Nevada Department of Education (NDE) – *SLDS Grant* TIN.

The submitted TIN, for an estimated value of \$3,499,913, supports replacement of an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

This investment will serve to replace the existing NDE Authentication system, implement the Ed-Fi ODS and create an automated solution for EDFACTS reporting. The agency reports that the current security/authentication solution in place at the agency no longer provides the elements and functionality required to scale secure user access to educational data sets.

The agency also reports that when completed, the Ed-Fi implementation, connection to IC using the API to populate the ODS and then linking the ODS to Generate will create an end to end federal reporting system based on Common Education Standards and supported with industry maintained code. This implementation can serve as a model for other states to implement an interoperable system that is built on industry standards and maintained by a consortium of states.

If there are to be any changes to enterprise services, including: network, server, telecom etc. please notify EITS as soon as possible.

The agency indicated that they would be interested in a pre and post implementation review from the Office of Information Security (OIS). Please reach out to OIS to plan for the reviews.

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: 15748	Amendment Number: 5	
Agency Name: NDE - DEPARTMENT OF EDUCATION	Legal Entity Name: OTIS EDUCATIONAL SYSTEMS INC	
Agency Code: 300	Contractor Name: OTIS EDUCATIONAL SYSTEMS INC	
Appropriation Unit: 2716-27	Address: 3845 POWDER SPRINGS RD STE 202	
Is budget authority available?: Yes	City/State/Zip: POWDER SPRINGS, GA 30127	
If "No" please explain: Not Applicable	Contact/Phone: 678/613-3510	
	Vendor No.: T29001575	
	NV Business ID: NV20041429722	

To what State Fiscal Year(s) will the contract be charged? **2014-2023**

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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/10/2014**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **9 years and 22 days**

4. Type of contract: **Contract**

Contract description: **Maintenance Service**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides ongoing hardware and software maintenance services and operational support for the Student Accountability Information System and the Nevada Statewide Longitudinal Data System. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$1,653,450 to \$2,018,364 for ongoing licensing, maintenance and support.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$187,000.00	\$187,000.00	\$187,000.00	Yes - Action
a. Amendment 1:	\$374,000.00	\$374,000.00	\$374,000.00	Yes - Action
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$748,000.00	\$748,000.00	\$748,000.00	Yes - Action
d. Amendment 4:	\$344,450.00	\$344,450.00	\$344,450.00	Yes - Action
2. Amount of current amendment (#5):	\$364,914.00	\$364,914.00	\$364,914.00	Yes - Action
3. New maximum contract amount:	\$2,018,364.00			
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?

Otis Ed is the original contracted developer of the SLDS. Otis Ed is best skilled and positioned to continue to provide maintenance and support for the existing NDE system. Otis Ed is offering licensing support and maintenance services as it continues to extend its service and product offering across the county. The Otis Ed system in place at the Department requires daily maintenance, monitoring and occasional upgrades. Much of this work can only be performed by a qualified Otis Ed technical resource. In addition to routine maintenance, Otis Ed assists the Department in resolving complex database issues and maintaining the data schema. This work is required to maintain the Student Accountability Information Network assure its continuity.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The daily monitoring and operational duties are currently being performed by NDE and EITS staff. However, due to the loss of knowledge and increase in demand for data services the current staff is insufficient to meet the need. This contract will supplement some of the operational duties as well as enhance some primary applications required for future development of the SLDS. The new maintenance services will ensure the smooth running of the SAIN environment within the NDE, and provide reliable and auditable information to the State. The benefits of these services will enable the NDE to continue to extend the "MSA" for the SLDS to make it relevant to current needs and serve the educational community in the State.

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?

SAIN/SLDS system was developed and is supported by the vendor.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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:

Otis Educational Systems, Inc. (hereafter "Otis Ed") has been providing services to Nevada Department of Education for over 10 years and the Department has been very satisfied with their services They have assisted the Department in building the State Longitudinal Data System (SLDS).

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	bfarra2	05/10/2021 10:36:53 AM
Division Approval	bfarra2	05/10/2021 10:37:00 AM
Department Approval	bfarra2	05/10/2021 10:37:07 AM
Contract Manager Approval	bfarra2	05/10/2021 10:37:14 AM
Budget Analyst Approval	mranki1	05/11/2021 14:25:19 PM
BOE Agenda Approval	hfield	05/12/2021 16:17:05 PM



**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 #:	3800

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information – Note: Approved copy will be sent to only the contact(s) listed		
	below: State Agency Name: Nevada Department of Education		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Peter Zutz, Administrator</i>	<i>(775) 687-9166</i>	<i>pzutz@doe.nv.gov</i>
	<i>Glenn Meyer, IT Manager I</i>	<i>(775) 687-9126</i>	<i>gmeyer@doe.nv.gov</i>
	<i>Nancy Martineau, Admin Assist III, CCM</i>	<i>(775) 687-9136</i>	<i>nmartineau@doe.nv.gov</i>

2	Contractor Information:	
	Contractor:	<i>Otis Education Systems, Inc.</i>
	Contact Name:	<i>Kenneth Friedli</i>
	Complete Address:	<i>125 Townpark Drive, Suite 300, Kennesaw, Georgia 30144-3231</i>
	Phone Number:	<i>(703) 966-5669</i>
Email Address:	<i>ken.friedli@otised.com</i>	

3	List <u>all previous</u> Contract Information:			
	Solicitation Type, if applicable:	<i>Exempt</i>	#:	<i>N/A</i>
	CETS #:	<i>#15748</i>		
	Contract Amount:	<i>\$1,653,450.00</i>		
Contract Term:	Start Date:	<i>6/10/2014</i>	End Date:	<i>June 30, 2021</i>

Purchasing Use Only:	
Approval #:	380 @

Current Contract Information:				
Solicitation Type, if applicable:			#:	
4	CETS #:	#15748		
	Initial Contract Amount:	\$364,914.00		
	Contract Term:	Start Date:	6.10.2014	End Date: 6.30.2021

Amendment Information – List <u>all previously</u> approved amendments:			
<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
5	#1 <i>To increase the maximum contract amount for ongoing hardware and software maintenance services, and operating support of the Student Accountability Information Network (SAIN) and Statewide Longitudinal Data System (SLDS).</i>	\$374,000.00 <i>(new contract amount \$561,000.00)</i>	6/30/17
	#2 <i>To extend the termination date for ongoing maintenance services and support.</i>	\$0.00	6/30/19
	#3 <i>To increase the maximum contract amount for maintenance services and extend the termination date.</i>	\$748,000.00 <i>(new contract amount \$1,309,000.00)</i>	6/30/21
	#4 <i>To increase maximum amount for ongoing hardware and software maintenance services, and operational support of the Student Accountability Information System of the Nevada Statewide Longitudinal Data System (SLDS)</i>	\$344,450.00 <i>(new contract amount \$1,653,450.00)</i>	N/A

<u>Proposed</u> Amendment Information:			
<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
6	5 <i>To extend the termination date for ongoing maintenance services and support.</i>	\$364,914.00 <i>(new contract amount \$2,018,364.00)</i>	6/30/23

What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?	
7	This vendor is needed to continue their work uninterrupted while the Department goes out to RFP in 2022. The vendor selected in the RFP process will have a contract start of mid-2023.

Although the SAIN system is built on a standard database platform (MS SQL) the solution is a complex series of application code and stored procedures that combine to create the longitudinal structure of the system and the ability to collect data from multiple sources and normalize that data based on procedures created and supported by Otis Ed.

Otis Ed has also enhanced the product over the last ten years and developed additional functionality. The only way to take advantage of these upgrades and implement the additional modules is through Otis Ed. Contracting with this vendor also enrolls NDE in the I-Mart Association which gives NDE access to resources that use the product in other states and districts, access to the I-Mart User Portal and invitations to the I-Mart Users Conferences. Putting this project out to bid would result in replacing the current Otis Ed system and implementing a new solution. The costs associated with implementing a new solution would greatly exceed the costs required to have Otis Ed continue to maintain or enhance the current application.

What are the potential consequences to the State if the contract extension request is denied?

For the next two years the Department would not have required system pre-work completed for the SLDS grant RFP (RFP 30DOE-S1482 – Identity Access Management that opened on 4/13/2021). The Department would not be able to implement the solutions selected in the RFP.

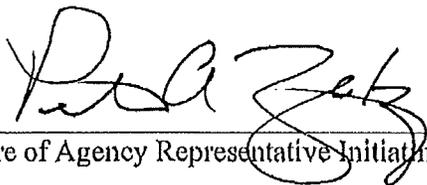
Outside vendors will not be able to enhance the product without altering the base code. If the base code is altered that will complicate or possibly eliminate the ability to update to newer versions of the product. Otis Ed is the only vendor that has created the additional modules that “snap in” to their base product set. If another vendor is chosen, they could potentially maintain the system in its current state but any changes to the schema would jeopardize the NDE’s ability to continue with the Otis Ed product set.

Competitive vendors do not have the relationships with current I-Mart customers and therefore do not have access to the resources available through those contacts. The ability to collaborate with other I-Mart customers provides the ability to produce a more robust product and a partnership with Otis Ed will allow the NDE to have input in future development of the system. These advantages cannot be offered by a third-party vendor.

Purchasing Use Only:

Approval #: 380 @

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct.



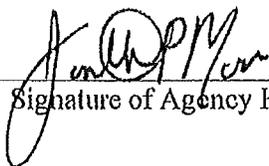
Signature of Agency Representative Initiating Request

Peter Zutz, ADAM Administrator

Print Name of Agency Representative Initiating Request

5/3/2021

Date



Signature of Agency Head Authorizing Request

Jonathan Moore, Deputy Superintendent for Student Achievement

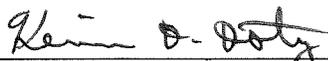
Print Name of Agency Head Authorizing Request

5/3/2021

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Signed:



Administrator, Purchasing Division or Designee

5/4/21

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: **24133**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	BOARD OF REGENTS-NSHE ON BEHALF OF NEVADA STATE COLLEGE
Agency Code:	300	Contractor Name:	BOARD OF REGENTS-NSHE ON BEHALF OF NEVADA STATE COLLEGE
Appropriation Unit:	2721-43	Address:	1300 NEVADA STATE DR
Is budget authority available?:	Yes	City/State/Zip:	HENDERSON, NV 89002
If "No" please explain:	Not Applicable	Contact/Phone:	KEVIN BUTLER 702-992-2312
		Vendor No.:	D35000823
		NV Business ID:	N/A

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/15/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **Yes**

If "Yes", please explain

Contract indirect cost rate had to be renegotiated due to rejection by the Governor's Finance Office and work was already planned to start May 15th.

3. Termination Date: **04/14/2025**

Contract term: **3 years and 335 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Build Workforce**

5. Purpose of contract:

This is a new interlocal agreement to provide student recruitment, retention and re-specialization of specialized instructional support personnel to increase the workforce pipeline.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$656,862.68**

Other basis for payment: Per Itemized Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Receipt of School Based Mental Health Services grant from the US Department of Education to work with NSHE and LEAs to increase the school mental health workforce pipeline.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Instruction and support to be conducted by higher education systems for the advancement of knowledge acquisition, credentials and the advancement of college careers.

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?

In Accordance with NRS 277.180 the agency has contracted with the Board of Regents, Nevada State College

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

18.8%

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?

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	bfarra2	05/04/2021 08:39:41 AM
Division Approval	bfarra2	05/04/2021 08:39:43 AM
Department Approval	bfarra2	05/04/2021 08:39:46 AM
Contract Manager Approval	bfarra2	05/04/2021 08:39:50 AM
Budget Analyst Approval	mranki1	05/10/2021 16:03:59 PM
BOE Agenda Approval	hfield	05/13/2021 09:25:42 AM
BOE Final Approval	Pending	

Steve Sisolak
Governor

Jhone M. Ebert
Superintendent of Public
Instruction



Southern Nevada Office
2080 East Flamingo Rd,
Suite 210
Las Vegas, Nevada 89119-0811
(702) 486-6458
Fax: (702) 486-6450

STATE OF NEVADA
DEPARTMENT OF EDUCATION
700 E. Fifth Street | Carson City, Nevada 89701-5096
Phone: (775) 687-9200 | www.doe.nv.gov | Fax: (775) 687-9101

April 30, 2021

MEMORANDUM

TO: Susan Brown
Clerk of the Board of Examiners
Governor's Finance Office – Budget Division

THROUGH: Catherine Bartlett
Executive Budget Officer 2, Governor's Finance Office – Budget Division

FROM: Heidi Haartz *Heidi K. Haartz*
Deputy Superintendent, Business and Support Services

SUBJECT: Request for Retroactive Contract with Nevada State College

This memorandum serves as a request for retroactive approval to May 15, 2021 for the contract with Nevada State College (NSC). The Nevada Department of Education (NDE) had previously submitted this contract for BOE approval on April 5, 2021 for the May 11 meeting. It was returned because the NSC Indirect Cost Rate (ICR) did not match the All-Agency Memo dated August 28, 2017. This has since been corrected. To avoid this error from happening again, NDE will inform all future and current contractors of this requirement so that this will not occur again.

We appreciate your consideration in this matter.

CC: Jhone M. Ebert, Superintendent of Public Instruction
CC: Felicia Gonzales, Deputy Superintendent of Educator Effectiveness & Family Engagement
CC: Christine McGill, Director of the Office for a Safe and Respectful Learning Environment

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24125**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	BOARD OF REGENTS-NSHE ON BEHALF OF UNLV
Agency Code:	300	Contractor Name:	BOARD OF REGENTS-NSHE ON BEHALF OF UNLV
Appropriation Unit:	2721-43	Address:	4505 S MARYLAND PKWY BOX 453014
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89154-3014
If "No" please explain:	Not Applicable	Contact/Phone:	CHRISTINA REYMAN 702-895-2948
		Vendor No.:	D35000813B
		NV Business ID:	N/A

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/15/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **Yes**

If "Yes", please explain

See attached Memo

3. Termination Date: **04/14/2025**

Contract term: **3 years and 335 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Build workforce**

5. Purpose of contract:

This is a new interlocal agreement to provide recruitment, retention and re-specialization of specialized instructional support personnel to increase the workforce pipeline.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,372,246.00**

Other basis for payment: Per Itemized Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

Receipt of School Based Mental Health Services grant from the US Department of Education to work with NSHE and LEAs to increase the school mental health workforce pipeline.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Instruction and support to be conducted by higher education systems for the advancement of knowledge acquisition, credentials and the advancement of college careers.

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?

In Accordance with NRS 277.180 the agency has contracted with the Board of Regents, Nevada System of Higher Education (NSHE) on behalf of the University of Nevada, Las Vegas

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

18.8%

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:

Nevada Department of Education-Satisfactory 2020, 2019, 2018, 2017, etc.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bfarra2	05/04/2021 08:41:50 AM
Division Approval	bfarra2	05/04/2021 08:41:53 AM
Department Approval	bfarra2	05/04/2021 08:41:57 AM
Contract Manager Approval	bfarra2	05/04/2021 08:42:03 AM
Budget Analyst Approval	mranki1	05/10/2021 16:03:16 PM
BOE Agenda Approval	hfield	05/13/2021 09:44:27 AM
BOE Final Approval	Pending	

Steve Sisolak
Governor

Jhone M. Ebert
Superintendent of Public
Instruction



Southern Nevada Office
2080 East Flamingo Rd,
Suite 210
Las Vegas, Nevada 89119-0811
(702) 486-6458
Fax: (702) 486-6450

STATE OF NEVADA
DEPARTMENT OF EDUCATION
700 E. Fifth Street | Carson City, Nevada 89701-5096
Phone: (775) 687-9200 | www.doe.nv.gov | Fax: (775) 687-9101

April 30, 2021

MEMORANDUM

TO: Susan Brown
Clerk of the Board of Examiners
Governor's Finance Office – Budget Division

THROUGH: Catherine Bartlett
Executive Budget Officer 2, Governor's Finance Office – Budget Division

FROM: Heidi Haartz *Heidi Haartz*
Deputy Superintendent, Business and Support Services

SUBJECT: Request for Retroactive Contract with the University of Nevada – Las Vegas

This memorandum serves as a request for retroactive approval to May 15, 2021 for the contract with the University of Nevada – Las Vegas. The Nevada Department of Education (NDE) had previously submitted this contract for BOE approval on April 5, 2021 for the May 11 meeting. It was returned because the UNLV Indirect Cost Rate (ICR) did not match the All-Agency Memo dated August 28, 2017. This has since been corrected. To avoid this error from happening again, NDE will inform all future and current contractors of this requirement so that this will not occur again.

We appreciate your consideration in this matter.

CC: Jhone M. Ebert, Superintendent of Public Instruction
CC: Felicia Gonzales, Deputy Superintendent of Educator Effectiveness & Family Engagement
CC: Christine McGill, Director of the Office for a Safe and Respectful Learning Environment

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: **24120**

Agency Name:	STATE PUBLIC CHARTER SCHOOL AUTHORITY	Legal Entity Name:	INFINITE CAMPUS INC
Agency Code:	315	Contractor Name:	INFINITE CAMPUS INC
Appropriation Unit:	2711-26	Address:	4321 109th Avenue Northeast
Is budget authority available?:	Yes	City/State/Zip:	Blaine, MN 55449
If "No" please explain:	Not Applicable	Contact/Phone:	Stephanie Svoboda 651/631-0000
		Vendor No.:	T29032839A
		NV Business ID:	NV20121635586

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 %	X	Fees	100.00 % Sponsorship Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2025**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Student Info System**

5. Purpose of contract:

This is a new contract to provide ongoing service for a student information system for statewide data collection and data management.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,909,842.00**

Other basis for payment: In accordance with Attachment CC of the contract

II. JUSTIFICATION

7. What conditions require that this work be done?

According to NRS 385A.810, the Superintendent of Public Instruction has the authority to dictate the information systems used to collect and report state required data fields for the Student Accountability Information Network. The Superintendent has selected the Infinite Campus product as the state standard. The SPCSA must use this system for its sponsored charter schools.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Student Information Systems are highly specialized software systems used by all Nevada school districts and charter schools. The State does not have the expertise to write and maintain the software. Further, pursuant to NRS 385A.810, a non-state owned system was selected for use by all public schools.

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 385A.810

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 been under contract with both the SPCSA and the Department of Education for several years. Services are satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ablackwe	05/04/2021 16:02:28 PM
Division Approval	ablackwe	05/04/2021 16:02:31 PM
Department Approval	jbauer	05/04/2021 16:05:03 PM
Contract Manager Approval	nhardema	05/04/2021 16:07:13 PM
EITS Approval	daxtel1	05/11/2021 15:36:23 PM
Budget Analyst Approval	dbaughn	05/12/2021 08:36:20 AM
BOE Agenda Approval	hfield	05/12/2021 12:51:53 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 CONTRACT1. Contract Number: **24029**

Agency Name:	STATE PUBLIC CHARTER SCHOOL AUTHORITY	Legal Entity Name:	SHOUTPOINT INC
Agency Code:	315	Contractor Name:	SHOUTPOINT INC
Appropriation Unit:	2711-26	Address:	895 DOVE ST STE 300
Is budget authority available?:	Yes	City/State/Zip:	NEWPORT BEACH, CA 92660-2996
If "No" please explain:	Not Applicable	Contact/Phone:	Emily Brown 877-746-8878
		Vendor No.:	T27036162
		NV Business ID:	NV20151197683

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 %	X	Fees	100.00 % Sponsorship Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2025**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Shoutpoint**

5. Purpose of contract:

This is a new contract to provide ongoing services for an interconnected Voice over Internet Protocol solution for emergency notification.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$372,382.00**

Payment for services will be made at the rate of \$345.00 per 300 students, per year

II. JUSTIFICATION

7. What conditions require that this work be done?

This product is an add-on service provided by Shoutpoint to Infinite Campus, which is the student information system required to be used by districts and charter schools per NRS 385A.810. This add-on product allows the state-sponsored charter schools to use the personal data stored within Infinite Campus to auto-dial parents in case of emergency, snow delay, crisis response matter, etc.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State Superintendent of Public Instruction has deemed Infinite Campus the student information system for state public schools. This product is the only one authorized to work within the student information system, Infinite Campus; which is required to be used by districts and charter schools per NRS 385A.810. Without this system, state employees would be required to dial thousands of phone numbers to disseminate information; this is not an efficient use of state employee time.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 #: 210301

Approval Date: 03/09/2021

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The agency has been using services from this vendor since July 1, 2015 and services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ablackwe	05/05/2021 11:50:04 AM
Division Approval	ablackwe	05/05/2021 11:50:08 AM
Department Approval	jbauer	05/05/2021 11:53:19 AM
Contract Manager Approval	jbauer	05/05/2021 11:53:22 AM
Budget Analyst Approval	dbaughn	05/11/2021 14:59:54 PM
BOE Agenda Approval	hfield	05/12/2021 15:16:01 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#:	210301

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency Name:	State Public Charter School	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Jessica Llamas-Gutierrez	775-687-9170	jessicallamas@spsca.nv.gov

1b	Vendor Information:	
	Identify Vendor:	Shoutpoint, Inc.
	Contact Name:	Emily Brown
	Complete Address:	895 Dove Street, Suite 300, Newport Beach, CA 92660-2996
	Telephone Number:	(949) 660-0532
	Email Address:	schools@shoutpoint.com

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	

1d	Contract Information:			
	Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No
	Amendment:	#		
	CETS: 24029	#		

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	July 1, 2021	End Date: June 30, 2025

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	Sponsorship Fees

Purchasing Use Only:

Approval #:

210391

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	<i>The total estimated value per SPCSA portfolio projections is \$372,382 for a 4-year term.</i>

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>This product is an add-on service provided by Shoutpoint to Infinite Campus, which is the student information system required to be used by districts and Charter Schools per NRS 385A.810. This add-on product allows the State-Sponsored Charter schools to use the personal data stored within Infinite Campus to auto-dial parents and guardians in case of emergency, snow delay, crisis response matter, Etc.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>The State Superintendent of Public Instruction has deemed Infinite Campus the student information system for State Public Schools. This product is the only one authorized to work within the student information system, Infinite Campus, which is required to be used by districts and charter schools per NRS 385A.810.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>The State Superintendent of Public Instruction has deemed Infinite Campus the student information system for State Public Schools. This product is the only one authorized to work within the student information system, Infinite Campus, which is required to be used by districts and charter schools per NRS 385A.810.</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>This product is the only one authorized to work within the student information system, Infinite Campus, which is required to be used by districts and charter schools per NRS 385A.810.</i>				

Purchasing Use Only:

Approval #:

210301②

6	<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 type="checkbox"/>	No:	<input type="checkbox"/>
	<p>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></p>						
	<p><i>Term Start and End Dates</i></p>		<p><i>Value</i></p>	<p><i>Short Description</i></p>	<p><i>Type of Procurement (RFP#, RFQ#, Waiver #)</i></p>		
	<p>07/01/2021 06/30/2025</p>		<p>\$372,382</p>	<p>VoIP Emergency Notification</p>	<p>Waiver #200602</p>		
	<p>07/01/2017 06/30/2021</p>		<p>\$265,305</p>	<p>VoIP Emergency Notification</p>	<p>Waiver #170401</p>		
	<p>07/01/2016 06/30/2017</p>		<p>\$34,155</p>	<p>VoIP Emergency Notification</p>	<p>Waiver #150501A</p>		
<p>07/01/2015 06/30/2016</p>		<p>\$33,600</p>	<p>VoIP Emergency Notification</p>	<p>Waiver #150501</p>			

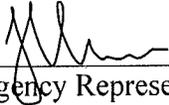
7	<p>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</p>
	<p><i>A competitive bid would unproductively use the State's efficient resources as only one vendor has been deemed fit to sync with Infinite Campus. If the waiver were denied, The State Public Charter School Authority-sponsored Charter Schools would not have an auto-dialer system that utilizes up-to-date information within the student information system, Infinite Campus. Furthermore, the sponsored schools will not be able to auto-dial parents and guardians in an emergency, snow delays, crisis response matter, Etc.</i></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><i>No efforts were made or conducted as this is the only vendor authorized to work within the student information system, Infinite Campus, which is required to be used by districts and charter schools per NRS 385A.810.</i></p>

9	<p>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></p>	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	<p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p>				
	<p><i>Yes, this purchase would obligate the State to this vendor as it would provide continuing and ongoing services to serve students and families in case of emergencies.</i></p>				

<i>Purchasing Use Only:</i>	
Approval #:	2103016

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.



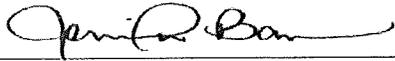
Agency Representative Initiating Request

Jessica Llamas-Gutierrez

Print Name of Agency Representative Initiating Request

03/05/2021

Date



Signature of Agency Head Authorizing Request

Jennifer Bauer, on behalf of Rebecca Feiden

Print Name of Agency Head Authorizing Request

3/5/21

Date

PLEASE NOTE: *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.*

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:



Administrator, Purchasing Division or Designee

3/9/21

Date

Steve Sisolak
Governor



Laura E. Freed
Director
Colleen Murphy
Deputy Director
Alan Cunningham
State Chief Information Officer

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: Todd Carl, BPA II, SPCSA
Debbie Bowman, ASO III, SPCSA
Rebecca Feiden, Executive Director, SPCSA

CC: Alan Cunningham, State CIO, EITS, DOA
Tim Galluzi, Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA
Sean Montierth, IT Chief, Computing, EITS, DOA
Jon Mathews, IT Manager, Network Engineering, EITS, DOA
Fred Springer, IT Manager II, Telecommunications Manager, EITS, DOA

FROM: David Axtell, Chief Enterprise Architect, EITS, DOA

SUBJECT: TIN Completion Memo – SPCSA – 161 – ShoutPoint Contract Amendment – BA2711

DATE: March 26, 2021

We have completed the review of SPCSA's – *ShoutPoint Contract Amendment* – TIN161.

The submitted TIN, for an estimated cost of \$158,100 in next biennium (100% State Fees/Sponsorship Fees funded) is for an add-on service provided by ShoutPoint to Infinite Campus, which is the student information system required to be used by districts and charter schools per NRS 385A.810. This add-on product auto-dials parents and guardians in case of emergency, snow delay, crisis response matter, etc.

This product is connected to Infinite Campus and uses their database to contact parents/students as needed. It does not use State of Nevada resources and is autonomous.

While ShoutPoint interfaces with Infinite Campus via a proprietary API, EITS wants to alert SPCSA that we are working to update the antiquated State telephone system with a Unified Communications (UC)

solution that likely will provide the multiple notification mechanisms supplied by the ShoutPoint add-on. The target timeframe for this UC solution is the FY24/FY25 biennium. EITS will reach out to you as we get closer to realizing a UC solution to ensure your needs can be accommodated.

It is expected that this solution will follow all state security standards and policies.

If there are to be any changes to enterprise services, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

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: **24294**

Agency Name:	DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE	Legal Entity Name:	Nevada Association of Counties
Agency Code:	400	Contractor Name:	Nevada Association of Counties
Appropriation Unit:	3244-04	Address:	304 S Minnesota Street
Is budget authority available?:	Yes	City/State/Zip:	Carson City, NV 89703
If "No" please explain:	Not Applicable	Contact/Phone:	Dagny Stapleton 775/883-7863
		Vendor No.:	T80918301
		NV Business ID:	Governmental

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 % Ad Valorem Tax

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 06/2021

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: **NACO Admin Services**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing program administration on behalf of the Board of Trustees of the Fund for Hospital Care for Indigent Persons.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$280,000.00**

Payment for services will be made at the rate of \$70,000.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 428.175 established the fund for Hospital Care to Indigent Persons. The contract will provide technical and administrative services to the Fund.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no state employees that have the 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: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 Any one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform.

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:

NACO has performed these same services under contract for the department in prior years and performance has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	valpers	05/03/2021 09:51:30 AM
Division Approval	valpers	05/03/2021 09:51:33 AM
Department Approval	mwinebar	05/03/2021 11:11:21 AM
Contract Manager Approval	smccrosk	05/03/2021 13:42:02 PM
Budget Analyst Approval	bwooldri	05/04/2021 13:20:25 PM
BOE Agenda Approval	bwooldri	05/04/2021 13:21:29 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: **24194**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	BOARD OF REGENTS - UNR
Agency Code:	402	Contractor Name:	BOARD OF REGENTS - UNR
Appropriation Unit:	3167-04	Address:	1664 N. VIRGINIA ST. DEPARTMENT OF PSYCHOLOGY
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89557-0294
If "No" please explain:	Not Applicable	Contact/Phone:	BETH JACOBSEN 775/682-8686
		Vendor No.:	D35000816
		NV Business ID:	GOV. ENTITY

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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 %

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 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **UNR RRC Extern**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing services that include one Behavioral Analysis Psychology Extern to perform behavioral analysis and evaluations for individuals served under the supervision of the agency's licensed psychologists.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$64,452.40**

Other basis for payment: As invoiced per Attachment B

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuit to NRS 433.344 and 436.123, the Division and its agencies contract with qualified practitioners to deliver necessary services to consumers. This contract will also provide a setting for graduate education to enhance the agency's ability to attract and retain better qualified psychologists.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Rural Regional Center has a limited number of Full Time Equivalent (FTE) staff to provide services, and use of externs will assist the agency to deliver services in a timely manner and comply with the Centers for Medicare and Medicaid Services (CMS) requirements for eligibility and services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Interlocal - Exempt
Pursuant to NRS 277.180 one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2013 - Current with ADSD. 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	sewart	04/06/2021 13:05:12 PM
Division Approval	amanocha	04/08/2021 13:56:04 PM
Department Approval	valpers	04/14/2021 17:20:06 PM
Contract Manager Approval	maceved1	04/15/2021 08:55:52 AM
Budget Analyst Approval	jyou23	05/06/2021 09:41:16 AM
BOE Agenda Approval	bwooldri	05/13/2021 14:30:42 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 22840	Amendment Number: 1
Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name: SHI INTERNATIONAL CORP
Agency Code: 402	Contractor Name: SHI INTERNATIONAL CORP
Appropriation Unit: 3279-26	Address: 1125 17TH ST STE 730
Is budget authority available?: Yes	City/State/Zip: DENVER, CO 80202
If "No" please explain: Not Applicable	Contact/Phone: Amelia Jakubczyk 303/723-5256
	Vendor No.: PUR0001595
	NV Business ID: NV20131129294

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/17/2020**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **3 years and 287 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **Elect. Health Record**

5. Purpose of contract:

This is the first amendment to the original work plan under master service agreement #3466 which provides cloud services for an electronic health record, software as a service technology. This amendment extends the termination date from June 30, 2021 to June 30, 2024 and increases the maximum amount from \$36,049.92 to \$98,892.96 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:	\$36,049.92	\$36,049.92	\$36,049.92	Yes - Info
2. Amount of current amendment (#1):	\$62,843.04	\$62,843.04	\$98,892.96	Yes - Action
3. New maximum contract amount:	\$98,892.96			
and/or the termination date of the original contract has changed to:	06/30/2024			

II. JUSTIFICATION

7. What conditions require that this work be done?

Current technology in use at the facility does not encompass electronic health record (EHR) technology, nor does it fulfill the national digital health records mandate. Implementation of the EHR will fulfill the national mandate and provide enhanced statistical data to meet regulatory verification and approvals by the Center for Medicaid and Medicare Services (CMS) and Human Rights Committee oversight.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The regulatory requirements, necessary complexity and high commercial demand for a suitable application of this type of software indicate the selection of a solution that is either commercial off-the-shelf (COTS) or Software-as-a-Service (SaaS.) The State of Nevada is not in possession of a proprietary solution, and the creation of a custom piece of software by applications development teams in our agency or any other State of Nevada agency is not feasible due to lack of resources, and not cost-effective due to the size and complexity of the solution needed.

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?

State Purchasing provided several permissive Statewide contracts to allow for the purchase of Cloud Services (Software-as-a-Service [SaaS], Platform-as-a-Service [PaaS], and Infrastructure-as-a-Service [IaaS]) from contracted vendors and their fulfillment partners.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Per DAWN various agencies doing business with SHI.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	sewart	04/20/2021 13:23:49 PM
Division Approval	amanocha	04/20/2021 13:45:20 PM
Department Approval	valpers	04/29/2021 08:39:58 AM
Contract Manager Approval	maceved1	04/29/2021 10:48:28 AM
EITS Approval	daxtel1	04/29/2021 11:19:34 AM
Budget Analyst Approval	jyou23	05/06/2021 15:43:11 PM
BOE Agenda Approval	bwooldri	05/14/2021 08:49:20 AM



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: Suzannah Johnson, IT Professional II, ADSD
Justin Robinson, IT Manager III, ADSD
Robin Hager, ADMIN SERVICES OFFICER 4, ADSD
Dena Schmidt, ADSD ADMINISTRATOR, ADSD

CC: Alan Cunningham, State CIO, EITS, DOA
Tim Galluzi, Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA
Sean Montierth, IT Chief, Computing, EITS, DOA
Jon Mathews, IT Manager Network Engineering, EITS, DOA

FROM: David Axtell, Chief Enterprise Architect, EITS, DOA

SUBJECT: TIN Completion Memo – ADSD – 242– Therap Electronic Health Record Solution (EHR) – BA3279

DATE: March 25, 2021

We have completed the review update of ADSD's – *Therap Electronic Health Record Solution (EHR) TIN242*.

The submitted TIN, for an estimated value of \$42,000 in the next biennium (100% General Fund) for a hosted electronic health records application (EHR) application to accomplish the following:

- Fulfill the federal mandate to digitize health records
- Provide the enhanced statistical data to meet regulatory verification and approvals by the Center for Medicaid and Medicare Services (CMS) and Human Rights Committee oversight.

It is expected that this solution will continue to follow all state security standards and policies.

If there are to be any changes to enterprise services, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

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: **24268**

Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name: BOARD OF REGENTS - UNR
Agency Code: 402	Contractor Name: BOARD OF REGENTS - UNR
Appropriation Unit: 3280-04	Address: 1664 N. Virginia St.
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89557-0294
If "No" please explain: Not Applicable	Contact/Phone: Denise Winters 775/682-9054
	Vendor No.: D35000816
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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 %

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 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **UNR SRC Behavior Ext**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing services that include one Behavioral Analysis Psychology Extern to perform behavioral analysis and evaluations for individuals served under the supervision of the agency's licensed psychologists.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$56,424.00**

Other basis for payment: As invoices per Attachment B.

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 433.344 and 436.123, the Division and its agencies contract with qualified practitioners to deliver necessary services to consumers, This contract will also provide a setting for graduate education to enhance the agency's ability to attract and retain better qualified psychologists.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Sierra Regional Center has a limited number of Full Time Equivalent (FTE) staff to provide services, and use of externs will assist the agency to deliver services in a timely manner and comply with the Centers for Medicare and Medicaid Services (CMS) requirements for eligibility and services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Pursuant to NRS 277.180 one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2013 - Current with ADSD. 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	sewart	04/13/2021 13:46:13 PM
Division Approval	amanocha	04/13/2021 16:17:57 PM
Department Approval	valpers	04/19/2021 15:05:51 PM
Contract Manager Approval	maceved1	04/22/2021 09:59:30 AM
Budget Analyst Approval	jyou23	05/06/2021 09:28:14 AM
BOE Agenda Approval	bwooldri	05/13/2021 14:40:39 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: **23855**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Clark County
Agency Code: 403	Contractor Name: Clark County
Appropriation Unit: 3157-00	Address: 500 Grand Central Parkway
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89155
If "No" please explain: Not Applicable	Contact/Phone: Jessica Colvin 702-455-3324
	Vendor No.: T81026920X
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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 Inter-Governmental 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 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Revenue Contract**

Contract description: **DSH Program**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing receipt of Intergovernmental funds to support and fund the state's share of the Disproportionate Share Hospital program for supplemental payments to hospitals that serve a disproportionate share of uninsured, indigent and Medicaid patients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$122,021,816.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for supplemental payments to hospitals that serve a disproportionate share of uninsured, indigent, and Medicaid patients. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are performing this work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

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:

DHCFP 2016 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 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:

Gina Callister, MAIII Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	04/14/2021 11:59:27 AM
Division Approval	ltuttl1	04/16/2021 16:43:39 PM
Department Approval	valpers	04/26/2021 17:17:32 PM
Contract Manager Approval	dmartin3	04/27/2021 07:56:18 AM
Budget Analyst Approval	afrantz	05/03/2021 12:18:04 PM
BOE Agenda Approval	bwooldri	05/04/2021 12:08:18 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: **23967**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Clark County
Agency Code: 403	Contractor Name: Clark County
Appropriation Unit: 3157-00	Address: 500 Grand Control Parkway
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89155
If "No" please explain: Not Applicable	Contact/Phone: Jessica Colvin, Chief Financial Officer 702-455-3324
	Vendor No.:
	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? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date 06/2021

Retroactive? **Yes**

If "Yes", please explain

Both the state and Clark county have been closely watching the federal government and their announcements regarding FMAP increases in federal matching funds. Public Health Emergency (PHE) increases in FMAP was recently extended to at least June 2021 which has allowed both state and county to calculate their budgets with higher FMAP contributions. Because of this extension in FMAP and the implications to both state and local budgets, it took longer to prepare these contracts.

3. Termination Date: **06/30/2023**

Contract term: **2 years and 364 days**

4. Type of contract: **Revenue Contract**

Contract description: **UPL Supplemental**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide support and fund the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state, governmental owned or operated hospitals. The supplemental program pays the difference between Medicaid payments and the Medicare amount.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$62,504,302.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are doing this work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. 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:

DCHPF 2016 to 2020 - 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:

Gina Callister, null Ph: null

Megan Sloan, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	04/12/2021 15:48:55 PM
Division Approval	dmartin3	04/12/2021 16:14:51 PM
Department Approval	valpers	04/16/2021 11:05:07 AM
Contract Manager Approval	ltuttl1	04/16/2021 16:32:21 PM
Budget Analyst Approval	afrantz	05/03/2021 15:05:13 PM
BOE Agenda Approval	bwooldri	05/04/2021 11:48:05 AM
BOE Final Approval	Pending	



MEMORANDUM

DATE: February 2, 2021

TO: Lynnette Aaron, Executive Branch Budget Officer, Governor's Finance Office

THROUGH: Richard Whitley, Director, Department of Health and Human Services (DHHS)

FROM: Suzanne Bierman, Administrator, Division of Health Care Financing and Policy (DHCFP)

RE: Request for Retroactive Start Date of July 1, 2020, for Contract with Clark County for the Hospital District Upper Payment Limit Inter-Governmental Transfer

This memorandum requests that the contract for the supplemental payment program for non-state, governmentally owned or operated hospitals in Clark County, Nevada be approved for a retroactive start date of July 1, 2020.

This contract is retroactive due to discussions with Clark County and the state. Both the state and the county have been closely watching the federal government and their announcements regarding the Federal Medicaid Assistance Percentages (FMAP) increases in federal matching funds. The Public Health Emergency (PHE) increase in FMAP was recently extended to at least June 2021 which has allowed both the state and the county to calculate their budgets with higher FMAP contributions. Because of this extension in FMAP and the implications to both state and local budgets, it took longer to prepare these contracts.

Thank you for your consideration.

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: **24025**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Clark County
Agency Code:	403	Contractor Name:	Clark County
Appropriation Unit:	3157-00	Address:	500 Grand Central Parkway
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89155
If "No" please explain:	Not Applicable	Contact/Phone:	Jessica Colvin 702-455-3324
		Vendor No.:	
		NV Business ID:	Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2020-2023		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2020**

Anticipated BOE meeting date 06/2021

Retroactive? **Yes**

If "Yes", please explain

This contract is retroactive because the program was not approved by CMS until December 2020 with an approval date of January 1, 2020. This program is the first Directed Payment of this nature and therefore was subject to a more thorough review and analysis. This program increases reimbursements to vital Medicaid providers, as well as generating revenue for the State.

3. Termination Date: **06/30/2023**Contract term: **3 years and 180 days**4. Type of contract: **Revenue Contract**Contract description: **MCO Directed Payment**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide Directed Managed Care Capitated Payments for services provided to Medicaid recipients enrolled in a Managed Care Organization.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$81,360,051.00**

Other basis for payment: See Attachment A

II. JUSTIFICATION

7. What conditions require that this work be done?

This interlocal agreement provides for Directed Managed Care Capitated Payments for services provided to Medicaid recipients enrolled in an MCO. This program is the first Directed Payment of this nature and increases reimbursements to vital Medicaid providers, as well as generating revenue for the State.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DHCFP employees are providing the programmatic and fiscal support for this program and Clark County is providing the Intergovernmental Transfer.

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:

Clark County has various contracts with DHCFP. 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:

Megan Sloan, MA III Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	04/16/2021 10:37:14 AM
Division Approval	ltuttl1	04/16/2021 16:48:26 PM
Department Approval	valpers	04/27/2021 09:55:34 AM
Contract Manager Approval	dmartin3	04/27/2021 10:02:56 AM
Budget Analyst Approval	afrantz	05/03/2021 14:58:59 PM
BOE Agenda Approval	bwooldri	05/04/2021 11:51:03 AM
BOE Final Approval	Pending	



MEMORANDUM

DATE: March 11, 2021

TO: Lynnette Aaron, Executive Branch Budget Officer, Governor's Finance Office

THROUGH: Richard Whitley, Director, Department of Health and Human Services (DHHS)

FROM: Suzanne Bierman, Administrator, Division of Health Care Financing and Policy (DHCFP)

RE: Request for Retroactive Start Date of January 1, 2020, for Contract with Clark County for the Managed Care Organization (MCO) Directed Payment Program

This memorandum requests that the contract for the Managed Care Organization (MCO) Directed Payment Program for Clark County Nevada be approved for a retroactive start date of January 1, 2020.

This interlocal agreement is for the Intergovernmental Transfer (IGT) and Voluntary Contribution (VC) for the calculation for Directed Managed Care Capitated Payments for services provided to Medicaid recipients enrolled in an MCO.

This contract is retroactive because the program was not approved by CMS until December 2020 with an approval date of January 1, 2020. This program is the first Directed Payment of this nature and therefore was subject to a more thorough review and analysis. This program increases reimbursements to vital Medicaid providers, as well as generating revenue for the State.

Thank you for your consideration.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24035**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Clark County
Agency Code: 403	Contractor Name: Clark County
Appropriation Unit: 3157-00	Address: 500 Grand Central Parkway
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89155
If "No" please explain: Not Applicable	Contact/Phone: Jessica Colvin 702-455-3324
	Vendor No.:
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Revenue Contract**

Contract description: **VC (UPL MCO)**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide the receipt of funds to support the state's share of the supplemental inpatient, outpatient and Graduate Medical Education Upper Payment Limit program for non-state, governmental-owned or operated hospitals and the Managed Care Organization capitated payment program. The supplemental program pays the difference between the Medicaid payments and the Medicare amount.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,949,902.00**

Other basis for payment: **Per Attachment A**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are doing this work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. 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:

DHCFP 2018 - Current, Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	04/16/2021 10:36:12 AM
Division Approval	ltuttl1	04/16/2021 16:45:54 PM
Department Approval	valpers	04/27/2021 08:40:27 AM
Contract Manager Approval	dmartin3	04/27/2021 08:50:40 AM
Budget Analyst Approval	afrantz	05/03/2021 15:32:34 PM
BOE Agenda Approval	bwooldri	05/04/2021 11:46:43 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **21460** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Clark County**

Agency Code: **403** Contractor Name: **Clark County**

Appropriation Unit: **3157-00** Address: **500 S. Grand Central Parkway**

Is budget authority available?: **Yes** City/State/Zip: **Las Vegas , NV 89403**

If "No" please explain: **Not Applicable** Contact/Phone: **Jessica Colvin 702-455-3530**

Vendor No.:

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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue Inter-Governmental Transfer

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **3 years**

4. Type of contract: **Revenue Contract**

Contract description: **Clark Co DSH**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides ongoing receipt of funds to support and fund the state's share of the supplemental Disproportionate Share Hospital (DSH) program for supplemental payments to hospitals that serve a disproportionate share of uninsured, indigent and Medicaid. This amendment increases the maximum amount from \$137,414,021 to \$155,555,926 due to the postponement of the federal DSH allotment.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$137,414,021.00	\$137,414,021.00	\$137,414,021.00	Yes - Action
2. Amount of current amendment (#1):	\$18,141,905.00	\$18,141,905.00	\$18,141,905.00	Yes - Action
3. New maximum contract amount:	\$155,555,926.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to hospitals that serve a disproportionate share of uninsured, indigent and Medicaid patients. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are performing this work.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

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:

DHCFP 2018 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 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	cluevan1	02/24/2021 12:33:45 PM
Division Approval	ltuttl1	04/07/2021 10:35:59 AM
Department Approval	valpers	04/20/2021 16:26:12 PM
Contract Manager Approval	ltuttl1	04/21/2021 08:29:03 AM
Budget Analyst Approval	afrantz	05/03/2021 12:18:17 PM
BOE Agenda Approval	bwooldri	05/04/2021 12:39:31 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 21457	Amendment Number: 1
Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Clark County
Agency Code: 403	Contractor Name: Clark County
Appropriation Unit: 3157-00	Address: 500 S. Grand Central Parkway
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89155
If "No" please explain: Not Applicable	Contact/Phone: Jessica Colvin 702-455-3530
	Vendor No.:
	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 %	
Federal Funds	0.00 %	Bonds	0.00 %	
Highway Funds	0.00 %	X Other funding	100.00 %	Revenue Inter-Governmental Transfer

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date: 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **3 years**

4. Type of contract: **Revenue Contract**

Contract description: **UPL and MCO Enhance**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides continuation of receipt of funds to support the state's share of the supplemental inpatient, outpatient and Graduate Medical Education Upper Payment Limit program for non-state, governmental owned or operated hospitals and the Managed Care Organization capitated payment program. This amendment increases the maximum amount from \$103,382,599 to \$103,932,299 due to final demonstration amounts being slightly higher than program projections.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$103,382,599.00	\$103,382,599.00	\$103,382,599.00	Yes - Action
2. Amount of current amendment (#1):	\$549,700.00	\$549,700.00	\$549,700.00	Yes - Action
3. New maximum contract amount:	\$103,932,299.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are doing this work.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one ore more public agency 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:

DHCFP 2018 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 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	cluevan1	04/16/2021 10:58:17 AM
Division Approval	ltuttl1	04/16/2021 16:45:08 PM
Department Approval	valpers	04/27/2021 14:17:20 PM
Contract Manager Approval	dmartin3	04/27/2021 14:33:43 PM
Budget Analyst Approval	afrantz	05/03/2021 15:59:40 PM
BOE Agenda Approval	bwooldri	05/04/2021 11:44:38 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 21461	Amendment Number: 1
Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Clark County
Agency Code: 403	Contractor Name: Clark County
Appropriation Unit: 3157-00	Address: 500 S. Grand Central Parkway
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89155
If "No" please explain: Not Applicable	Contact/Phone: Jessica Colvin 702-455-3530
	Vendor No.:
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2019-2022

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue Inter-Governmental Transfer

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date: 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **UMC UNSOM**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides receipt of the non-federal share of funds in order to secure federal funding for the program to pay the supplemental payments of the higher costs incurred by practitioners who are associated with the training/teaching program for outpatient services. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$774,718 to \$3,108,879 due to higher than expected claims volume and designated practitioners by the public teaching entities.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$774,718.00	\$774,718.00	\$774,718.00	Yes - Action
2. Amount of current amendment (#1):	\$2,334,161.00	\$2,334,161.00	\$2,334,161.00	Yes - Action
3. New maximum contract amount:	\$3,108,879.00			
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 Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DHCFP does not have the staff or expertise required to provide these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHCFP since 2018 - Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	cluevan1	04/12/2021 14:33:23 PM
Division Approval	dmartin3	04/12/2021 16:13:43 PM
Department Approval	valpers	04/26/2021 16:19:07 PM
Contract Manager Approval	dmartin3	04/26/2021 16:53:28 PM
Budget Analyst Approval	afrantz	05/03/2021 14:25:38 PM
BOE Agenda Approval	bwooldri	05/04/2021 12:03:22 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: **23979**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Clark County
Agency Code:	403	Contractor Name:	Clark County
Appropriation Unit:	3157-00	Address:	500 Grand Central Parkway
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89155
If "No" please explain:	Not Applicable	Contact/Phone:	Jessica Colvin 702-455-3324
		Vendor No.:	
		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? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date 06/2021

Retroactive? **Yes**

If "Yes", please explain

Both the state and Clark county have been closely watching the federal government and their announcements regarding FMAP increases in federal matching funds. Public Health Emergency (PHE) increases in FMAP was recently extended to at least June 2021 which has allowed both state and county to calculate their budgets with higher FMAP contributions. Because of this extension in FMAP and the implications to both state and local budgets, it took longer to prepare these contracts.

3. Termination Date: **06/30/2023**Contract term: **2 years and 364 days**4. Type of contract: **Revenue Contract**Contract description: **GME Graduate Med Ed**

5. Purpose of contract:

This is a new revenue interlocal to provide support and fund the non-federal share of the supplemental Graduate Medical Education program for non-state government owned or operated teaching hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,764,854.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are doing this work.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. 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:

DHCFP 2016 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 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	cluevan1	04/12/2021 15:22:06 PM
Division Approval	dmartin3	04/12/2021 16:14:25 PM
Department Approval	valpers	04/16/2021 13:56:39 PM
Contract Manager Approval	ltuttl1	04/16/2021 16:33:27 PM
Budget Analyst Approval	afrantz	05/03/2021 14:16:21 PM
BOE Agenda Approval	bwooldri	05/04/2021 11:52:10 AM
BOE Final Approval	Pending	



MEMORANDUM

DATE: February 22, 2021

TO: Lynnette Aaron, Executive Branch Budget Officer, Governor's Finance Office

THROUGH: Richard Whitley, Director, Department of Health and Human Services (DHHS)

FROM: Suzanne Bierman, Administrator, Division of Health Care Financing and Policy (DHCFP)

RE: Request for Retroactive Start Date of July 1, 2020, for Contract with Clark County for the Graduate Medical Education (GME) Supplemental Payment Program

This memorandum requests that the contract for the Graduate Medical Education (GME) for Clark County Nevada be approved for a retroactive start date of July 1, 2020.

This interlocal agreement is for the Intergovernmental Transfer (IGT) for the supplemental payments to non-state governmental owned or operated teaching hospitals in Clark County providing graduate medical education.

This contract is retroactive due to discussions with Clark County and the state. Both the state and the county have been closely watching the federal government and their announcements regarding the Federal Medicaid Assistance Percentages (FMAP) increases in federal matching funds. The Public Health Emergency (PHE) increase in FMAP was recently extended to at least June 2021 which has allowed both the state and the county to calculate their budgets with higher FMAP contributions. Because of this extension in FMAP and the implications to both state and local budgets, it took longer to prepare these contracts.

Thank you for your consideration.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23958**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Washoe County
Agency Code: 403	Contractor Name: Washoe County
Appropriation Unit: 3157-00	Address: P.O. Box 11130
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89520-0027
If "No" please explain: Not Applicable	Contact/Phone: Steve McBride 775-785-5641
	Vendor No.:
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Revenue Contract**

Contract description: **DSH**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing receipt of Intergovernmental funds to support and fund the state's share of the Disproportionate Share Hospital program for supplemental payments to hospitals that serve a disproportionate share of uninsured, indigent and Medicaid patients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,000,000.00**

Other basis for payment: As per Attachment A

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to hospitals that serve a disproportionate share of uninsured, indigent and Medicaid patients. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees process and calculate the DSH program. This program is federally mandated per Section 1923 of the Social Security Act requiring a state to have a DSH 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: **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:

DHCFP 2019 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 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:

Megan Sloan, MA III Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	04/09/2021 12:38:24 PM
Division Approval	dmartin3	04/09/2021 14:03:09 PM
Department Approval	valpers	04/15/2021 10:34:58 AM
Contract Manager Approval	ltuttl1	04/16/2021 16:37:42 PM
Budget Analyst Approval	afrantz	05/04/2021 08:13:11 AM
BOE Agenda Approval	bwooldri	05/04/2021 11:35:03 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24318**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Aging and Disability Services Division
Agency Code: 403	Contractor Name: Aging and Disability Services Division
Appropriation Unit: 3158-11	Address: 3416 Goni Rd., Ste. D-132
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89706
If "No" please explain: Not Applicable	Contact/Phone: Mariana Acevedo 775-687-4210
	Vendor No.:
	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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date 06/2021

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: **HCBS Waivers**

5. Purpose of contract:

This is a new interlocal agreement to reimburse the federal share of costs associated with administrative activities and cost per eligible reimbursement of the provisions of Home and Community Based Services Waivers for Frail Elderly, Persons with Physical Disabilities and Individuals with Intellectual and Developmental Disability populations so those individuals at risk of being placed in hospitals or nursing facilities can be cared for in their homes and in the community, preserving independence and ties with families and friends at a lower cost than institutional care.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$511,458,125.00**

Other basis for payment: As invoiced per Attachment A

II. JUSTIFICATION

7. What conditions require that this work be done?

Cost of institutional care in hospitals and nursing facilities for the elderly population compared to care that can be provided in homes and in the community.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are performing 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: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Pursuant to NRS 277.180 one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHCFP 2015 to current. Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Kirsten Coulombe, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmayhall	04/27/2021 08:34:18 AM
Division Approval	ltuttl1	04/27/2021 08:38:50 AM
Department Approval	valpers	05/02/2021 15:10:56 PM
Contract Manager Approval	dmartin3	05/03/2021 08:43:33 AM
Budget Analyst Approval	jyou23	05/13/2021 12:35:07 PM
BOE Agenda Approval	bwooldri	05/13/2021 12:59:27 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24326**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Aging and Disability Services Division
Agency Code: 403	Contractor Name: Aging and Disability Services Division
Appropriation Unit: 3158-11	Address: 3416 Goni Rd., Ste. D-132
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89706
If "No" please explain: Not Applicable	Contact/Phone: Mariana Acevedo 775-687-4210
	Vendor No.:
	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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date 06/2021

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: **Medicaid Reimb**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing Medicaid reimbursement for Medicaid Outreach and Medicaid Administrative duties for Nevada Early Intervention Services, Autism Treatment Assistance Program and Adult Rights Specialists; and to provide targeted case management services in accordance with the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,314,108.00**

Other basis for payment: As invoiced per Attachment A

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada residents within the targeted populations may be eligible for Medicaid services but unaware of services available. This contract will allow ADSD to facilitate community outreach to educate the public and will support the DHCFP in Medicaid Administrative Claiming and Cost Allocation. This contract allows DHCFP as the "single state agency" for Medicaid to receive and pass on federal funds for these services. Targeted Case Management Services are provided per the State of Nevada Medicaid State Plan and Nevada Medicaid Services Manual.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Adult Rights Specialists and State employees are performing these duties.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Pursuant to NRS 277.180 one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHCFP 2017 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 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	rmayhall	04/23/2021 13:56:42 PM
Division Approval	ltuttl1	04/23/2021 15:06:11 PM
Department Approval	valpers	05/02/2021 14:03:12 PM
Contract Manager Approval	dmartin3	05/03/2021 08:43:12 AM
Budget Analyst Approval	jyou23	05/13/2021 12:13:36 PM
BOE Agenda Approval	bwooldri	05/13/2021 13:04:02 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: **24207**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Division of Public and Behavioral Health
Agency Code:	403	Contractor Name:	Division of Public and Behavioral Health
Appropriation Unit:	3158-11	Address:	4150 Technology Way, Suite 300
Is budget authority available?:	Yes	City/State/Zip:	Carson City, NV 89706
If "No" please explain:	Not Applicable	Contact/Phone:	Ronda Miller, Contract Manager 775-684-4200
		Vendor No.:	
		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 %	X	Fees	50.00 % Cost Containment
X Federal Funds	50.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date 06/2021

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: **Board of Nursing**

5. Purpose of contract:

This is a new interlocal agreement to provide delineation of responsibilities between the Division of Health Care Financing and Policy and the Division of Public and Behavioral Health with respect to Medicaid reimbursement for Board of Nursing activities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$926,100.00**

Other basis for payment: As invoiced per Attachment A and approved by the state

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract allows DHC FP as the "single state agency" for Medicaid to pass on federal funds to DPBH to reimburse for the Board of Nursing activities. DPBH regulates nursing assistants employed in nursing facilities and home health agencies in the state.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are doing this work.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. 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:

Multiple contracts with DHCFP and other state entities 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 not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmayhall	04/26/2021 12:03:03 PM
Division Approval	ltuttl1	04/26/2021 12:20:19 PM
Department Approval	valpers	05/02/2021 15:01:16 PM
Contract Manager Approval	dmartin3	05/03/2021 08:42:08 AM
Budget Analyst Approval	afrantz	05/05/2021 08:59:56 AM
BOE Agenda Approval	bwooldri	05/14/2021 09:42:26 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 CONTRACT1. Contract Number: **24283**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Division of Public and Behavioral Health
Agency Code:	403	Contractor Name:	Division of Public and Behavioral Health
Appropriation Unit:	3158-11	Address:	4150 Technology Way, Suite 300
Is budget authority available?:	Yes	City/State/Zip:	Carson City, NV 89706
If "No" please explain:	Not Applicable	Contact/Phone:	Ronda Miller, Contract Manager 775-684-4200

Vendor No.:
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.

<input checked="" type="checkbox"/>	General Funds	25.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	75.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2025**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Survey&Certification**

5. Purpose of contract:

This is a new interlocal agreement to provide delineation of responsibilities between the Division of Health Care Financing and Policy and the Division of Public and Behavioral Health with respect to Medicaid reimbursement for Survey and Certification activities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,815,154.00**

Other basis for payment: As invoiced per Attachment A and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract allows DHCFFP as the "single state agency" for Medicaid to pass on federal funds to DPBH to reimburse for the Survey and Certification activities. All skilled nursing facilities and nursing facilities are subject to a standard survey that is completed not later than 15.9 months after the previous standard survey, with a statewide average between standard surveys of 12.9 months.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are doing this work.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. 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:

Multiple contracts with DHCFP and other state entities 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 not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmayhall	04/26/2021 15:56:23 PM
Division Approval	ltuttl1	04/26/2021 16:54:40 PM
Department Approval	valpers	05/02/2021 15:03:25 PM
Contract Manager Approval	dmartin3	05/03/2021 08:42:52 AM
Budget Analyst Approval	afrantz	05/05/2021 08:27:23 AM
BOE Agenda Approval	bwooldri	05/14/2021 09:38:40 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: **24351**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Magellan Medicaid Administration, Inc.
Agency Code:	403	Contractor Name:	Magellan Medicaid Administration, Inc.
Appropriation Unit:	3158-10	Address:	11013 W. Broad Street Suite 500
Is budget authority available?:	No	City/State/Zip:	Glen Allen, VA 23060
If "No" please explain: This contract is contingent upon Legislative approval of Decision Unit E228 in DHCFFP's FY22/23 budget request. DHCFFP's budget closing is tentatively scheduled for May 12.		Contact/Phone:	Ann Walker 512-659-1376
		Vendor No.:	T32010992
		NV Business ID:	NV19791010102

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.

<input checked="" type="checkbox"/>	General Funds	23.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	77.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: RFP #40DHHS-S1471

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 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Pharmacy Benefit Mgr**

5. Purpose of contract:

This is a new contract to implement an approved technology investment which provides comprehensive Pharmacy Benefits Manager services for the Nevada Medicaid Fee-For-Service populations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,081,253.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pharmacy benefits for the FFS population are required per the Nevada Medicaid State Plan.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Managing a pharmacy benefit under Federal and State requirement is complex. The state neither has the infrastructure nor technical expertise to serve as the pharmacy benefit manager and provide a prescription drug benefit to FFS recipients.

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):

ScriptGuide Rx
RxAdvanced
OptumRx
Ramsell Corp.
Magellan Medicaid Admin
Gainwell Technology

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 40DHHS-S1471 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: 03/18/2021 Anticipated re-bid date: 12/01/2024

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHCFP 01/2012 - 12/2012. 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 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	04/30/2021 12:06:49 PM
Division Approval	ltuttl1	04/30/2021 12:10:44 PM
Department Approval	mwinebar	04/30/2021 14:44:33 PM
Contract Manager Approval	ltuttl1	04/30/2021 15:19:36 PM
EITS Approval	daxtel1	04/30/2021 17:58:55 PM
Budget Analyst Approval	afrantz	05/05/2021 11:06:16 AM
BOE Agenda Approval	bwooldri	05/14/2021 09:58:45 AM
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: Suzanne Bierman, Administrator, DHCFP
April Caughron, ITMII, DHCFP
Melissa Laufer-Lewis, ASOIV, DHCFP
Robin Ochsenschlager, ITPIV, DHCFP

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 – DHCFP - *Pharmacy Benefit Manager Procurement* – T315869

DATE: October 2nd, 2020

We have completed the review for the Division of Healthcare Finance & Policy's (DHCFP) – *Pharmacy Benefit Manager Procurement* TIN.

The submitted TIN, for an estimated value of \$11,000,000, supports the renewal of a contract for a solution already in place at the agency.

This Tin was submitted in support of the direct contract with a Pharmacy Benefit Manager to manage the pharmacy point of sale and service for the state of Nevada. The agency reports that the current subcontractor for the Pharmacy Benefit Manager will be removed at the end of the state fiscal year and a direct contract will be in effect 7/2021. Direct contracting with a vendor will save the state contract costs and will allow direct oversight of the selected vendor by the state.

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: **18630** Amendment Number: **3**

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: **3158-04** Address: **4400 Cox Road, Suite 110**

Is budget authority available?: **No** City/State/Zip: **Glen Allen, VA 23060**

If "No" please explain: Current G01-level. The budget will be finalized at L01-level in May 2021. Dec Unit E350. Contact/Phone: **Johanna Linkenhoker 804-270-2200**

Vendor No.: **T81098965A**

NV Business ID: **NV20001070243**

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	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 **07/01/2017**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **Audit**

5. Purpose of contract:

This is the third amendment to the original contract which provides audit services for managed care organizations, patient trust funds, and cost reports of nursing facilities. This amendment extends the termination date from June 30, 2021 to June 30, 2022, and increases the maximum amount from \$8,449,289 to \$8,569,289 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:	\$7,180,825.00	\$7,180,825.00	\$7,180,825.00	Yes - Action
a. Amendment 1:	\$1,138,550.00	\$1,138,550.00	\$1,138,550.00	Yes - Action
b. Amendment 2:	\$129,914.00	\$129,914.00	\$129,914.00	Yes - Action
2. Amount of current amendment (#3):	\$120,000.00	\$120,000.00	\$120,000.00	Yes - Action
3. New maximum contract amount:	\$8,569,289.00			
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?

Federal and State mandates require specific audits and rate settings be conducted for hospitals being paid Medicaid funds.

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: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Exempt per NAC333.150 2. (5)

d. Last bid date: Anticipated re-bid date: 04/27/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently in contract with the Division and service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	rmayhall	04/16/2021 16:10:29 PM
Division Approval	ltuttl1	04/16/2021 16:36:26 PM
Department Approval	valpers	04/27/2021 11:04:25 AM
Contract Manager Approval	ltuttl1	04/27/2021 11:32:21 AM
Budget Analyst Approval	afrantz	05/17/2021 11:56:31 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 #:	365 @

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information – Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency Name:	<i>Division of Health Care Financing and Policy</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><u>ltuttle@dhefp.nv.gov</u></i>
	<i>Debrah Martinez, MAIII, CCM</i>	<i>775-684-3704</i>	<i><u>debrah.martinez@dhefp.nv.gov</u></i>

2	Contractor Information:	
	Contractor:	<i>Myers and Stauffer LC</i>
	Contact Name:	<i>Johanna Linkenhoker, CPA</i>
	Complete Address:	<i>100 Eastshore Drive, Suite 100 Glen Allen, VA 23059</i>
	Phone Number:	<i>804-418-8125</i>
	Email Address:	<i>jlinkenhoker@mslc.com</i>

3	List <u>all previous</u> Contract Information:			
	Solicitation Type, if applicable:	<i>NAC333.150 2.(5)</i>	#:	
	CETS #:	<i>#14275</i>		
	Contract Amount:	<i>\$9,567,775</i>		
	Contract Term:	Start Date:	<i>07/01/2013</i>	End Date:

Redd 02/01/2020 3:24pm

Purchasing Use Only:	
Approval #:	3650

4	Current Contract Information:			
	Solicitation Type, if applicable:	<i>Exempt per NAC333.150 2 (b) (5)</i>		#:
	CETS #:	#18630		
	Initial Contract Amount:	\$7,180,825		
	Contract Term:	Start Date:	07/01/2017	End Date:

5	Amendment Information – List <u>all previously</u> approved amendments:			
	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
	1	Adds health IT to scope of work	\$1,138,550	n/a
	2	Adds CCBHC training and reviews	\$129,914	n/a

6	<u>Proposed</u> Amendment Information:			
	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
	3	Extends current contract to complete audits and CCBHC cost reporting and increases amount for completing the CCBHC cost reporting piece only.	\$120,000	06/30/2022

7	What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338)?
	<i>An extension is requested to allow the current vendor to submit audits currently in progress to both the state and to Centers for Medicare and Medicaid Services (CMS) with final submission dates past June 30, 2021. An RFP for a new contract for these services is in the planning process, and DHCFP will need sufficient time to complete the RFP. DHCFP is asking to extend the current contract for 1 year in order to effectively and efficiently complete this process to obtain a new contract to be utilized for future work. This extension also allows for completion of the final six (6), second cohort providers, which is a one-time calculation, as required by the Medicaid State Plan Amendment 4.19B, pages 8a-8c.</i>

8	What are the potential consequences to the State if the contract extension request is denied?
	<i>DHCFP is required to have certain programs audited for compliance with both federal and state mandates. The current vendor will have ongoing audit commitments from the current contract period with audits due to CMS and the state of Nevada after June 30, 2021. If the extension is not granted, DHCFP will not have a contracted vendor to complete the audits and submit them to CMS with the necessary documentation and the agency could be deemed non-compliant in the auditing of some of their programs, including the Disproportionate Share Hospital (DSH) program. If the CCBHC cost reporting work is not performed, providers’ rates will not be at the appropriate levels to their actual costs and the State could be overpaying or underpaying providers, as a result, Additionally, The State would not be in compliance with the Medicaid State Plan.</i>

<i>Purchasing Use Only:</i>	
Approval #:	3650

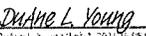
By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct.


Form by Kevin D. Ostry, 2011.12.01 PMT

 Signature of Agency Representative Initiating Request

Tim Ryan 02/01/2021

 Print Name of Agency Representative Initiating Request Date


Form by Kevin D. Ostry, 2011.12.01 PMT

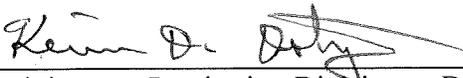
 Signature of Agency Head Authorizing Request

Suzanne Bierman, JD, MPH, DHCFP Administrator 02/01/2021

 Print Name of Agency Head Authorizing Request Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Signed:



 Administrator, Purchasing Division or Designee 2/2/21
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: **24293**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Public Knowledge, LLC
Agency Code:	403	Contractor Name:	Public Knowledge, LLC
Appropriation Unit:	3158-73	Address:	4720 Independence St.
Is budget authority available?:	No	City/State/Zip	Wheat Ridge, CO 80033
If "No" please explain: This contract is contingent upon Legislative Approval of Budget Amendment A215003158. DHCFF's budget closing for the SFY 2021-2023 biennium is tentatively scheduled for May 13th. GFO may hold this contract pending budget approval before placing on the BOE agenda and services would not begin until July 1st, or BOE approval whichever is later.		Contact/Phone:	Stacey Obrecht 800-776-4229
		Vendor No.:	T27022922
		NV Business ID:	NV20091086529

To what State Fiscal Year(s) will the contract be charged? **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	10.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	90.00 %	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 **07/01/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2022**Contract term: **273 days**4. Type of contract: **Other (include description): Work Plan**Contract description: **HITECH**

5. Purpose of contract:

This is a new work plan under statewide contract #23410 which provides procurement of acquisition support services. This agreement will provide the identified outcomes and Centers for Medicare & Medicaid Services (CMS) obligations for an environmental scan of the Health Information Technology (HIT) landscape, creation of a five-year plan for future activities related to HIT and consolidate information from the environment scan and five-year plan for submission to CMS.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$158,440.00**

Other basis for payment: As invoiced by the Contractor and approved by the State per Attachment AA

II. JUSTIFICATION

7. What conditions require that this work be done?

To identify outcomes and meet CMS obligations for federal mandates for closeout of the Health Information Technology Planning and Assessment (HITECH) Act funding.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

While state employees within DHCFFP will assist in the project, they do not have the capacity to research and update the State Health Information Technology (HIT) environmental scan, roadmap, and State Medicaid HIT Plan to meet federal mandates and assess the current HIT landscape in Nevada in a limited time frame.

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?

Statewide Contract 99SWC-NV21-5889

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:

Multiple contracts with DHCFFP from 2013 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:

David Joseph, MA III Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmayhall	04/20/2021 08:15:08 AM
Division Approval	ltuttl1	04/20/2021 11:17:57 AM
Department Approval	valpers	05/07/2021 10:03:37 AM
Contract Manager Approval	ltuttl1	05/12/2021 14:39:48 PM
Budget Analyst Approval	bwooldri	05/14/2021 11:01:38 AM
BOE Agenda Approval	bwooldri	05/14/2021 11:10:38 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24201**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Alignment Health Plan of Nevada, Inc.
Agency Code:	403	Contractor Name:	Alignment Health Plan of Nevada, Inc.
Appropriation Unit:	3243-14	Address:	1100 W Town & Country Rd #1600
Is budget authority available?:	Yes	City/State/Zip:	Orange, CA 92868
If "No" please explain:	Not Applicable	Contact/Phone:	Lauren Hebert 657-660-1191
		Vendor No.:	
		NV Business ID:	NV20171738385

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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 % No Cost

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2022**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

This is a new contract to provide medical services to Dual Eligible Special Needs Plan recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

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	kpease	04/22/2021 11:04:34 AM
Division Approval	dmartin3	04/22/2021 11:55:11 AM
Department Approval	valpers	05/02/2021 14:23:44 PM
Contract Manager Approval	dmartin3	05/03/2021 08:44:54 AM
Budget Analyst Approval	bwooldri	05/15/2021 17:16:26 PM
BOE Agenda Approval	bwooldri	05/15/2021 17:16:29 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: **22058** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **CHURCHILL COUNTY**

Agency Code: **403** Contractor Name: **CHURCHILL COUNTY**

Appropriation Unit: **3243-00** Address: **485 West B Street, Suite 105**

Is budget authority available?: **Yes** City/State/Zip: **Fallon, NV 89406**

If "No" please explain: **Not Applicable** Contact/Phone: **Shannon Ernst, Director 775-428-0211**

Vendor No.:

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date: **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **County Match**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. This amendment increases the maximum amount from \$845,376.19 to \$1,184,731.61 due to increased Medicaid administrative services necessary to implement the program.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$845,376.19	\$845,376.19	\$845,376.19	Yes - Action
2. Amount of current amendment (#1):	\$339,355.42	\$339,355.42	\$339,355.42	Yes - Action
3. New maximum contract amount:	\$1,184,731.61			

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees operate the County Match Program. DHCFP pays providers and the counties reimburse the State for the non federal share.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHCFP since 2017 - Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	kpease	04/09/2021 16:53:59 PM
Division Approval	dmartin3	04/09/2021 16:58:18 PM
Department Approval	valpers	04/16/2021 09:01:34 AM
Contract Manager Approval	ltuttl1	04/16/2021 16:40:53 PM
Budget Analyst Approval	afrantz	05/03/2021 12:17:53 PM
BOE Agenda Approval	bwooldri	05/04/2021 12:05:29 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22057** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **COUNTY OF CARSON CITY**

Agency Code: **403** Contractor Name: **COUNTY OF CARSON CITY**

Appropriation Unit: **3243-00** Address: **900 E Long Street, Suite 101**

Is budget authority available?: **Yes** City/State/Zip: **Carson City, NV 89701**

If "No" please explain: **Not Applicable** Contact/Phone: **Mary Jane Ostrander 775-887-2110**

Vendor No.:
NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date: **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **County Match**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. This amendment increases the maximum amount from \$2,147,956.80 to \$2,319,693.72 due to increased Medicaid administrative services necessary to implement the program.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,147,956.80	\$2,147,956.80	\$2,147,956.80	Yes - Action
2. Amount of current amendment (#1):	\$171,736.92	\$171,736.92	\$171,736.92	Yes - Action
3. New maximum contract amount:	\$2,319,693.72			

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees operate the County Match Program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHCFP since 2017 - Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	kpease	04/23/2021 10:29:44 AM
Division Approval	dmartin3	04/23/2021 10:33:38 AM
Department Approval	valpers	05/01/2021 15:13:54 PM
Contract Manager Approval	dmartin3	05/03/2021 08:44:18 AM
Budget Analyst Approval	afrantz	05/04/2021 12:20:06 PM
BOE Agenda Approval	bwooldri	05/13/2021 14:24:42 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 22061	Amendment Number: 1
	Legal Entity Name: ESMERALDA COUNTY
Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Contractor Name: ESMERALDA COUNTY
Agency Code: 403	Address: PO Box 547
Appropriation Unit: 3243-00	City/State/Zip: Goldfield, NV 89013
Is budget authority available?: Yes	City/State/Zip: Goldfield, NV 89013
If "No" please explain: Not Applicable	Contact/Phone: La Cinda Elgan 775-485-6309
	Vendor No.:
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2020-2021
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	X Other funding 100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **County Match**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. This amendment increases the maximum amount from \$.00 to \$62,339.63 due to increased Medicaid administrative services necessary to implement the program.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$0.01	\$0.01	\$0.01	No
2. Amount of current amendment (#1):	\$62,339.62	\$62,339.63	\$62,339.63	Yes - Action
3. New maximum contract amount:	\$62,339.63			

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees operate the County Match Program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHCFP since 2017 - Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	kpease	04/09/2021 16:55:42 PM
Division Approval	dmartin3	04/12/2021 08:08:11 AM
Department Approval	valpers	04/16/2021 16:09:13 PM
Contract Manager Approval	ltuttl1	04/16/2021 16:39:14 PM
Budget Analyst Approval	afrantz	05/04/2021 08:27:47 AM
BOE Agenda Approval	bwooldri	05/04/2021 11:39:25 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22063** Amendment Number: **1**
 Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **HUMBOLDT COUNTY**
 Agency Code: **403** Contractor Name: **HUMBOLDT COUNTY**
 Appropriation Unit: **3243-00** Address: **50 W. 5th Street**
 Is budget authority available?: **Yes** City/State/Zip: **Winnemucca, NV 89445**
 If "No" please explain: **Not Applicable** Contact/Phone: **Tami Rae Spero, Welfare Director 775-623-6343**
 Vendor No.:
 NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2020-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**
 Anticipated BOE meeting date **06/2021**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**
 Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**
 Contract description: **County Match**

5. Purpose of contract:
This is the first amendment to the original revenue interlocal agreement which provides administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. This amendment increases the maximum amount from \$691,171.51 to \$950,261.87 due to increased Medicaid administrative services necessary to implement the program.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$691,171.51	\$691,171.51	\$691,171.51	Yes - Action
2. Amount of current amendment (#1):	\$259,090.36	\$259,090.36	\$259,090.36	Yes - Action
3. New maximum contract amount:	\$950,261.87			

II. JUSTIFICATION

7. What conditions require that this work be done?
 Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees operate the County Match Program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHCFP since 2017 - Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	cluevan1	04/21/2021 11:19:45 AM
Division Approval	ltuttl1	04/21/2021 12:34:52 PM
Department Approval	valpers	05/04/2021 08:20:25 AM
Contract Manager Approval	dmartin3	05/04/2021 08:47:26 AM
Budget Analyst Approval	afrantz	05/04/2021 12:27:47 PM
BOE Agenda Approval	bwooldri	05/13/2021 14:24:11 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: **24224**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY Agency Code: 403 Appropriation Unit: 3243-14 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: Hometown Health Plan, Inc. Contractor Name: Hometown Health Plan, Inc. Address: 10315 Professional Circle City/State/Zip: Reno, NV 89521 Contact/Phone: Tabatha Eddy 775-982-3721 Vendor No.: NV Business ID: NV19871019956
--	--

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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 % No Cost

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2022**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

This is a new contract to provide medical services to Dual Eligible Special Needs Plan recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kpease	04/22/2021 11:04:00 AM
Division Approval	dmartin3	04/22/2021 11:55:45 AM
Department Approval	valpers	05/02/2021 14:34:22 PM
Contract Manager Approval	dmartin3	05/03/2021 08:47:08 AM
Budget Analyst Approval	bwooldri	05/15/2021 17:15:57 PM
BOE Agenda Approval	bwooldri	05/15/2021 17:16:00 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24205**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Humana Insurance Company (PPO)
Agency Code:	403	Contractor Name:	Humana Insurance Company (PPO)
Appropriation Unit:	3243-14	Address:	1100 Employers Boulevard
Is budget authority available?:	Yes	City/State/Zip:	DePere, WI 54115
If "No" please explain:	Not Applicable	Contact/Phone:	Misty Tudor 502-580-8373
		Vendor No.:	
		NV Business ID:	NV20181754848

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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 % No cost

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2022**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

This is a new contract to provide medical services to Dual Eligible Special Needs Plan recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kpease	04/22/2021 11:03:20 AM
Division Approval	ltuttl1	04/22/2021 12:33:50 PM
Department Approval	valpers	05/02/2021 14:32:31 PM
Contract Manager Approval	dmartin3	05/03/2021 08:45:38 AM
Budget Analyst Approval	bwooldri	05/15/2021 17:14:43 PM
BOE Agenda Approval	bwooldri	05/15/2021 17:14:46 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: **24203**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Humana Wisconsin Health Organization Insurance Corporation (HMO)
Agency Code:	403	Contractor Name:	Humana Wisconsin Health Organization Insurance Corporation (HMO)
Appropriation Unit:	3243-14	Address:	Two Riverwood Place N19W24133 Riverwood Dr Ste 300
Is budget authority available?:	Yes	City/State/Zip:	Waukesha, WI 53188-1145
If "No" please explain:	Not Applicable	Contact/Phone:	Misty Tudor (502) 580-83
		Vendor No.:	
		NV Business ID:	NV20181754784

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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 % No Cost

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2022**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

This is a new contract to provide medical services to Dual Eligible Special Needs Plan recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kpease	04/22/2021 11:04:14 AM
Division Approval	ltuttl1	04/22/2021 12:34:53 PM
Department Approval	valpers	05/02/2021 14:27:47 PM
Contract Manager Approval	dmartin3	05/03/2021 08:46:36 AM
Budget Analyst Approval	bwooldri	05/15/2021 17:15:29 PM
BOE Agenda Approval	bwooldri	05/15/2021 17:15:33 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: 22065	Amendment Number: 1
Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: LINCOLN COUNTY
Agency Code: 403	Contractor Name: LINCOLN COUNTY
Appropriation Unit: 3243-00	Address: PO Box 539
Is budget authority available?: Yes	City/State/Zip: Pioche, NV 89043
If "No" please explain: Not Applicable	Contact/Phone: Denise Brown 775-962-8063
	Vendor No.:
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2020-2021
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	X Other funding 100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **County Match**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides administrative services necessary to operate the Medicaid County Match Program. The counties provide the non-federal share for medical and Medicaid administrative services. This amendment increases the maximum amount from \$250,667.19 to \$305,607.28 due to increased Medicaid administrative services necessary to implement the program.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$250,667.19	\$250,667.19	\$250,667.19	Yes - Action
2. Amount of current amendment (#1):	\$54,940.09	\$54,940.09	\$54,940.09	Yes - Action
3. New maximum contract amount:	\$305,607.28			

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees operate the County Match Program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHCFP since 2017 - Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	cluevan1	04/20/2021 12:40:32 PM
Division Approval	dmartin3	04/20/2021 13:53:58 PM
Department Approval	valpers	04/27/2021 11:55:19 AM
Contract Manager Approval	dmartin3	04/27/2021 11:59:41 AM
Budget Analyst Approval	afrantz	05/04/2021 09:03:39 AM
BOE Agenda Approval	bwooldri	05/04/2021 11:38:44 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: **23989**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Regional Transportation Commission of Washoe County
Agency Code:	403	Contractor Name:	Regional Transportation Commission of Washoe County
Appropriation Unit:	3243-14	Address:	PO Box 30002
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89520
If "No" please explain:	Not Applicable	Contact/Phone:	Mark Maloney 775-332-2136
		Vendor No.:	PUR0002452A
		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.

<input checked="" type="checkbox"/> General Funds	35.30 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	64.70 %	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 **07/01/2021**

Anticipated BOE meeting date 06/2021

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: **RTC Assessments**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing assessments for paratransit services for eligible Medicaid recipients for non-emergency transportation services in Northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$130,968.00**

Other basis for payment: As invoiced per Attachment A and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

42 CFR 431.53 mandate requires provision of necessary non-emergency transportation to and from medical appointments. Completion of ADS Complementary Paratransit Eligibility evaluations will help assess Medicaid recipients' ability to use fixed route services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not provide these services. The regional transportation commission is responsible for transportation of its passengers and therefore can assess the applicants' ability to use fixed route services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHCFP 2014 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 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:

Kirsten Coulombe, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kpease	04/07/2021 10:03:18 AM
Division Approval	ltuttl1	04/07/2021 10:42:21 AM
Department Approval	valpers	04/14/2021 16:36:00 PM
Contract Manager Approval	dmartin3	04/23/2021 15:40:33 PM
Budget Analyst Approval	afrantz	05/03/2021 14:33:34 PM
BOE Agenda Approval	bwooldri	05/04/2021 12:04:43 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: **24335**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: Magellan Medicaid Administration, Inc.
Agency Code: 406	Contractor Name: Magellan Medicaid Administration, Inc.
Appropriation Unit: 3215-24	Address: 11013 W. Broad Street, Ste 500
Is budget authority available?: Yes	City/State/Zip: Glen Allen, VA 23060
If "No" please explain: Not Applicable	Contact/Phone: Ann Walker 512-659-1376
	Vendor No.:
	NV Business ID: NV19791010102

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 %
X Federal Funds	30.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	70.00 % Pharmaceutical Rebates

Agency Reference #: C 17843

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 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Pharmacy Benefit Mgr**

5. Purpose of contract:

This is a new contract to provide Pharmacy Benefits Manager services for clients of the Ryan White HIV/AIDS Part B Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$70,319,656.00**

Other basis for payment: Per Attachment DD: Contractors Response (Cost Proposal) plus drug costs averaging \$23,107,902 per year. See Cost Breakdown attached (does not print on BOE agenda section).

II. JUSTIFICATION

7. What conditions require that this work be done?

Health Resources and Services Administration (HRSA) strongly encourage AIDS Drugs Assistance Programs (ADAPs) to utilize a Pharmacy Benefits Manager (PBM) to reduce administrative cost and for the adjudication of pharmacy claims. NMAP annually processes over 12,000 pharmacy claims.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The division does not have the infrastructure nor the resources to build the infrastructure to manage a pharmacy network that produces over 12,000 claims annually. The cost to build such an infrastructure would be more than the administrative cost of this contract.

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):

ScriptGuide RX
Ramsell Corp
Gainwell Technology

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 40DHHS-S1471 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: 03/18/2021 Anticipated re-bid date: 12/01/2024

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Previous vendor of the Division of Health Care Financing & Policy from 2003 to 2007 with satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	05/04/2021 13:27:51 PM
Division Approval	chadwic1	05/04/2021 14:10:57 PM
Department Approval	valpers	05/04/2021 15:47:09 PM
Contract Manager Approval	rmille8	05/04/2021 15:50:22 PM
Budget Analyst Approval	afrantz	05/12/2021 09:18:51 AM
BOE Agenda Approval	bwooldri	05/14/2021 10:26:44 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: **24393**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: DELOITTE CONSULTING LLP
Agency Code: 407	Contractor Name: DELOITTE CONSULTING LLP
Appropriation Unit: 3228-47	Address: 980 9th Street, STE 1800
Is budget authority available?: Yes	City/State/Zip: Sacramento, CA 95814
If "No" please explain: Not Applicable	Contact/Phone: 916/761-6466
	Vendor No.: T27024237C
	NV Business ID: NV20081436471

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 #: 407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **1 year and 29 days**

4. Type of contract: **Contract**

Contract description: **P-EBT Benefits**

5. Purpose of contract:

This is a new contract to provide Pandemic-Electronic Benefit Transfer benefits to children who qualify for the National School Lunch Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,300,568.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Consolidated Appropriations Act provides states with the opportunity to provide P-EBT benefits to children who qualify for the National School Lunch Program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State Staff does not possess the expertise required to perform this modification to the TANF system.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

MIS 2000
Computer Systems West, Inc.
Deloitte Consulting LLP

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #40DHHS-S1537, 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: 03/26/2021 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor under contract with multiple agencies. Currently under contract with DWSS and providing satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLP

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Lisa Swearingen, Chief of Eligibility and Payments Ph: 775-684-0676

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	05/13/2021 10:20:31 AM
Division Approval	bberry	05/13/2021 10:51:42 AM
Department Approval	valpers	05/13/2021 11:34:58 AM
Contract Manager Approval	mpomerle	05/13/2021 12:09:55 PM
EITS Approval	daxtel1	05/13/2021 12:40:18 PM
Budget Analyst Approval	bwooldri	05/14/2021 13:09:21 PM
BOE Agenda Approval	bwooldri	05/14/2021 13:09:24 PM
BOE Final Approval	Pending	

Steve Sisolak
Governor



Laura E. Freed
Director
Colleen Murphy
Deputy Director
Alan Cunningham
State Chief Information Officer

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: Sheri Gallucci, Program Specialist III, DWSS
Bart London, Chief IT Manager, DWSS
Brenda Berry, Chief Financial Officer, DWSS
Steve Fisher, Administrator, DWSS

CC: Alan Cunningham, State CIO, EITS, DOA
Hugo Schlesener, Deputy Administrator, EITS, DOA

FROM: David Axtell, Chief Enterprise Architect, EITS, DOA

SUBJECT: TIN Completion Memo - DWSS - 223 - PEBT 2021 – BA3238 TIN223

DATE: January 21, 2021

We have completed the review of *DWSS' – 223 – PEBT 2021 – TIN-223*.

The submitted TIN, for an estimated cost of \$2,600,000 (100% USDA Federal Grant) in this biennium to update DWSS' existing web application (Access Nevada). This will enable the division to correct errors in SY1019-2020 P-EBT issued benefits and implement system changes to issue SY2020-2021 P-EBT benefits. In addition to the system changes, DWSS will partner with the Department of Education to compare collected information with that of DOE to validate eligibility in delivering benefits.

It is expected that this solution will continue to follow all state security standards and policies.

If there are to be any changes to enterprise services, including: network, server, telecom etc. please notify EITS as soon as possible.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **16615** Amendment Number: **2**
 Agency Name: **DHHS - WELFARE AND SUPPORT SERVICES** Legal Entity Name: **CHASE GLOBAL SERVICES**
 Agency Code: **407** Contractor Name: **CHASE GLOBAL SERVICES**
 Appropriation Unit: **3238-26** Address: **1103 SKINNER DR**
 Is budget authority available?: **Yes** City/State/Zip: **WASHOE VALLEY DR, NV 89704**
 If "No" please explain: **Not Applicable** Contact/Phone: **Robert Malmrose 775/287-9120**
 Vendor No.: **PUR0005482**
 NV Business ID: **NV20031499292**

To what State Fiscal Year(s) will the contract be charged? **2016-2023**

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	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % State Share of Collections

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2015**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **8 years and 1 day**

4. Type of contract: **Contract**

Contract description: **CSEP Data Warehouse**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing maintenance and operations services, including staff and equipment, to support the Child Support Enforcement Decision Support System. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$3,876,027 to \$5,176,027 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:	\$3,876,027.00	\$3,876,027.00	\$3,876,027.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$1,300,000.00	\$1,300,000.00	\$1,300,000.00	Yes - Action
3. New maximum contract amount:	\$5,176,027.00			
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?

Ad hoc reports are needed by field staff to manage caseloads so that federal performance measures are met or exceeded.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to do this type of work.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 150402
Approval Date: 04/16/2015

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	cbusgay	03/15/2021 08:52:10 AM
Division Approval	bberry	03/24/2021 11:17:40 AM
Department Approval	valpers	04/07/2021 09:17:30 AM
Contract Manager Approval	mpomerle	04/07/2021 15:25:27 PM

EITS Approval
Budget Analyst Approval
BOE Agenda Approval

daxtel1
bwooldri
bwooldri

04/07/2021 19:33:12 PM
04/22/2021 09:21:30 AM
04/22/2021 09:21:56 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

Purchasing Use Only:	
Approval #:	362 ©

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information – Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency Name:	<i>Division of Welfare and Supportive Services</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Cathy Kaplan, Child Support Chief</i>	<i>775-684-0752</i>	<i>ckaplan@dwss.nv.gov</i>

2	Contractor Information:	
	Contractor:	<i>Chase Global Services (CGS)</i>
	Contact Name:	<i>Robert Malmrose</i>
	Complete Address:	<i>1103 Skinner Dr., Washoe Valley, NV, 89704</i>
	Phone Number:	<i>775-287-9120</i>
	Email Address:	<i>Robert.malmrose@chaseglobalservices.com</i>

3	List <u>all previous</u> Contract Information:			
	Solicitation Type, if applicable:	<i>Solicitation Waiver (Professional Exemption)</i>	#:	<i>110703 110703A</i>
	CETS #:	<i>#12658</i>		
	Contract Amount:	<i>\$2,668,625</i>		
	Contract Term:	Start Date:	<i>12/13/2011</i>	End Date:

Rec'd 01/11/2021 ©

Purchasing Use Only:	
Approval #:	3620

Current Contract Information:					
4	Solicitation Type, if applicable:	<i>Solicitation Waiver (Professional Exemption)</i>		#:	150402
	CETS #:	#16615			
	Initial Contract Amount:	\$3,876,027			
	Contract Term:	Start Date:	July 1, 2015	End Date:	June 30, 2021

Amendment Information – List <u>all previously</u> approved amendments:				
5	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
	1	<i>Amendment updated the IRS Safeguarding Language Attachment</i>	N/A	N/A

<u>Proposed</u> Amendment Information:				
6	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
	2	<i>The purpose of requesting a 2-year contract extension is to provide M&O for the CSEDSS through the new system development, implementation and warranty period.</i>	\$1,300,000	June 30, 2023

7	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?
	<p><i>This request is for Chase Global Services (CGS) to provide the ongoing Maintenance and Operation (M&O) of the Business Intelligence Module herein referred to as the Child Support Enforcement Decision Support System (CSEDSS). Included in the CSEDSS reside the Data Warehouse, Federal Reporting, Management Reporting, Operational Reporting, Dashboards, Help Desk Support, and Computer Based Training.</i></p> <p><i>The complete M&O plan includes:</i></p> <ul style="list-style-type: none"> • <i>Project Management to effectively manage scope, allocate resources, ensure user needs are satisfied, and maintain client relationships.</i> • <i>Business Analysts with expert knowledge of the Child Support Enforcement (CSE) program, the CSE automated system known as NOMADS, and the CSEDSS Data Warehouse to determine how changes will be implemented.</i> • <i>Data Base Analyst (DBA) to change/modify table structures within the data warehouse as changes are made to the source database and identified as necessary by the Business Analysts. CGS will provide the scripts to DWSS' DBA's for all changes to the Data Warehouse.</i> • <i>ETL Developer to modify/enhance the ETL process as changes are made to the source database and further identified as necessary by the Business Analysts. Make performance tuning</i>

enhancements to minimize impact of daily incremental loading of source data into the data warehouse as well as to improve front end response time.

- *Data Analyst to proactively identify new ideas for reports based on Nevada's business model; federal performance measures; best practices from CSE offices around the country; working with data trend analysis as well as the users to determine the best methods for resolving current issues and preventing future issues.*
- *Front End Business Object Developers to implement changes to existing reports and universes as well as for the development of new reports and ad hoc capabilities as identified as necessary or beneficial by either a CGS Business Analysts or for those requested by the State or individual offices.*
- *Provide Help Desk Support to answer questions and provide user support so the end users can receive maximum benefit from CSEDSS.*
- *Computer Based Training (CBT) will be provided to increase overall knowledge, with training modules developed for all levels of usage from entry level to complex, with the ability to be executed and re-executed at the convenience and need of the individual user.*
- *Reports will be created and/or maintained:*
 - *Maintenance of all existing reports, including the OCSE 157*
 - *Creation of daily or on-demand federal reports including the OCSE 157*
 - *Continued transition from batch reports and reports generated through NOMADS to Reports available through a single point of access, Business Objects InfoView*
 - *Creation of the Interstate Case Reconciliation (ICR) report and automated processing*
 - *Any and all additional reports requested by the state/county child support offices with prior approval by the Division of Welfare and Supportive Services (DWSS) IV-D Director.*
- *Best Practice Report Implementation to ensure that all reporting developed remains of current value with focus on the top issues that require the most immediate and satisfactory solutions.*
- *Dashboards*
 - *Maintenance of all existing dashboards*
 - *Creation of additional dashboards as deemed necessary by DWSS, the County Offices, and CGS, with prior approval by the DWSS IV-D Director.*

The CSE program is undergoing a full system replacement. Reporting will be incorporated into the new system (NVKIDS). Until NVKIDS is fully implemented, the services provided by CGS are necessary for CSE to continue operations.

CGS has the institutional knowledge of the CSE program, DWSS system requirements and the CSEDSS, which CGS developed and has been maintained from inception.

DWSS staff spent many hours with CGS personnel explaining databases, software applications and operating environments to facilitate CGS' understanding of the DWSS system requirements and environments. Due to the limited DWSS resources to train another vendor or provide M&O for the CSEDSS, the DWSS respectfully requests CGS be afforded a 2-year contract extension for the M&O of the CSEDSS.

What are the potential consequences to the State if the contract extension request is denied?

The CSE is a performance base program, and failure to meet federal performance measures could result in penalties to the Temporary Assistance for Needy Families (TANF) Block Grant.

The CSEDSS provides the program with necessary reports to be compliant with federal performance requirements. It would be a significant deterrent to CSE if these services were not available.

8

Selecting another vendor would require dedication of IS and CSE personnel resources to train a new vendor on the complexities of the CSE case management system and federal program requirements. DWSS does not have the personnel resources to dedicate to training a new vendor, if selected through the RFP process.

CGS has been engaged in this capacity and have developed institutional knowledge of the CSE system, applications and program that would be very difficult, and cost prohibitive, to replace.

Purchasing Use Only:	
Approval #:	3620

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.

Cathy Kaplan
 Signature of Agency Representative Initiating Request

Cathy Kaplan 1/7/21
 Print Name of Agency Representative Initiating Request Date

A. H. Fisher
 Signature of Agency Head Authorizing Request

Steve H. Fisher 1/8/2021
 Print Name of Agency Head Authorizing Request Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(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 1/26/21
 Administrator, Purchasing Division or Designee 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

M E M O R A N D U M

TO: Cathy Kaplan, CSE Program Chief, DWSS
Bart London, Chief IT Manager, DWSS
Brenda Berry, Chief Financial Officer, DWSS
Steve Fisher, Administrator, DWSS

CC: Alan Cunningham, State CIO, EITS, DOA
Tim Galluzi, Administrator, EITS, DOA

FROM: David Axtell, Chief Enterprise Architect, EITS, DOA

SUBJECT: TIN Completion Memo – DWSS - 234 – Child Support Enforcement
Decision Support System (CSEDSS) – BA3238

DATE: February 24, 2021

We have completed the review of *DWSS' – Child Support Enforcement Decision Support System (CSEDSS) – TIN234*.

The submitted TIN, for an estimated cost of \$ 1,330,667 in this biennium and \$1,300,000 in the next biennium (66% Federal Grant through OCSE and 34% State Share of Collections BA3238) to provide ongoing Maintenance and Operation (M&O) of the Business Intelligence Module referred to as the Child Support Enforcement Decision Support System (CSEDSS).

This system includes the Data Warehouse, Federal Reporting, Management Reporting, Operational Reporting, Dashboards, Help Desk Support, and Computer Based Training in use over the past 6 years. Additionally, this system is used for CSE federal reporting; required by federal partners and for business optimization.

This TIN is to extend existing support for 2 additional years as authorized.

It is expected that this solution will continue to follow all state security standards and policies.

If there are to be any changes to enterprise services, including: network, server, telecom etc. please notify

EITS as soon as possible.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23885**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: CHURCHILL, COUNTY OF
Agency Code: 407	Contractor Name: CHURCHILL, COUNTY OF
Appropriation Unit: 3238-16	Address: CHURCHILL CO DISTRICT ATTORNEY 165 N ADA ST
Is budget authority available?: Yes	City/State/Zip: FALLON, NV 89406-2907
If "No" please explain: Not Applicable	Contact/Phone: 775/423-6561
	Vendor No.: T81032440F
	NV Business ID: GOV'T 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 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % County Share

Agency Reference #: 407

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 06/2021

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: **CSEP**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,034,867.00**

Other basis for payment: As specified in Attachment B : Budget and Reimbursement Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

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 423.370 & 425.380 (1) requires counties to provide child support enforcement services for local applicants.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10% on all Direct Employees that report 100% of time to CSEP

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory 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:

Cathy Kaplan, Child Support Enforcement Program Chief Ph: (775) 684-0752

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	01/13/2021 13:50:30 PM
Division Approval	bberry	04/05/2021 14:35:31 PM
Department Approval	valpers	04/21/2021 13:48:25 PM
Contract Manager Approval	mpomerle	04/28/2021 10:29:51 AM
Budget Analyst Approval	bwooldri	04/29/2021 14:36:03 PM
BOE Agenda Approval	bwooldri	04/29/2021 14:36:05 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: **23888**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: CLARK, COUNTY OF
Agency Code: 407	Contractor Name: CLARK, COUNTY OF
Appropriation Unit: 3238-16	Address: DISTRICT ATTORNEY FAMILY SUPRT 1900 E FLAMINGO RD STE 100
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119-5168
If "No" please explain: Not Applicable	Contact/Phone: 702/671-9502
	Vendor No.: T81026920T
	NV Business ID: GOV'T 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 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % County Share

Agency Reference #: 407

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 06/2021

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: **CSEP**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$141,518,807.00**

Other basis for payment: As specified in Attachment B : Budget and Reimbursement Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

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 423.370 & 425.380 (1) requires counties to provide child support enforcement services for local applicants.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10% on all Direct Employees that report 100% of time to CSEP

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory 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:

Cathy Kaplan, Child Support Enforcement Program Chief Ph: (775) 684-0752

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	01/21/2021 11:16:40 AM
Division Approval	bberry	04/05/2021 15:24:47 PM
Department Approval	valpers	04/21/2021 13:49:38 PM
Contract Manager Approval	mpomerle	04/28/2021 10:28:49 AM
Budget Analyst Approval	bwooldri	04/29/2021 14:35:13 PM
BOE Agenda Approval	bwooldri	04/29/2021 14:35:16 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: **23892**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: ELKO, COUNTY OF
Agency Code: 407	Contractor Name: ELKO, COUNTY OF
Appropriation Unit: 3238-16	Address: ELKO COUNTY DISTRICT ATTORNEY 540 COURT ST FL 2
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: 775/738-3101
	Vendor No.: T81072742N
	NV Business ID: GOV'T 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 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % County Share

Agency Reference #: 407

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 06/2021

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: **CSEP**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,274,198.00**

Other basis for payment: As specified in Attachment B: Budget and Reimbursement Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

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 423.370 & 425.380 (1) requires counties to provide child support enforcement services for local applicants.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10% on all Direct Employees that report 100% of time to CSEP

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory 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:

Cathy Kaplan, Child Support Enforcement Program Chief Ph: (775) 684-0752

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	01/21/2021 11:16:16 AM
Division Approval	bberry	04/07/2021 13:47:56 PM
Department Approval	valpers	04/21/2021 13:49:05 PM
Contract Manager Approval	mpomerle	04/28/2021 10:27:44 AM
Budget Analyst Approval	bwooldri	04/29/2021 14:32:11 PM
BOE Agenda Approval	bwooldri	04/29/2021 14:32:49 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23896**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: HUMBOLDT, COUNTY OF
Agency Code: 407	Contractor Name: HUMBOLDT, COUNTY OF
Appropriation Unit: 3238-16	Address: HUMBOLDT CO DISTRICT ATTORNEY PO BOX 909
Is budget authority available?: Yes	City/State/Zip: WINNEMUCCA, NV 89446
If "No" please explain: Not Applicable	Contact/Phone: 775/623-6360
	Vendor No.: T40139500H
	NV Business ID: GOV'T 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 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % County Share

Agency Reference #: 407

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 06/2021

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: **CSEP**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,332,786.00**

Other basis for payment: As specified in Attachment B: Budget and Reimbursement Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

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 423.370 & 425.380 (1) requires counties to provide child support enforcement services for local applicants.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10% on all Direct Employees that report 100% of time to CSEP

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory 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	cbuscay	01/14/2021 13:01:18 PM
Division Approval	bberry	04/05/2021 14:37:31 PM
Department Approval	valpers	04/21/2021 13:46:39 PM
Contract Manager Approval	mpomerle	04/28/2021 10:26:07 AM
Budget Analyst Approval	bwooldri	04/29/2021 14:33:47 PM
BOE Agenda Approval	bwooldri	04/29/2021 14:33:51 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23908**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: LYON, COUNTY OF
Agency Code: 407	Contractor Name: LYON, COUNTY OF
Appropriation Unit: 3238-16	Address: LYON COUNTY DISTRICT ATTORNEY 31 S MAIN ST
Is budget authority available?: Yes	City/State/Zip: YERINGTON, NV 89447
If "No" please explain: Not Applicable	Contact/Phone: 775/463-6511
	Vendor No.: T40156600AF
	NV Business ID: Gov't 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 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % County Share

Agency Reference #: 407

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 06/2021

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: **CSEP**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,450,068.00**

Other basis for payment: As specified in Attachment B : Budget and Reimbursement Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

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 agency to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10% on all Direct Employees that report 100% of time to CSEP

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory 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:

Cathy Kaplan, Child Support Enforcement Chief Ph: 775-684-0752

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	01/25/2021 17:35:53 PM
Division Approval	bberry	04/20/2021 12:36:46 PM
Department Approval	valpers	05/01/2021 13:00:54 PM
Contract Manager Approval	psmorr1	05/04/2021 08:55:56 AM
Budget Analyst Approval	afrantz	05/07/2021 12:26:36 PM
BOE Agenda Approval	bwooldri	05/13/2021 13:43:28 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: **23911**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: MINERAL, COUNTY OF
Agency Code: 407	Contractor Name: MINERAL, COUNTY OF
Appropriation Unit: 3238-16	Address: MINERAL CO DISTRICT ATTORNEY PO BOX 1210
Is budget authority available?: Yes	City/State/Zip: HAWTHORNE, NV 89415
If "No" please explain: Not Applicable	Contact/Phone: 775/945-3636
	Vendor No.: T40291300G
	NV Business ID: Gov't 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 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % County Share

Agency Reference #: 407

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 06/2021

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: **CSEP**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$656,745.00**

Other basis for payment: As specified in Attachment B : Budget and Reimbursement Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

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 agency to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10% on all Direct Employees that report 100% of time to CSEP

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory 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:

Cathy Kaplan, Child Support Enforcement Chief Ph: 775-684-0752

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbusay	01/25/2021 17:36:18 PM
Division Approval	bberry	04/20/2021 11:48:07 AM
Department Approval	valpers	05/01/2021 13:02:00 PM
Contract Manager Approval	psmorr1	05/04/2021 08:56:15 AM
Budget Analyst Approval	afrantz	05/07/2021 11:35:14 AM
BOE Agenda Approval	bwooldri	05/13/2021 13:42:56 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23913**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: NYE, COUNTY OF
Agency Code: 407	Contractor Name: NYE, COUNTY OF
Appropriation Unit: 3238-16	Address: NYE COUNTY DISTRICT ATTORNEY PO BOX 593
Is budget authority available?: Yes	City/State/Zip: TONOPAH, NV 89049
If "No" please explain: Not Applicable	Contact/Phone: 775-482-8117
	Vendor No.: T80044560N
	NV Business ID: Gov't 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 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % County Share

Agency Reference #: 407

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 06/2021

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: **CSEP**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,496,968.00**

Other basis for payment: As specified in Attachment B : Budget and Reimbursement Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10% on all Direct Employees that report 100% of time to CSEP

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory 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:

Cathy Kaplan, Child Support Enforcement Chief Ph: 775-684-0752

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	01/25/2021 17:36:40 PM
Division Approval	bberry	04/20/2021 13:00:59 PM
Department Approval	valpers	05/04/2021 08:28:06 AM
Contract Manager Approval	psmorr1	05/04/2021 08:56:33 AM
Budget Analyst Approval	afrantz	05/07/2021 12:17:36 PM
BOE Agenda Approval	bwooldri	05/13/2021 13:38:35 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23914**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: PERSHING, COUNTY OF
Agency Code: 407	Contractor Name: PERSHING, COUNTY OF
Appropriation Unit: 3238-16	Address: PERSHING CO DISTRICT ATTORNEY PO BOX 299
Is budget authority available?: Yes	City/State/Zip: LOVELOCK, NV 89419
If "No" please explain: Not Applicable	Contact/Phone: 775/273-2613
	Vendor No.: T81041592M
	NV Business ID: Government 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 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % County share

Agency Reference #: 407

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 06/2021

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: **CSEP**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,100,983.00**

Other basis for payment: As specified in Attachment B : Budget and Reimbursement Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10% on all Direct Employees that report 100% of time to CSEP

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory 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:

Cathy Kaplan, Child Support Enforcement Chief Ph: 775-684-0752

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	01/25/2021 17:36:57 PM
Division Approval	bberry	04/22/2021 12:49:15 PM
Department Approval	valpers	05/03/2021 17:17:44 PM
Contract Manager Approval	psmorr1	05/04/2021 08:57:59 AM
Budget Analyst Approval	afrantz	05/07/2021 11:51:59 AM
BOE Agenda Approval	bwooldri	05/13/2021 13:41:32 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24090**

Agency Name:	DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name:	RHODE ISLAND, STATE OF
Agency Code:	407	Contractor Name:	RHODE ISLAND, STATE OF
Appropriation Unit:	3238-04	Address:	CHILD SUPPORT LIEN NETWORK 77 DORRANCE ST PROVIDENCE, RI 02903
Is budget authority available?:	Yes	City/State/Zip:	PROVIDENCE, RI 02903
If "No" please explain:	Not Applicable	Contact/Phone:	401-222-2887
		Vendor No.:	T80660150A
		NV Business ID:	Gov't 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 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % State Share of Collections

Agency Reference #: 407

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 06/2021

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: **CSEP Lien Network**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing services through the Child Support Lien Network, a multistate consortium of state child support agencies providing data matching services to increase child support collections by giving the Child Support Enforcement Program a way to identify and intercept insurance claim settlements before insurers send payments to claimants who owe past due child support.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$400,000.00**

Other basis for payment: As specified in section VIII. Charges and Billing of the Interstate Agreement.

II. JUSTIFICATION

7. What conditions require that this work be done?

Created in 1999 by Rhode Island, CSLN matches child support data from participating states with claimant information provided by 1,500 insurance carriers. Individual states then take action to seize the settlements as appropriate under individual state laws. With authorized access to over 70% of our nation's injury claims, the CSLN interface is expected to produce over \$1,000,000 annually in additional child support collections for Nevada's families.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Rhode Island is a State agency.

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?

Exempt from solicitation per NRS 277.180 Interlocal Contracts as this is an agreement with another governmental entity.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory 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:

Cathy Kaplan, Chief, Child Support Enforcement Program Ph: 775-684-0752

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	04/07/2021 16:37:00 PM
Division Approval	bberry	04/20/2021 12:32:03 PM
Department Approval	valpers	04/27/2021 13:45:27 PM
Contract Manager Approval	mpomerle	04/28/2021 10:30:40 AM
EITS Approval	daxtel1	04/28/2021 17:07:56 PM
Budget Analyst Approval	bwooldri	05/04/2021 13:38:03 PM
BOE Agenda Approval	bwooldri	05/04/2021 13:38:06 PM
BOE Final Approval	Pending	

Steve Sisolak
Governor



Laura E. Freed
Director
Colleen Murphy
Deputy Director
Alan Cunningham
State Chief Information Officer

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Enterprise IT Services Division
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Steve Fisher, Administrator, DWSS
Bart London, Chief IT Manager, DWSS
Cathy Kaplan, CSE Program Chief, DWSS
Brenda Berry, CFO, DWSS

CC: Alan Cunningham, State CIO, EITS, DOA
Tim Galluzi, Administrator, EITS, DOA

FROM: David Axtell, State Chief Enterprise Architect, EITS, DOA

SUBJECT: TIN Completion Memo – DWSS – 47 – Child Support Lien Network Service– BA3238 update a

DATE: April 8, 2021

We have completed the review of DWSS's – *Child Support Lien Network Service* – TIN47 update a. The submitted TIN update, for an additional estimated cost of \$200,000 in next biennium (34% State Share of Collections and 66% Federal CFDA93.563 funded) is for renewal of services already in place at the agency.

This investment allows the agency to partner with the State of Rhode Island Child Support Lien Network (CSLN), a multistate consortium of state child support agencies that provides a data matching process comparing child support debtors to insurance industry claimants. This agreement will increase child support collections by giving the Child Support Enforcement Program (CSEP) a way to identify and intercept insurance claims settlements before insurers send payments to claimants who owe past due child support.

It is expected that this solution will continue to follow all state security standards and policies.

If there are to be any changes to enterprise services, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

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: **23916**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: WASHOE, COUNTY OF
Agency Code: 407	Contractor Name: WASHOE, COUNTY OF
Appropriation Unit: 3238-16	Address: WASHOE CO DISTRICT ATTORNEY 1 S SIERRA ST
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89501
If "No" please explain: Not Applicable	Contact/Phone: 775/325-6710
	Vendor No.: T40283400AG
	NV Business ID: Government 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 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % County share

Agency Reference #: 407

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 06/2021

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: **CSEP**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing child support enforcement services for local applicants through county participation as defined under Title 45 Code of Federal Regulations 304.20.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,200,508.00**

Other basis for payment: As specified in Attachment B : Budget and Reimbursement Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

To be eligible for a Temporary Assistance for Needy Families (TANF) Block Grant, states must operate a child support enforcement program, per Title IV-A of the Social Security Act, Section 402(a)(2); (42 USC 602).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10% on all Direct Employees that report 100% of time to CSEP

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory 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:

Cathy Kaplan, Child Support Enforcement Chief Ph: 775-684-0752

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	01/25/2021 17:37:14 PM
Division Approval	bberry	05/04/2021 11:23:40 AM
Department Approval	valpers	05/04/2021 12:59:57 PM
Contract Manager Approval	psmorr1	05/04/2021 13:09:55 PM
Budget Analyst Approval	afrantz	05/07/2021 12:02:41 PM
BOE Agenda Approval	bwooldri	05/13/2021 13:40:35 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24315**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: CARASOFT TECHNOLOGY
Agency Code: 409	Contractor Name: CARASOFT TECHNOLOGY
Appropriation Unit: 3145-20	Address: CORPORATION
Is budget authority available?: Yes	11493 SUNSET HILLS RD STE 100
If "No" please explain: Not Applicable	City/State/Zip: RESTON, VA 20190-5230
	Contact/Phone: Kevin Lara 571/662-4257
	Vendor No.: PUR0004357
	NV Business ID: NV20151127305

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **1 year and 29 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **Modernization of GMU**

5. Purpose of contract:

This is a new work plan under master service agreement #18855 which provides cloud services. This work plan is for the modernization of several key workflows related to grants management.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$356,400.00**

Other basis for payment: As detailed in Section 8, Service Agreement Deliverable and Pricing Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division is responsible for assisting Nevada residents who have been victims of crime or domestic violence as well as foster and at-risk children by providing direct reimbursement to victims and by issuing funds to community providers. Systems currently are based around manual processes that are prone to human error and are time consuming. Contractor will modernize several key workflows related to Grants Management.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No State employees have the expertise.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

State Purchasing provided several permissive Statewide contracts to allow for the purchase of Cloud Services (Software-as-a-Service [SaaS], Platform-as-a-Service [PaaS], and Infrastructure-as-a-Service [IaaS]) from contracted vendors and their fulfillment partners.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor is currently under contract with the Purchasing Division and has been under contract with the Division. Services were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Kelsey Mccann-Navarro, Social Services Chief 3 Ph: 775-684-4431

Erika Pond, Management Analyst IV Ph: 775-684-5934

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	04/28/2021 10:06:02 AM
Division Approval	knielsen	04/28/2021 11:40:43 AM
Department Approval	valpers	05/02/2021 16:03:56 PM
Contract Manager Approval	sknigge	05/04/2021 13:33:06 PM
EITS Approval	daxtel1	05/04/2021 17:54:23 PM
Budget Analyst Approval	jyou23	05/06/2021 16:47:15 PM
BOE Agenda Approval	bwooldri	05/13/2021 13:30:41 PM
BOE Final Approval	Pending	

Steve Sisolak
Governor



Laura E. Freed
Director
Colleen Murphy
Deputy Director
Alan Cunningham
State Chief Information Officer

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: Mandi Davis, Deputy Administrator, DCFS
Srinivas Bokka, IT Manager II, DCFS
Katrina Nielsen, Administrative Services Officer IV, DCFS
Ross Armstrong, DCFS Administrator, DCFS

CC: Alan Cunningham, State CIO, EITS, DOA
Tim Galluzi, Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA
Sean Montierth, IT Chief, Computing, EITS, DOA
Jon Mathews, IT Manager Network Engineering, EITS, DOA

FROM: David Axtell, Chief Enterprise Architect, EITS, DOA

SUBJECT: TIN Review Completed – DCFS - 241 - DCFS Grant Automation – BA3145

DATE: March 23, 2021

We have completed the review of DCFS' – *DCFS Grant Automation* TIN-241.

The submitted TIN, for an estimated value of \$89,100 this biennium and \$267,300 in the next biennium (100% Federal Grant funding; Victims of Crime Act Assistant Grant, CFDA 16.575) to build a cloud portal to more efficiently and securely process Requests for Reimbursements (RFR) from service providers for victims of crime as well as foster and at-risk children.

The solution will provide automated workflows that validates and routes forms for approvals. Additionally, capturing data in a cloud solution will result in valuable reporting functionality.

The proposed solution leverages technologies from the Google Cloud Platform (GCP) and employ the Google Identity Platform (GCP) to register both internal and external users with access and abilities based on their role.

As this solution will interface with the state's Active Directory (AD) for employee credentials, please engage with EITS' Office 365 team early to avoid integration delays.

Additionally, if any firewall configuration will be needed, please engage with EITS' Communications Group to avoid integration delays.

It is expected that this solution will continue to follow all state security standards and policies.

If there are to be any other changes to enterprise services, including: network, server, telecom etc. please notify EITS as soon as possible.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18768** Amendment Number: **1**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **DANIEL C. JONES**

Agency Code: **409** Contractor Name: **DANIEL C. JONES**

Appropriation Unit: **3259-04** Address: **HC 64 BOX 70**

Is budget authority available?: **Yes** City/State/Zip: **DEETH, NV 89823-9702**

If "No" please explain: **Not Applicable** Contact/Phone: **Daniel Jones 775/340-3286**

Vendor No.: **T29038210**

NV Business ID: **NV20161574025**

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2021**

Termination Date:

Contract term: **4 years and 274 days**

4. Type of contract: **Contract**

Contract description: **Physician Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing physician services to ensure the health and well being of the youth. This amendment extends the termination date from June 30, 2021 to March 31, 2022 and increases the maximum amount from \$384,000 to \$456,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$384,000.00	\$384,000.00	\$384,000.00	Yes - Action
2. Amount of current amendment (#1):	\$72,000.00	\$72,000.00	\$72,000.00	Yes - Action
3. New maximum contract amount:	\$456,000.00			
and/or the termination date of the original contract has changed to:	03/31/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Youth Training Center requires the performance of any necessary medical/surgical services to the ward.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no employees on staff with the required medical license.

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):

Aidan Health Services
Wasatch Contracting Services
Daniel C. Jones
Omnimed Medical Service

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3413, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 04/20/2013 Anticipated re-bid date: 01/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been under contract with the Division since 2017. 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: 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

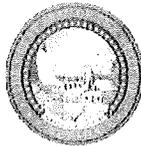
18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bdahlber	03/31/2021 09:57:08 AM
Division Approval	knielsen	04/20/2021 14:56:34 PM
Department Approval	valpers	04/27/2021 14:42:04 PM
Contract Manager Approval	sknigge	04/29/2021 12:36:53 PM
Budget Analyst Approval	afrantz	04/29/2021 15:29:41 PM
BOE Agenda Approval	bwooldri	04/29/2021 15:55:51 PM



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: 775 684-0170 | Fax: 775 684-0188

Purchasing Use Only:	
Approval #:	372 @

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information – Note: Approved copy will be sent to only the contact(s) listed below:			
	State Agency Name:	Nevada Youth Training Center /DCFS		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Gregory Thornton	775-748-6228	gthornton@dcfs.nv.gov
		Vern Harlow	775-748-6224	vharlow@dcfs.nv.gov

2	Contractor Information:	
	Contractor:	Doctor Daniel Jones
	Contact Name:	Daniel Jones
	Complete Address:	HC 64 Box 70 Deeth, NV 89823-9702
	Phone Number:	775-340-3286
	Email Address:	jonesranch@mac.com

3	List <u>all previous</u> Contract Information:			
	Solicitation Type, if applicable:	RFP	#:	3413
	CETS #:	#18786		
	Contract Amount:	\$384,000		
	Contract Term:	Start Date:	7/1/2017	End Date:

Purchasing Use Only:	
Approval #:	3720

Current Contract Information:					
4	Solicitation Type, if applicable:	RFP		#:	3413
	CETS #:	#18786			
	Initial Contract Amount:	\$384,000			
	Contract Term:	Start Date:	7/1/2017	End Date:	6/30/2021

Amendment Information – List <u>all previously</u> approved amendments:				
5	Amd #:	Brief Synopsis of What Amendment Accomplished:	Change in Contract Amount	Change in End Date
		There have been no amendments		

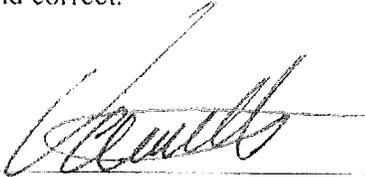
<u>Proposed</u> Amendment Information:				
6	Amd #:	Brief Synopsis of What the Requested Amendment will Accomplish	Change in Contract Amount	Change in End Date
	1	This amendment will extend the contract for an additional 9 months so that a formal solicitation process can be completed. This will allow the agency to continue to provide required medical services to youth committed to the states care.	\$72,000	3/31/2022

7	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?		
	Due to the ongoing Covid-19 pandemic many of the state personnel necessary to facilitate an agreement for continued medical services for youth committed to the states care have been unavailable at various times. This has led to a delay to the normal time line for this process.		

8	What are the potential consequences to the State if the contract extension request is denied?		
	If the contract extension is denied the state will not be able to provide the required quality medical care that is necessary for youth committed to the states care.		

<i>Purchasing Use Only:</i>	
Approval #:	372 (C)

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct.



Signature of Agency Representative Initiating Request

Vern Harlow

Print Name of Agency Representative Initiating Request

3/24/2021

Date



Signature of Agency Head Authorizing Request

Mandi Davis

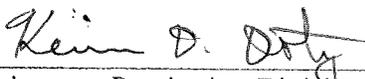
Print Name of Agency Head Authorizing Request

3/25/21

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Signed:



Administrator, Purchasing Division or Designee

3/30/21

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: 22965	Amendment Number: 1
Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: MARYLAND, STATE OF/UNIVERSITY
Agency Code: 409	Contractor Name: MARYLAND, STATE OF/UNIVERSITY
Appropriation Unit: 3646-18	Address: OF MARYLAND BALTIMORE PO BOX 41428
Is budget authority available?: Yes	City/State/Zip: BALTIMORE, MD 21203-6428
If "No" please explain: Not Applicable	Contact/Phone: EMILY GOLDMAN 410/706-8300
	Vendor No.: T80997434
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2019**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2023**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **FOCUS**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement which provides ongoing services for Families are Laughing, Outcomes, Coordination, Unconditional Positive Regard, Short-Term intermediate level care coordination training, coaching, certification, capacity building, licensing evaluations, and continuous quality improvement processes. This amendment increases the maximum amount from \$339,000 to \$767,250 due to an increased scope of work to expand the certification and re-certification of coaches.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$339,000.00	\$339,000.00	\$339,000.00	Yes - Action
2. Amount of current amendment (#1):	\$428,250.00	\$428,250.00	\$428,250.00	Yes - Action
3. New maximum contract amount:	\$767,250.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

FOCUS, developed by the Institute for Innovation and Implementation, is a time-limited intermediate care coordination model designed to support decreased involvement with systems while working to build connections and supports for families through community-based resources. FOCUS was created to modernize traditional case management models and operationalize values within a SOC framework for youth with lesser complex needs and whose needs do not rise to the intensive (wraparound) level of care, but who could still be system involved, at risk of deeper system involvement, and whose challenges exceed the resources of a single organization or a family's capacity to gain access to needed supports and services. The amendment provides additional tasks, including wraparound licensing and ongoing certification; FOCUS licensing and ongoing certification; and evaluation and continuous quality improvement processes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The FOCUS model was created by UMB to supplement the High-Fidelity Wraparound Model that they previously provided training and licensing for within the last 3 years. UMB possesses the licensing for this model and therefore must train and certify DCFS staff to implement the model.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Pursuant to NRS 277.180 one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Division has been collaborating with UMB since 2016 to implement High Fidelity Wraparound Services and the quality of the service has been exemplary.

14. Is the contractor currently involved in litigation with the State 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

prassie1

03/15/2021 15:15:05 PM

Division Approval	knielsen	04/27/2021 12:34:18 PM
Department Approval	valpers	05/04/2021 11:25:13 AM
Contract Manager Approval	sknigge	05/04/2021 13:01:32 PM
Budget Analyst Approval	jyou23	05/06/2021 16:13:48 PM
BOE Agenda Approval	bwooldri	05/13/2021 14:13:09 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24276**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: COMPASS GROUP, USA
Agency Code: 431	Contractor Name: COMPASS GROUP, USA
Appropriation Unit: 3650-19	Address: 2 INTERNATIONAL DRIVE
Is budget authority available?: Yes	City/State/Zip: RYE BROOK, NY 10573
If "No" please explain: Not Applicable	Contact/Phone: JULIE VEAL 914-938-5300
	Vendor No.: T29040700
	NV Business ID: NV20101844335

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.

X General Funds	25.00 %	Fees	0.00 %
X Federal Funds	75.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **Contract**

Contract description: **Food Service BBYCA**

5. Purpose of contract:

This is a new contract to provide on-site food services for the Battle Born Youth Challenge Academy.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,200,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

We are needing food provided to our cadets and need to have a company provide food that comply with USDA requirements.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We need a company to provide food that comply with USDA requirements.

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):

COMPASS GROUP USA
LANCER HOSPITALITY
ACORN
LUNCH SHOP

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #43ADG-S1508, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 04/08/2021 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:
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	ctyle1	05/04/2021 12:21:21 PM
Division Approval	ctyle1	05/04/2021 12:21:28 PM
Department Approval	ctyle1	05/04/2021 12:21:31 PM
Contract Manager Approval	ctyle1	05/04/2021 12:21:34 PM
Budget Analyst Approval	jrodrig9	05/18/2021 11:13:33 AM
BOE Agenda Approval	jrodrig9	05/18/2021 11:13:37 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: **24202**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: Board of Regents
Agency Code: 440	Contractor Name: Board of Regents
Appropriation Unit: 3710-26	Address: Nevada Sys of Higher Education
Is budget authority available?: Yes	1664 N. Virginia St Stop 270
If "No" please explain: Not Applicable	City/State/Zip: Reno, NV 89557
	Contact/Phone: Glenn Heath, ASM/CSM 702-720-3311
	Vendor No.: D35000811
	NV Business ID: Government Entity
To what State Fiscal Year(s) will the contract be charged?	2022-2023

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 #: 440

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 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Video Network**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing access to the NevadaNet system to support educational and public access programs at various facilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$177,056.00**

Other basis for payment: 3710-26 G/L 7060 ~ FY22: \$4,024.00 X 22 rooms = \$88,528.00 / FY23: \$4,024.00 X 22 rooms = \$88,528.00

II. JUSTIFICATION

7. What conditions require that this work be done?

NSHE has video network infrastructure deployed through the State of Nevada to support educational, research, rural health, and public agency purposes. Nevada Department of Corrections seeks to connect to the Nevada System of Higher Education network to gain access to the wide area video capabilities of NevadaNet for educational and public agency purposes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOC does not have the network capabilities to provide the service.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NSHE/SCS is responsible for provisioning and managing system-wide information services. The SCS-supported statewide network provides data and video Internet public agencies.

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, FY 14 to present. Services 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	bweisent	04/09/2021 11:23:49 AM
Division Approval	amonro1	04/12/2021 10:35:54 AM
Department Approval	amonro1	04/12/2021 10:35:57 AM
Contract Manager Approval	aroma2	04/26/2021 13:07:54 PM
Budget Analyst Approval	bmacke1	05/07/2021 08:35:22 AM
BOE Agenda Approval	jrodrig9	05/13/2021 18:48:30 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: **24155**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: DAYTON VALLEY TURF, INC.
Agency Code: 440	Contractor Name: DAYTON VALLEY TURF, INC.
Appropriation Unit: 3719-00	Address: 290 KIETZKE LN
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Cary T. Yamamoto, President 775-337-2992
	Vendor No.: N/A
	NV Business ID: NV19881018666

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

Agency Reference #: 440

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 05/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Land Lease**

5. Purpose of contract:

This is a new revenue contract to provide an ongoing land/use lease with Dayton Valley Turf, Inc. allowing the vendor to operate a turf/sod distribution and above ground garden prefabrication enterprise within the confines of the Northern Nevada Transitional Housing Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$105,600.00**

Other basis for payment: \$2,200.00 per month.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract generates revenue for the State.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue generating 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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is the only vendor who has approached the State for this use.

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:

Contract/ CETS#16856 with NDOC since 09/08/2015. Vendor performance has been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jdoucet	03/31/2021 08:22:55 AM
Division Approval	amonro1	04/01/2021 09:36:57 AM
Department Approval	amonro1	04/01/2021 09:37:01 AM
Contract Manager Approval	aroma2	04/06/2021 09:48:06 AM
Budget Analyst Approval	bmacke1	05/05/2021 14:58:47 PM
BOE Agenda Approval	jrodrig9	05/13/2021 18:41:41 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: 18821	Amendment Number: 1
Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: Rentokil North America, Inc.
Agency Code: 440	Contractor Name: Rentokil North America, Inc.
Appropriation Unit: 3760-09	Address: DBA Western Exterminator Co. P.O. Box 16350
Is budget authority available?: Yes	City/State/Zip: Reading , PA 19612
If "No" please explain: Not Applicable	Contact/Phone: Jhoana Ramirez 702-762-2234
	Vendor No.: PUR0005242
	NV Business ID: NV20101438952

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.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/06/2017**
 Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **5 years and 360 days**

4. Type of contract: **Contract**

Contract description: **Pest Control**

5. Purpose of contract:

This is the first amendment to the original contract that continues ongoing regularly scheduled pest control services at the following correctional facilities: Casa Grande Transitional Housing, Florence McClure Women's Correctional Center, High Desert State Prison, Jean Conservation Camp, Southern Desert Correctional Center and Three Lakes Valley Conservation Camp. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$119,456.00 to \$183,099.44 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:	\$119,456.00	\$119,456.00	\$119,456.00	Yes - Action
2. Amount of current amendment (#1):	\$63,643.44	\$63,643.44	\$63,643.44	Yes - Action
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$183,099.44 06/30/2023			

II. JUSTIFICATION

7. What conditions require that this work be done?

For the health and safety of staff and inmates.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The department maintenance staff do not have the expertise and/or equipment necessary to provide pest control services. No other State agency offers these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The RFP was sent out by State Purchasing to 291 vendors from their Vendor Management System plus 9 others from the State Purchasing Development form. Pursuant to RFP 3428, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 04/05/2017 Anticipated re-bid date: 01/15/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

FY01 to current with Nevada Department of Corrections. Service has been verified as satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gbarsegi	04/26/2021 10:24:07 AM
Division Approval	amonro1	04/26/2021 10:24:17 AM
Department Approval	amonro1	04/26/2021 10:24:21 AM
Contract Manager Approval	aroma2	04/27/2021 11:19:37 AM

Budget Analyst Approval
BOE Agenda Approval

bmacke1
jrodrig9

05/05/2021 15:14:27 PM
05/13/2021 19:14:44 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: **24347**

Agency Name:	COMMISSION ON MINERAL RESOURCE	Legal Entity Name:	BOARD OF REGENTS - UNR
Agency Code:	500	Contractor Name:	BOARD OF REGENTS - UNR
Appropriation Unit:	4219-09	Address:	1664 N. Virginia St. MAIL STOP 0124
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89557-0294
If "No" please explain:	Not Applicable		
		Contact/Phone:	775/682-6052
		Vendor No.:	D35000816
		NV Business ID:	NV20161295653

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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2023**Contract term: **2 years and 29 days**4. Type of contract: **Interlocal Agreement**Contract description: **Industry Reports**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing publication and curation services of mineral industry reports and associated database management of oil, gas and geothermal drill cuttings.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$194,400.00**

Other basis for payment: Fixed price; \$97,200 for Fiscal Year 2022 and \$97,200 for Fiscal Year 2023

II. JUSTIFICATION

7. What conditions require that this work be done?

Under the authority of NRS 522.040 and pursuant to NAC 522.215 and NAC 522.510 two sets of drill cuttings and one copy of all logging surveys are to be filed by oil and gas operators with the Nevada Bureau of Mines and Geology (NBMG) to be made available for public inspection when the records are no longer confidential. Similar requirements exist for geothermal operators under the authority of NRS 534A.090 and pursuant to NAC 534A.310 and NAC 534A.550. The curation and public availability of these records are critical to further exploration of oil, gas and geothermal resources in Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

For curation and public availability of oil, gas, and geothermal records, the Nevada Bureau of Mines and Geology (NBMG) utilizes the same staff, student resources, scanning equipment, tracking software, online services and warehouse space as is currently utilized for general geological information, maps, samples and reports. The Division does not have sufficient staff, expertise, and resources necessary to publish mineral industry and exploration reports and certain special reports which may be requested from the Commission on Mineral Resources.

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. At the September 09, 2020 quarterly public meeting of the Commission on Mineral Resources, the Commission approved the Division's proposed FY22/23 biennial budget which included funding a new agreement with the Nevada Bureau of Mines and Geology for \$90,000 in fiscal years 2022 and 2023.

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?

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	dvisher	04/29/2021 10:17:14 AM
Division Approval	dvisher	04/29/2021 10:18:52 AM
Department Approval	dvisher	04/29/2021 10:18:57 AM
Contract Manager Approval	rghiglie	05/03/2021 19:55:08 PM
Budget Analyst Approval	mlynn	05/04/2021 08:52:27 AM
BOE Agenda Approval	hfield	05/11/2021 15:13:05 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: **24284**

Agency Name: **DEPARTMENT OF AGRICULTURE**
Agency Code: **550**
Appropriation Unit: **1362-21**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **BONGARDS CREAMERIES**
Contractor Name: **BONGARDS CREAMERIES**
Address: **250 LAKE DR E**
City/State/Zip: **BONGARDS, MN 55317**
Contact/Phone: **952/277-5500**
Vendor No.: **T32004413**
NV Business ID: **NV20121327871**

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **55AGR-S1377 tb**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/08/2021**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/14/2025**

Contract term: **3 years and 342 days**

4. Type of contract: **Contract**

Contract description: **USDA Food Processor**

5. Purpose of contract:

This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,075,463.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

School districts and other agencies use process food products in their lunch program which creates this necessity.

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 USDA approved 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):

Asian Food Solutions
Integrated Food Service
Bongards Creamery

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #55AGR-S1377, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/08/2021 Anticipated re-bid date: 01/08/2025

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?

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 been working with this company since 2016. They have provided satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	tdoucett	05/06/2021 11:54:59 AM
Division Approval	tdoucett	05/06/2021 11:55:02 AM
Department Approval	kdailey	05/06/2021 15:41:05 PM
Contract Manager Approval	melli2	05/06/2021 15:44:38 PM
Budget Analyst Approval	mlynn	05/07/2021 12:17:42 PM
BOE Agenda Approval	hfield	05/10/2021 13:01:06 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: **24321**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: GOODMAN FOOD PRODUCTS, INC. dba DON LEE FARMS
Agency Code: 550	Contractor Name: GOODMAN FOOD PRODUCTS, INC. dba DON LEE FARMS
Appropriation Unit: 1362-21	Address: 200 EAST BEACH AVENUE
Is budget authority available?: Yes	City/State/Zip: INGLEWOOD, CA 90302
If "No" please explain: Not Applicable	Contact/Phone: Donald Goodman 310-674-3180
	Vendor No.: T27044233
	NV Business ID: PENDING

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **55AGR-S1377tb**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/15/2021**
Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/14/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **USDA Food Processor**

5. Purpose of contract:

This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,996,574.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

School districts and other agencies use process food products in their lunch program which creates this necessity.

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 USDA approved 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):

Bongards Creameries
Asian Food Solutions
Integrated Food Service

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #55AGR-S1377, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/08/2021 Anticipated re-bid date: 01/08/2025

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

This vendor is in the process of securing a Nevada state business license. Approval of this contract is contingent upon the vendor securing a Nevada State business license and being in good standing in all areas of the Secretary of State's business requirements.

16. a. Is 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.

This vendor is in the process of securing a Nevada state business license. Approval of this contract is contingent upon the vendor securing a Nevada State business license and being in good standing in all areas of the Secretary of State's business requirements.

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.

This vendor is in the process of securing a Nevada state business license. Approval of this contract is contingent upon the vendor securing a Nevada State business license and being in good standing in all areas of the Secretary of State's business requirements.

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tdoucett	05/11/2021 15:29:14 PM
Division Approval	tdoucett	05/11/2021 15:29:17 PM
Department Approval	tdoucett	05/11/2021 17:11:08 PM
Contract Manager Approval	melli2	05/12/2021 12:28:14 PM
Budget Analyst Approval	mlynn	05/12/2021 14:07:02 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: **24292**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: International Food Solutions
Agency Code: 550	Contractor Name: International Food Solutions
Appropriation Unit: 1362-21	Address: dba Asian Food Solutions
Is budget authority available?: Yes	5600 Elmhurst Circle
If "No" please explain: Not Applicable	City/State/Zip: OVIEDO, FL 32765-8389
	Contact/Phone: Allan Lam 888/499-6888
	Vendor No.: T32004323
	NV Business ID: NV20161328865
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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 55AGR-S1377 tb

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/08/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/14/2025**

Contract term: **3 years and 342 days**

4. Type of contract: **Contract**

Contract description: **USDA Food Processor**

5. Purpose of contract:

This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,251,042.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

School districts and other agencies use process food products in their lunch program which creates this necessity.

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 USDA approved 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):

Bongards Creamery
Asian Food Solutions
Integrated Food Service

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #55AGR-S1377, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/08/2021 Anticipated re-bid date: 01/08/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Agriculture 10/1/2016-Present Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: 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	tdoucett	05/05/2021 16:10:25 PM
Division Approval	tdoucett	05/05/2021 16:10:32 PM
Department Approval	kdailey	05/05/2021 16:36:15 PM
Contract Manager Approval	melli2	05/05/2021 17:08:49 PM
Budget Analyst Approval	mlynn	05/07/2021 12:09:30 PM
BOE Agenda Approval	hfield	05/10/2021 13:41:11 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24291**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: JTM PROVISIONS COMPANY INC
Agency Code: 550	Contractor Name: JTM PROVISIONS COMPANY INC
Appropriation Unit: 1362-21	Address: 200 SALES DR
Is budget authority available?: Yes	City/State/Zip: HARRISON, OH 45030
If "No" please explain: Not Applicable	Contact/Phone: Brian Hofmeier 513-367-4900
	Vendor No.: T29044141
	NV Business ID: NV20101609825
To what State Fiscal Year(s) will the contract be charged?	2021-2025

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **55AGR-S1377 tb**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/15/2021**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/14/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **USDA Food Processor**

5. Purpose of contract:

This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,357,936.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

School districts and other agencies use process food products in their lunch program which creates this necessity.

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 USDA approved 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):

Adian Food Solutions
Integrated Food Service
Bongards Creameries

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #55AGR-S1377, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/08/2021 Anticipated re-bid date: 01/08/2025

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?

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 7/1/16-6/30/17

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	tdoucett	05/11/2021 15:29:43 PM
Division Approval	tdoucett	05/11/2021 15:29:45 PM
Department Approval	tdoucett	05/11/2021 17:10:43 PM
Contract Manager Approval	melli2	05/12/2021 06:55:11 AM
Budget Analyst Approval	mlynn	05/12/2021 10:35:32 AM
BOE Agenda Approval	hfield	05/12/2021 11:01:46 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24289**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: LAND O LAKES INC
Agency Code: 550	Contractor Name: LAND O LAKES INC
Appropriation Unit: 1362-21	Address: 1200 COUNTY RD F West MS 3015
Is budget authority available?: Yes	City/State/Zip: ARDEN HILLS, MN 55112-2921
If "No" please explain: Not Applicable	Contact/Phone: Alethia Scheet 651/375-2562
	Vendor No.: PUR0003799B
	NV Business ID: NV19811013447
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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **55AGR-S1377 tb**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/08/2021**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/14/2025**

Contract term: **3 years and 342 days**

4. Type of contract: **Contract**

Contract description: **USDA Food Processor**

5. Purpose of contract:

This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,755,430.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

School districts and other agencies use process food products in their lunch program which creates this necessity.

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 USDA approved 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):

Bongards Creameries
Integrated Food Service
Asian Food Solutions

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #55AGR-S1377, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/08/2021 Anticipated re-bid date: 01/08/2025

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?

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 10/1/16-Present

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	tdoucett	05/06/2021 11:56:07 AM
Division Approval	tdoucett	05/06/2021 11:56:10 AM
Department Approval	kdailey	05/06/2021 15:40:29 PM
Contract Manager Approval	melli2	05/06/2021 15:45:08 PM
Budget Analyst Approval	mlynn	05/11/2021 15:37:22 PM
BOE Agenda Approval	hfield	05/12/2021 10:48:53 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: **24290**

Agency Name: DEPARTMENT OF AGRICULTURE Agency Code: 550 Appropriation Unit: 1362-21 Is budget authority available?: Yes If "No" please explain: Not Applicable To what State Fiscal Year(s) will the contract be charged? 2022-2025	Legal Entity Name: LETS DO LUNCH INC DBA Contractor Name: LETS DO LUNCH INC DBA Address: INTEGRATED FOOD SERVICE 310 W ALONDRA BLVD GARDENA, CA 90248-2423 City/State/Zip: GARDENA, CA 90248-2423 Contact/Phone: Jon Sugimoto 310/523-3664 Vendor No.: PUR0003797 NV Business ID: NV20111272488
---	--

What is the source of funds that will be used to 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 #: **55AGR-S1377 tb**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/08/2021**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/14/2025**

Contract term: **3 years and 342 days**

4. Type of contract: **Contract**

Contract description: **USDA Food Processor**

5. Purpose of contract:

This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,670,627.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

School districts and other agencies use process food products in their lunch program which creates this necessity.

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 USDA approved 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):

Bongards Creameries
Asian Food Solutions
Integrated Food Service

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #55AGR-S1377, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/08/2021 Anticipated re-bid date: 01/08/2025

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?

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 2016 � Present Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	tdoucett	05/06/2021 11:54:01 AM
Division Approval	tdoucett	05/06/2021 11:54:03 AM
Department Approval	kdailey	05/06/2021 15:39:36 PM
Contract Manager Approval	melli2	05/06/2021 15:44:53 PM
Budget Analyst Approval	mlynn	05/07/2021 11:17:13 AM
BOE Agenda Approval	hfield	05/10/2021 13:47:51 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24288**

Agency Name: **DEPARTMENT OF AGRICULTURE**
Agency Code: **550**
Appropriation Unit: **1362-21**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **MCI FOODS, INC., DBA**
Contractor Name: **MCI FOODS, INC., DBA**
Address: **13013 Molette Street**
City/State/Zip: **Santa Fe Springs, CA 90670**
Contact/Phone: **562-977-4006**
Vendor No.: **T81022385A**
NV Business ID: **NV20091096701**

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **55AGR-S1377 tb**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/08/2021**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/14/2025**

Contract term: **3 years and 342 days**

4. Type of contract: **Contract**

Contract description: **USDA Food Processor**

5. Purpose of contract:

This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,567,847.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

School districts and other agencies use process food products in their lunch program which creates this necessity.

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 USDA approved 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):

Bongards Creameries
Asian Food Solutions
Integrated Food Service

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #55AGR-S1377, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/08/2021 Anticipated re-bid date: 01/08/2025

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?

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 -2016-Present Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	tdoucett	05/05/2021 16:08:13 PM
Division Approval	tdoucett	05/05/2021 16:08:19 PM
Department Approval	kdailey	05/05/2021 16:35:42 PM
Contract Manager Approval	melli2	05/05/2021 17:08:13 PM
Budget Analyst Approval	mlynn	05/11/2021 14:34:22 PM
BOE Agenda Approval	hfield	05/11/2021 14:59:27 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24287**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: MICHAEL FOODS INC
Agency Code: 550	Contractor Name: MICHAEL FOODS INC
Appropriation Unit: 1362-21	Address: 301 CARLSON PKWY STE 400
Is budget authority available?: Yes	City/State/Zip: MINNETONKA, MN 55305-5370
If "No" please explain: Not Applicable	Contact/Phone: Jamie Skinner 209-613-1383
	Vendor No.: T27041472
	NV Business ID: NV20121357002
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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **55AGR-S1377**

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 **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/14/2025**

Contract term: **3 years and 349 days**

4. Type of contract: **Contract**

Contract description: **USDA Food Processor**

5. Purpose of contract:

This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$974,427.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

School districts and other agencies use process food products in their lunch program which creates this necessity.

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 USDA approved manufacturers may do so.

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):

Bongards Creameries
Asian Food Solutions
Integrated Food Service

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #55AGR-S1377, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/08/2021 Anticipated re-bid date: 01/08/2025

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?

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 -2018-Present Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	tdoucett	05/05/2021 16:06:20 PM
Division Approval	tdoucett	05/05/2021 16:06:25 PM
Department Approval	kdailey	05/05/2021 16:35:19 PM
Contract Manager Approval	melli2	05/05/2021 17:07:56 PM
Budget Analyst Approval	mlynn	05/07/2021 12:09:46 PM
BOE Agenda Approval	hfield	05/10/2021 13:37:54 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24286**

Agency Name: **DEPARTMENT OF AGRICULTURE**
Agency Code: **550**
Appropriation Unit: **1362-21**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **NATIONAL FOOD GROUP, INC.**
Contractor Name: **NATIONAL FOOD GROUP, INC.**
Address: **46820 MAGELLAN DR., STE A**
City/State/Zip: **NOVI, MI 48377-2454**
Contact/Phone: **Dan Moss 248/560-2340**
Vendor No.: **T27010511**
NV Business ID: **NV20121331501**

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **55AGR-S1377 tb**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/08/2021**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/14/2025**

Contract term: **3 years and 342 days**

4. Type of contract: **Contract**

Contract description: **USDA Food Processor**

5. Purpose of contract:

This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,525,884.10**

II. JUSTIFICATION

7. What conditions require that this work be done?

School districts and other agencies use process food products in their lunch program which creates this necessity.

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 USDA approved 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):

Bongards Creameries
Asian Food Solutions
Integrated Food Service

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #55AGR-S1377, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/08/2021 Anticipated re-bid date: 01/08/2025

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?

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 -2013-Present Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	tdoucett	05/05/2021 16:09:17 PM
Division Approval	tdoucett	05/05/2021 16:09:20 PM
Department Approval	kdailey	05/05/2021 16:35:57 PM
Contract Manager Approval	melli2	05/05/2021 17:08:31 PM
Budget Analyst Approval	mlynn	05/11/2021 15:05:32 PM
BOE Agenda Approval	hfield	05/11/2021 15:07:19 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24285**

Agency Name: **DEPARTMENT OF AGRICULTURE**
Agency Code: **550**
Appropriation Unit: **1362-21**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **OUT OF THE SHELL, LLC DBA LINGS**
Contractor Name: **OUT OF THE SHELL, LLC DBA LINGS**
Address: **YANGS 5TH TASTE**
9658 REMER ST
City/State/Zip: **SOUTH EL MONTE, CA 91733**
Contact/Phone: 9094516565
Vendor No.: T27031199
NV Business ID: NV20121391639

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 55AGR-S1377 tb

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/08/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/14/2025**

Contract term: **3 years and 342 days**

4. Type of contract: **Contract**

Contract description: **USDA Food Processor**

5. Purpose of contract:

This is a new contract to provide ongoing breakfast and lunch products using United States Department of Agriculture commodities as ingredients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,314,320.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

School districts and other agencies use process food products in their lunch program which creates this necessity.

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 USDA approved 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):

Integrated Food Service
Bongards Creameries
Asian Food Solutions

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #55AGR-S1377, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/08/2021 Anticipated re-bid date: 01/08/2025

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?

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 -2016-Present Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	tdoucett	05/06/2021 11:57:10 AM
Division Approval	tdoucett	05/06/2021 11:57:12 AM
Department Approval	kdailey	05/06/2021 15:40:44 PM
Contract Manager Approval	melli2	05/06/2021 15:45:24 PM
Budget Analyst Approval	mlynn	05/07/2021 11:55:23 AM
BOE Agenda Approval	hfield	05/10/2021 13:44:52 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: **24279**

Agency Name: DPS-DIRECTOR'S OFFICE	Legal Entity Name: LAS VEGAS METROPOLITAN POLICE DEPARTMENT
Agency Code: 650	Contractor Name: LAS VEGAS METROPOLITAN POLICE DEPARTMENT
Appropriation Unit: 4706-04	Address: FORENSIC LABORATORY 5605 W. Badura, Suite 120 B
Is budget authority available?: No	City/State/Zip: Las Vegas, NV 89118
If "No" please explain: Contract open to multiple DPS agencies and a pro-rata share of the budget authority resides with each agency account: including Nevada Highway Patrol (Agency 651), Parole and Probation (Agency 652) and the Division of investigations (Agency 653).	Contact/Phone: Kim Murga 702-828-3932
	Vendor No.: T81026920AN
	NV Business ID: Government 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.

<input checked="" type="checkbox"/> General Funds	2.00 %	<input checked="" type="checkbox"/> Fees	30.00 % DNA Testing Fees
Federal Funds	0.00 %	Bonds	0.00 %
<input checked="" type="checkbox"/> Highway Funds	68.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**
 Anticipated BOE meeting date 06/2021

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: **DNA, Forensic, Toxic**

5. Purpose of contract:

This is a new Interlocal agreement to provide ongoing genetic marker testing (DNA), forensic laboratory analysis and toxicology laboratory analysis services for the Department.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,300,152.30**

Other basis for payment: DNA - 300,000 Forensic - 88,000 Toxicology - 912,152.30

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 176.0916 requires the Parole and Probation Division to arrange for a biological specimen to be obtained from certain probationers and/or parolees, collect the fees for obtaining the biological specimens and for testing all identifying DNA information is to be submitted to the Central Repository. NRS 484C 110-190

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State of Nevada does not have a laboratory or employees qualified to perform the 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor is currently under contract with the Department of Public Safety. Service provided has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	twollan1	04/16/2021 08:38:58 AM
Division Approval	amccoo1	04/20/2021 14:47:18 PM
Department Approval	mcosenti	04/20/2021 15:05:31 PM
Contract Manager Approval	mcosenti	04/29/2021 16:35:39 PM
Budget Analyst Approval	jrodrig9	05/03/2021 16:30:48 PM
BOE Agenda Approval	jrodrig9	05/03/2021 16:30:57 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **24320**Agency Name: **DPS-HIGHWAY PATROL**Agency Code: **651**Appropriation Unit: **4721-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ITERIS, INC.**Contractor Name: **ITERIS, INC.**Address: **1700 Carnegie Ave.
Suite 100**City/State/Zip: **Santa Ana, CA 92705**Contact/Phone: **Delaine Adkins 208-419-0122**Vendor No.: **T27038232A**NV Business ID: **NV20041687546**To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date: **06/2021**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2022**Contract term: **1 year and 29 days**4. Type of contract: **Contract**Contract description: **ITD Program Support**

5. Purpose of contract:

This is a new contract to provide project management for the Federal Motor Carrier Safety Administration - Innovative Technology Deployment Program in support of the agency's motor carrier safety program and associated technology advancement capability efforts.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$98,000.00**

Other basis for payment: Upon receipt and approval of invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Highway Patrol (NHP) is an active participant in the Federal Motor Carrier Safety Administration (FMCSA) Innovative Technology Deployment (ITD) Program. The purpose of the ITD program is to advance the technological capability and promote the deployment of intelligent transportation system applications for commercial vehicle operations (CVO), including commercial motor vehicle (CMV), commercial driver, and carrier-specific information systems and networks.

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 these duties.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Optimal Design
Innovative Business Tech, Inc.
Iteris, Inc.
Innovative Tech
ShoreGroup

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Iteris, Inc. was the only vendor who responded to the formal solicitation.

d. Last bid date: 04/16/2021 Anticipated re-bid date: 12/03/2021

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:

Iteris, Inc. had contracted with the Department Motor of Vehicles and Nevada Highway Patrol in the past. 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 registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Roxana Gifford, NHP Contract Manager Ph: (775) 684-4467

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jramo3	04/23/2021 09:13:12 AM
Division Approval	twollan1	04/29/2021 10:04:52 AM
Department Approval	cboegle	04/30/2021 12:41:37 PM
Contract Manager Approval	cboegle	04/30/2021 12:41:39 PM
Budget Analyst Approval	jrodrig9	05/04/2021 23:02:00 PM
BOE Agenda Approval	jrodrig9	05/04/2021 23:02:03 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: **24190**

Agency Name: COLORADO RIVER COMMISSION	Legal Entity Name: MARCH COUNSEL LLC
Agency Code: 690	Contractor Name: MARCH COUNSEL LLC
Appropriation Unit: 4490-04	Address: 1201 CONNECTICUT AVE NW 6TH FL
Is budget authority available?: Yes	City/State/Zip: WASHINGTON, DC 20036
If "No" please explain: Not Applicable	Contact/Phone: CRAIG SILVERSTEIN 202/640-2100
	Vendor No.: T27041572
	NV Business ID: Exempt Entity NRS 86.5483
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 Revenues

Agency Reference #: **COLORADO RIVER COMMISSION**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 29 days**

4. Type of contract: **Contract**

Contract description: **March Counsel LLC**

5. Purpose of contract:

This is a new contract to provide legal services relating to matters ending before or involving the Federal Energy Regulatory Commission, North American Electric Reliability Corporation and other national and regional regulatory bodies.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Payment for services will be made at the rate of \$425.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

The need for agency representation before federal and regional electric power regulatory bodies to participate in electric power markets.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of regulatory expertise and standing before the FERC and NERC by State employees in the agency and other State agencies, and the need to maintain offices in Washington DC.

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 NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

Exempt Entity NRS 86.5483. (see 1.1 and 1.m)

16. a. Is 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.

Exempt Entity NRS 86.5483. (see 1.1 and 1.m)

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.

Exempt Entity NRS 86.5483. (see 1.1 and 1.m)

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gbenton	04/28/2021 15:13:58 PM
Division Approval	gbenton	04/28/2021 15:14:00 PM
Department Approval	gbenton	04/28/2021 15:14:04 PM
Contract Manager Approval	dbeaty	05/10/2021 11:35:42 AM
Budget Analyst Approval	hfield	05/13/2021 11:36:25 AM
BOE Agenda Approval	hfield	05/18/2021 11:07:31 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24050**

Agency Name: COLORADO RIVER COMMISSION	Legal Entity Name: MOSS ADAMS LLP
Agency Code: 690	Contractor Name: MOSS ADAMS LLP
Appropriation Unit: 4490-04	Address: 805 SW BROADWAY, SUITE 1200
Is budget authority available?: Yes	City/State/Zip: PORTLAND, OR 97205
If "No" please explain: Not Applicable	Contact/Phone: Kieth Simovic 503-478-2284
	Vendor No.: T32010907
	NV Business ID: NV20121025620
To what State Fiscal Year(s) will the contract be charged? 2022-2023	

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 %	Power Revenues
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **RFP # 69CRC-S1448 PSMs initials: HM**

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 **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Auditing Services**

5. Purpose of contract:

This is a new contract to provide annual professional auditing services of financial records and an audit opinion on the Comprehensive Annual Financial Report.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$120,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Bond covenants require an annual external audit and publication of an annual Comprehensive Annual Financial Report (CAFR).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Independent annual audit must be accomplished by an outside independent accounting firm.

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):

Professional Auditing Services of America, Co.
Eide Bailly
Audit Resource Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #69CRC-S1448, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/15/2021 Anticipated re-bid date: 01/15/2023

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gbenton	04/20/2021 12:36:49 PM
Division Approval	gbenton	04/20/2021 12:36:52 PM
Department Approval	gbenton	04/20/2021 12:36:54 PM
Contract Manager Approval	dbeatty	04/20/2021 13:08:21 PM
Budget Analyst Approval	hfield	04/29/2021 15:18:10 PM
BOE Agenda Approval	hfield	04/29/2021 15:18:14 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: 21064	Amendment Number: 1
Agency Name: DCNR - DIVISION OF WATER RESOURCES	Legal Entity Name: UNITED STATES DEPT OF INTERIOR
Agency Code: 705	Contractor Name: UNITED STATES DEPT OF INTERIOR
Appropriation Unit: 4157-10	Address: US GEOLOGICAL SURVEY PO BOX 6200-27
Is budget authority available?: Yes	City/State/Zip: PORTLAND, OR 97228-6200
If "No" please explain: Not Applicable	Contact/Phone: Phil Gardner 703/648-7683
	Vendor No.: PUR0000332D
	NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Pass-through

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/09/2018**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2021**

Contract term: **3 years and 357 days**

4. Type of contract: **Other (include description): Joint Funding Agreement**

Contract description: **Goshute Valley Study**

5. Purpose of contract:

This is the first amendment to the original joint funding agreement to fund a study of the hydraulic connectivity and bulk hydraulic properties of carbonate-rock and basin-fill aquifers in the vicinity of Big Springs and the Johnson Springs Wetland Complex in Goshute Valley. This amendment extends the termination date from September 30, 2021 to September 30, 2022 and increases the maximum amount from \$300,000 to \$390,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
2. Amount of current amendment (#1):	\$90,000.00	\$90,000.00	\$90,000.00	Yes - Action
3. New maximum contract amount:	\$390,000.00			
and/or the termination date of the original contract has changed to:	09/30/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Long Canyon Mine Project in Goshute Valley, Nevada will require groundwater pumping from the carbonate-rock aquifer to sustain the proposed open-pit gold mining and processing activities for the life of the mine. This pumping will alter flow rates at neighboring springs and groundwater levels which will affect the appropriators that have water rights on these sources. The study will provide relevant hydrologic data for use in assessing long-term pumping effects and inform possible mitigation efforts.

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: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The U.S. Geological Survey has the necessary equipment in place and expertise 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	04/30/2021 12:25:45 PM
Division Approval	sweb4	04/30/2021 12:25:48 PM
Department Approval	kwilliam	05/03/2021 15:16:03 PM
Contract Manager Approval	sweb4	05/04/2021 07:38:51 AM
Budget Analyst Approval	rjacob3	05/06/2021 07:23:23 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: **24358**

Agency Name: DCNR - DIVISION OF WATER RESOURCES	Legal Entity Name: UNITED STATES DEPT OF INTERIOR
Agency Code: 705	Contractor Name: UNITED STATES DEPT OF INTERIOR
Appropriation Unit: 4171-15	Address: US 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 775-887-7600
	Vendor No.: PUR0000332D
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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	60.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	40.00 %	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 **07/01/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Cooperative Agreement**

Contract description: **S. Fork Humboldt JFA**

5. Purpose of contract:

This is a new joint funding agreement that provides an ongoing monitoring program for the South Fork of the Humboldt River consisting of two streamflow gauges and data collection platforms.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$77,800.00**

Payment for services will be made at the rate of \$5,835.00 per Quarter

Other basis for payment: The State portion is \$46,680 and the USGS portion is \$31,120.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State Engineer requires the information provided by this program to fulfill the responsibility of protecting existing downstream water rights.

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: **Not Applicable**

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:

Levi Kryder, Chief, Hydrology Section Ph: 775-684-2866

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sweb4	04/30/2021 14:03:01 PM
Division Approval	sweb4	04/30/2021 14:03:04 PM
Department Approval	kwilliam	05/03/2021 14:55:51 PM
Contract Manager Approval	sweb4	05/04/2021 07:37:24 AM
Budget Analyst Approval	rjacob3	05/06/2021 07:24:27 AM
BOE Agenda Approval	hfield	05/13/2021 10:00:24 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24359**

Agency Name:	DCNR - DIVISION OF WATER RESOURCES	Legal Entity Name:	UNITED STATES DEPT OF INTERIOR
Agency Code:	705	Contractor Name:	UNITED STATES DEPT OF INTERIOR
Appropriation Unit:	4171-12	Address:	US 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 775-887-7600
		Vendor No.:	PUR0000332D
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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	54.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	46.00 %	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 **07/01/2021**
 Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Base Hydrology JFA**

5. Purpose of contract:

This is a new joint funding agreement that provides ongoing operation and maintenance of a streamflow network of 24 gages and a reservoir gage, groundwater level data collection, data entry and review, publication of the data to the internet, and an annual publication.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$819,910.00**

Payment for services will be made at the rate of \$54,989.00 per Quarter

Other basis for payment: The State of Nevada's portion is \$439,912 and the U.S. Geological Survey's portion is \$379,998.

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a program monitoring streamflow 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: **Not Applicable**

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?

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:

Levi Kryder, Chief, Hydrology Section Ph: 775-684-2866

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sweb4	04/30/2021 14:52:42 PM
Division Approval	sweb4	04/30/2021 14:52:44 PM
Department Approval	kwilliam	05/03/2021 14:55:17 PM
Contract Manager Approval	sweb4	05/04/2021 07:36:34 AM
Budget Analyst Approval	rjacob3	05/06/2021 07:15:43 AM
BOE Agenda Approval	hfield	05/13/2021 10:42:42 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 22200	Amendment Number: 1
Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: Nevada Department of Wildlife
Agency Code: 706	Contractor Name: Nevada Department of Wildlife
Appropriation Unit: 4195-00	Address: 6980 Sierra Center Parkway Suite 120
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: Nancy Camarena 775-688-1526
	Vendor No.:
	NV Business ID: Government Entity
To what State Fiscal Year(s) will the contract be charged?	2020-2023
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	X Other funding 100.00 % Revenue
Agency Reference #: NDF19-052	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/16/2019**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **3 years and 288 days**

4. Type of contract: **Revenue Contract**

Contract description: **Cost Share Agreement**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides for ongoing sharing of pilots and maintenance personnel. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$40,000 to \$80,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$40,000.00	\$40,000.00	\$40,000.00	Yes - Info
2. Amount of current amendment (#1):	\$40,000.00	\$40,000.00	\$80,000.00	Yes - Action
3. New maximum contract amount:	\$80,000.00			
and/or the termination date of the original contract has changed to:	06/30/2023			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Wildlife (NDOW) has a limited number of pilots available and mandated flight requirements. In order for NDOW to carry out its mission it is necessary for the Nevada Division of Forestry's (NDF's) pilot to assist with flying designated operations. Additionally, NDOW does not have an aircraft mechanic on staff and therefore will utilize NDF's aircraft mechanic when available.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is an interlocal agreement between state agencies utilizing state employees and equipment.

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?

Yes If "Yes", please explain

Both parties involved in this interlocal agreement are State agencies.

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDF and NDOW currently have an agreement for these services which expires June 30, 2021.

14. Is the contractor currently involved in litigation with the State 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	dchelin1	05/03/2021 07:26:05 AM
Division Approval	dsorensen	05/04/2021 08:15:39 AM
Department Approval	dchelin1	05/05/2021 02:46:16 AM
Contract Manager Approval	dchelin1	05/05/2021 02:46:23 AM
Budget Analyst Approval	rjacob3	05/10/2021 08:34:25 AM
BOE Agenda Approval	cbrekken	05/17/2021 15:28:35 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24164**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: MCGINLEY & ASSOCIATES INC
Agency Code: 709	Contractor Name: MCGINLEY & ASSOCIATES INC
Appropriation Unit: 3175-75	Address: 5410 LONGLEY LN
Is budget authority available?: No	City/State/Zip: RENO, NV 89511-1879
If "No" please explain: Additional contract authority being requested in coordinating Work Program #C54200 for the June IFC meeting.	Contact/Phone: 775/829-2245
	Vendor No.: T81202459
	NV Business ID: NV20021218343

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 % Hazardous Waste Funds

Agency Reference #: **RFP# 70CNR-S1494 / DEP21-026**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **Contract**

Contract description: **3-Kids Mine Cleanup**

5. Purpose of contract:

This is a new contract to provide technical review services and recommendations to support regulatory oversight and corrective action at the Three Kids Mine Project site.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$480,000.00**

Other basis for payment: NDEP approval.

II. JUSTIFICATION

7. What conditions require that this work be done?

Technical reviews to provide comments to the State on required reports generated by consultants responsible for the environmental cleanup at the Three Kids Mine site are necessary for NDEP to provide oversight. NDEP's regulatory oversight requires the scientific/technical support and advisory assistance services of several specialists including toxicologists and risk assessors, chemists, statisticians, hydrogeologists and environmental/civil engineers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the staffing or expertise available to perform these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Terraphase Engineering Inc.
RECON Environmental, Inc.
NOVA Geotechnical and Inspection Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #70CNR-S1494, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Alan Pineda, NDEP, Professional Engineer Ph: 702-668-3925
James Carlton Parker, NDEP, Environmental Scientist IV Ph: 702-668-3908

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kbradle1	04/12/2021 15:59:03 PM
Division Approval	jdotchin	04/13/2021 18:08:49 PM
Department Approval	jdotchin	04/13/2021 18:08:55 PM
Contract Manager Approval	sgotta	04/14/2021 07:38:44 AM
Budget Analyst Approval	rjacob3	04/22/2021 10:08:14 AM
BOE Agenda Approval	hfield	04/29/2021 14:48:58 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: 18725	Amendment Number: 3	
Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: BOARD OF REGENTS-NSHE OBO UNR	
Agency Code: 709	Contractor Name: BOARD OF REGENTS-NSHE OBO UNR	
Appropriation Unit: 3185-04	Address: OBO UNIVERSITY OF NEVADA RENO MAIL STOP 124	
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89557	
If "No" please explain: Not Applicable	Contact/Phone: Christopher Lynch 775-834-3687	
	Vendor No.: D35000849	
	NV Business ID: NV20161295653	

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	100.00 % PERMIT
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **DEP18-002**

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 **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **6 years**

4. Type of contract: **Interlocal Agreement**
 Contract description: **Technical Assistance**

5. Purpose of contract:

This is the third amendment to the original interlocal agreement which provides air quality related environmental regulatory assistance and outreach. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$523,000 to \$833,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$73,000.00	\$73,000.00	\$73,000.00	Yes - Action
a. Amendment 1:	\$305,000.00	\$305,000.00	\$305,000.00	Yes - Action
b. Amendment 2:	\$145,000.00	\$145,000.00	\$145,000.00	Yes - Action
2. Amount of current amendment (#3):	\$310,000.00	\$310,000.00	\$310,000.00	Yes - Action
3. New maximum contract amount:	\$833,000.00			
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?

Providing technical assistance to small businesses without risk of regulatory action/enforcement reduces the number of violations and threat to human health and to the environment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDEP does not have adequate resources to provide this outreach assistance.

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 - Governmental Entity - Intrastate Contract - There is an indirect cost rate of 8% charged to this contract.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

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?

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	rbusto	05/03/2021 08:47:17 AM
Division Approval	ddragon1	05/05/2021 15:48:59 PM
Department Approval	ddragon1	05/05/2021 15:49:05 PM
Contract Manager Approval	mgowe1	05/05/2021 15:50:46 PM
Budget Analyst Approval	rjacob3	05/10/2021 07:54:50 AM
BOE Agenda Approval	cbrekken	05/17/2021 11:51:00 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24348**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: BOARD OF REGENTS - UNR
Agency Code: 709	Contractor Name: BOARD OF REGENTS - UNR
Appropriation Unit: 3187-56	Address: KUNR 88.7 FM MAIL STOP 0294
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89557-0294
If "No" please explain: Not Applicable	Contact/Phone: 775/682-6052
	Vendor No.: D35000816B
	NV Business ID: Govt 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 %	X	Fees	100.00 % HAZARDOUS WASTE
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **DEP 22-007**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 29 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **UNR-BEP Tech Asst**

5. Purpose of contract:

This is a new interlocal agreement to provide industry consultant support on hazardous waste regulations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$418,000.00**

Other basis for payment: **As invoiced on a quarterly basis.**

II. JUSTIFICATION

7. What conditions require that this work be done?

The state has renewed this interlocal agreement every 2 years since conception in 2009.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state would like to give the Hazardous Waste Universe in Nevada the opportunity to receive free and confidential advice from our UNR partner so that they can return to compliance with NRS and NAC regulations without the threat of enforcement.

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 BSMM selected this vendor based on past history and guidance from the NDEP Administrators office.

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% IAW GFO All Agency Memo - 2017 -12 Dated 8-28-17

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

Yes If "Yes", please explain

The Business Environmental Program is part of the University Of Nevada Reno and NSHE system.

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 UNR-Business Environmental Program has contracts for similar service with the bureaus of Air and Corrective Actions. It is the Contract Managers understanding that services provided to these bureaus are satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Ruffner, Michael, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sgenzler	05/04/2021 08:41:25 AM
Division Approval	dwinkelm	05/04/2021 09:13:50 AM
Department Approval	dwinkelm	05/04/2021 09:13:54 AM
Contract Manager Approval	dmetcalf	05/04/2021 10:45:36 AM
Budget Analyst Approval	rjacob3	05/06/2021 14:52:32 PM
BOE Agenda Approval	hfield	05/11/2021 16:52:39 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: **24160**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: MCGINLEY & ASSOCIATES INC
Agency Code: 709	Contractor Name: MCGINLEY & ASSOCIATES INC
Appropriation Unit: 3187-54	Address: 5410 Longley Lane
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: Joseph McGinley 775/829-2245
	Vendor No.: T81202459
	NV Business ID: NV20021218343

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2025**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **St Response Support**

5. Purpose of contract:

This is a new contract to provide ongoing support services for the State Response Program by conducting site-specific assessment, cleanup and other redevelopment activities at sites deemed eligible to receive Brownfields and or State Response funding.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,200,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Small Business Liability Relief and Brownfields Revitalization Act (1-11-2002) set initiatives and provisions to aid in the identification, assessment, and remediation of properties where expansion, reuse, or redevelopment has been complicated due to the presence, or potential presence of a hazardous substance, pollutant, or contaminant. US EPA provides Grants to NDEP to assist in meeting Federal and State requirements to address corrections at sites where groundwater or soil is affected by hazardous substance contamination.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State of Nevada does not have the staffing capacity, technical expertise, or resources to fulfill this work.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #70CNR-S1462, 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: 03/31/2019 Anticipated re-bid date: 03/31/2025

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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has provided other contract and support services to the State of Nevada and NDEP. NDEP has been satisfied with this vendor's performance and quality of work.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

David Friedman, Program Staff Ph: 687-9385

Rebecca Bodnar, Branch Supervisor Ph: 687-9545

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sgenzler	04/22/2021 15:11:16 PM
Division Approval	jcollin5	04/23/2021 14:02:51 PM
Department Approval	jcollin5	04/23/2021 14:02:55 PM
Contract Manager Approval	kvalde1	04/23/2021 15:17:03 PM
Budget Analyst Approval	rjacob3	05/11/2021 15:43:27 PM
BOE Agenda Approval	hfield	05/11/2021 15:52:59 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24096**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: SOUTHERN NEVADA HEALTH DISTRICT
Agency Code: 709	Contractor Name: SOUTHERN NEVADA HEALTH DISTRICT
Appropriation Unit: 3197-10	Address: 280 DECATUR BLVD
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89107-3902
If "No" please explain: Not Applicable	Contact/Phone: NORLON MONROE 702/759-1540
	Vendor No.: T27001231B
	NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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 #: **DEP 2005**

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 **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Aid to Counties**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing assistance with conducting and documenting sanitary surveys within Clark County, reviewing and updating the Safe Drinking Water Information System, participating in training programs, preparing relevant reports, and implementing new US Environmental Protection Agency rules.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00**

Payment for services will be made at the rate of \$150,000.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 445A.925 requires the NDEP and district boards of health to implement Nevada laws and regulations covering public water systems.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NRS 445A.925 requires the NDEP and district boards of health to implement Nevada's public water system laws within their jurisdiction. Implementation at the local level allows the agency to be more responsive to public health issues and emergencies.

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 - Interlocal Agreement

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

17.73%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Seifert, Andrea, Bureau Chief Ph: 775-687-9526

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rbusto	03/26/2021 06:47:49 AM
Division Approval	aseifert	05/04/2021 16:58:16 PM
Department Approval	aseifert	05/04/2021 16:58:21 PM
Contract Manager Approval	kkochen	05/04/2021 17:03:19 PM
Budget Analyst Approval	rjacob3	05/10/2021 08:52:51 AM
BOE Agenda Approval	cbrekken	05/17/2021 10:48:20 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: **24080**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: Washoe County Health District
Agency Code: 709	Contractor Name: Washoe County Health District
Appropriation Unit: 3197-10	Address: 1001 East Ninth Street
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89512-2845
If "No" please explain: Not Applicable	Contact/Phone: David Kelly 775-328-2630
	Vendor No.: T40283400Q
	NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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 #: DEP 22-004

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 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Aid to Counties**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing assistance with conducting and documenting sanitary surveys within Washoe County, reviewing and updating the Safe Drinking Water Information System, participating in training programs, preparing relevant reports, and implementing new US Environmental Protection Agency rules.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Payment for services will be made at the rate of \$125,000.00 per Year

Other basis for payment: Invoiced expenses per Month not to exceed \$125,000 per year.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 445A.925 requires the NDEP and district boards of health to implement Nevada laws and regulations covering public water systems.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NRS 445A.925 requires district boards of health to implement Nevada public water system laws within their jurisdiction. Implementation at the local level allows the agency to be more responsive to public health issues and emergencies.

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 - interlocal agreement

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

20%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Andrea Seifert, Contract Supervisor Ph: 775-687-9526

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rbusto	03/23/2021 14:43:13 PM
Division Approval	aseifert	05/04/2021 16:57:27 PM
Department Approval	aseifert	05/04/2021 16:57:31 PM
Contract Manager Approval	kkochen	05/04/2021 17:03:38 PM
Budget Analyst Approval	rjacob3	05/10/2021 08:26:42 AM
BOE Agenda Approval	cbrekken	05/17/2021 15:14:16 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: **24344**

Agency Name: B&I - INDUSTRIAL RELATIONS DIV	Legal Entity Name: Sierra Nevada Administrators, Inc
Agency Code: 742	Contractor Name: Sierra Nevada Administrators, Inc
Appropriation Unit: 4690-10	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: Adriana Doctolero 702-838-8285
	Vendor No.:
	NV Business ID: NV19901024930

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 % Workers' Compensation and Safety Fund

Agency Reference #: RFP # 74BAI-S1476

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/07/2023**Contract term: **2 years and 6 days**4. Type of contract: **Contract**Contract description: **WC Uninsured Claims**

5. Purpose of contract:

This is a new contract to provide ongoing third-party Workers' Compensation claims administration for the Uninsured Employers Claims Account.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$246,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Required per NRS 616C.220. Injured employees shall receive accurate and timely benefits pursuant to the Chapters 616 and 617 of NRS and NAC, inclusive.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This process must be done by a third-party claims administrator pursuant to NRS 616C.220

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):

Nevada Alternative Solutions
Paradigm

H.H.C. Group

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #74BAI-S1476, and in accordance with NRS 333, the selected vendor was the only proposer as determined by an independently appointed evaluation committee

d. Last bid date: 01/07/2019 Anticipated re-bid date: 02/22/2023

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Alisa Reed, Contract Manager Ph: 702 486-9094

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhanse4	05/04/2021 11:17:23 AM
Division Approval	jhanse4	05/04/2021 11:29:46 AM
Department Approval	jhanse4	05/04/2021 11:29:50 AM
Contract Manager Approval	aree4	05/12/2021 07:59:33 AM
Budget Analyst Approval	stilly	05/12/2021 13:32:32 PM
BOE Agenda Approval	hfield	05/12/2021 14:43:18 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 CONTRACT1. Contract Number: **24122**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: Jobs for Nevada's Graduates
Agency Code: 901	Contractor Name: Jobs for Nevada's Graduates
Appropriation Unit: 3265-09	Address: 4045 S. Buffalo Dr
Is budget authority available?: Yes	Suite A101
If "No" please explain: Not Applicable	City/State/Zip: Las Vegas, NV 89104
	Contact/Phone: Dennis Perea 702-410-8078
	Vendor No.: T32002801A
	NV Business ID: NV20131697401
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.

X General Funds	21.30 %	Fees	0.00 %
X Federal Funds	78.70 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3521-25-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2021**Anticipated BOE meeting date **06/2021**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2024**Contract term: **3 years**4. Type of contract: **Contract**Contract description: **Jobs4NVGrads**

5. Purpose of contract:

This is a new contract to provide ongoing Pre-Employment Transition Services and Work-Based Learning Experiences in secondary education schools for high school students with disabilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$750,000.00**

Other basis for payment: Pre-ETS: \$125/Pre-ETS Module (4 Modules of Pre-ETS). Work-Based Learning Experiences (W-BLE): W-BLE Site Development-New Site: \$250.00 (Flat Fee); W-BLE Site Development-Same site utilized within the last 6 months: \$125.00 (Flat Fee); Report/Exit Interview: \$75.00 (Flat Fee); Monitoring Fee-must include a weekly report and up to 5 hours/week: \$40.00/hr.. Contractor will provide reporting on all enrolled students with disabilities and payment will be made for those students in excess of the agreed upon 130-student threshold, after receipt of the reports on all enrolled students. Invoices will be submitted after the end of each school semester/quarter. Maximum of \$250,000 per State Fiscal Year. Contract not to exceed: \$750,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128), which requires that 15% of all federal Rehabilitation funding to be focused on Pre-ETS.

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: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 210303

Approval Date: 03/16/2021

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:

This vendor has provided satisfactory service to BVR since August 2014

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	carnol1	04/13/2021 13:13:50 PM
Division Approval	kdesoci1	04/30/2021 13:28:19 PM
Department Approval	kdesoci1	04/30/2021 13:28:22 PM
Contract Manager Approval	tzehne1	05/05/2021 10:28:07 AM
Budget Analyst Approval	dbaughn	05/05/2021 10:33:06 AM
BOE Agenda Approval	hfield	05/10/2021 17:03:03 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#:	210303 ②

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:			
	State Agency Name:	Department of Employment, Training and Rehabilitation		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Walter Cuneo, MAII	775-687-6964 775-687-6964 687-6864	wlcuneo@detr.nv.gov

1b	Vendor Information:	
	Identify Vendor:	Jobs for Nevada's Graduates (J4NG)
	Contact Name:	Dennis Perea
	Complete Address:	4045 S. Buffalo Dr. Suite A101-128 Las Vegas, NV 89147
	Telephone Number:	702-410-8078
	Email Address:	DPerea@J4ng.org

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	XX
	Professional Service Exemption:	

1d	Contract Information:			
	Is this a new Contract?	Yes	XX	No
	Amendment:	#		
	CETS:	# 20013 was previous contract #		

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	*08/01/2021	End Date:

*On 03/15/21, per Walter Cuneo, term dates above. ②

1f	Funding:	
	State Appropriated:	
	Federal Funds:	100%
	Grant Funds:	

03/11/21 11:00am ②

	Other (Explain):
--	------------------

<i>Purchasing Use Only:</i>	
Approval #:	210303

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	<i>\$750,000 (up to \$250,000/SFY)</i>

	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>The Workforce Innovation and Opportunity Act of 2014 (WIOA) is the primary funding source and administrator of the public Vocational Rehabilitation and Blind Services programs in the United States. WIOA made major changes to Pre-Employment Transition Services (Pre-ETS), specifically Pre-ETS should be provided in an <u>educational setting</u> and can be provided to groups. Finally, under WIOA a minimum of 15% of all service dollars must be spent on Pre-ETS programs. The intent of Pre-Employment Transition Services (Pre-ETS) is to assist secondary education school students with disabilities to transition from school directly into employment, or into postsecondary education, or training that will lead to employment.</i>
2	<p><i>The JAGNV program expands the traditional transition services provided to secondary education students with disabilities through the provision of the five key Pre-Employment Transition Services:</i></p> <ul style="list-style-type: none"> <i>• Instruction in Self-Advocacy</i> <i>• Workplace Readiness Training</i> <i>• Job Exploration Counseling</i> <i>• Counseling on Opportunities for Enrollment in Comprehensive Transition or Post-Secondary Educational Programs at Institutions for Higher Education</i> <i>• Work-Based Learning Experiences</i> <p><i>JAGNV is uniquely situated to provide a unified, coherent Pre-ETS program that is approved by the Bureaus of Vocational Rehabilitation and Bureaus of Services to the Blind and Visually Impaired, to all high schools across the state. JAGNV is unique amongst all service providers, in that it is a Nevada-specific nonprofit, whose board is selected directly by the Governor of the State of Nevada. This is extremely important since transition services require coordination of services with school districts and other entities such as regional centers in order to achieve success.</i></p>

	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
3	<i>The mission of the JAGNV program is to help keep young people in high school thru graduation and to provide an array of counseling, skills development, career association, job development and job placement that will result in either a quality job leading to a post-graduation career, post-secondary education or jobs training program. JAGNV is unique, in that it is a Nevada-specific nonprofit, whose board is appointed directly by the Governor of the State of Nevada.</i>

	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
4	<i>In 2013 the JAGNV non-profit was created by the Governor of Nevada and the Nevada State Legislature with the intent to help keep young people in high school thru graduation and to provide an array of counseling, skills development, career association, job development and job placement that will result in either a quality job leading to a post-graduation career, post-secondary education or jobs training program. The specific Pre-ETS curriculum, which is mandated by WIOA, must be pre-approved by BVR/BSBVI and executed in person in classrooms in public high schools as part of the</i>

#210303 ②

normal student course load, as part of a larger curriculum model and delivered across the state. All teachers/specialists must be pre-approved by the individual school districts/schools to work on campus and teach students this curriculum as part of a larger employment focused curriculum. Additionally, all teachers/specialists must pass rigorous background checks by the school districts to be present on campus. JAGNV, as governmentally created, quasi-public entity, is the only service provider who can meet these requirements across the state, on a uniform basis.

5	Were alternative services or commodities evaluated? Check One.	Yes:	No:	XX
	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>No other provider in the State of Nevada is permitted to provide this program on public school campus, during school hours.</i>			

Purchasing Use Only:	
Approval #:	#2103030

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 Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>		
	8/14/18	7/31/21	\$900,000	Jobs for America's Graduate Program	Waiver# 180701		
	1/17/17	6/30/18	No Limit	JAG Nevada	Provider Agreement		
	7/1/16	6/30/19	\$750,000	Jobs for America's Graduate Program	Waiver# 160602		
	7/1/14	6/30/15	\$750,000	Jobs for America's Graduate Program	Waiver# 140407		
7/13/12	6/30/14	\$1,308,390	Jobs for America's Graduate Program services provided by Community Services Agency	Waiver (email)			

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>The JAGNV program will not be able to deliver the Pre-ETS program to Nevada's schools or disabled students. Also, JAGNV will not be able to contribute towards high school retention and graduation rates as mandated by the Governor.</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 efforts to identify complete service providers, for JAGNV purposes, would be futile as none exist that could provide the workforce development programs as prescribed and overseen for compliance of Jobs for America's Graduates (JAG) accreditation standards.</i>
	<i>As stated above, JAGNV is a Nevada specific non-profit corporation, with a board of directors that are appointed by Nevada's Governor. The premise of this Nevada specific program is to implement and deliver a unique research-based multi-intervention program to support retention, academic remediation and enhancement graduation, placement assistance, and follow-up services to you people who are most at risk by assisting them successfully transition to employment and/or post-secondary education.</i>

9	Will this purchase obligate the State to this vendor for future purchases? Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.	Yes:	XX	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	<i>If federal funding is available in the future, a new contract will be considered, if performance and outcomes are satisfactory.</i>				

Purchasing Use Only:	
Approval #:	#210303 @

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.

Walter Cuneo
Agency Representative Initiating Request

Walter Cuneo 03/10/2021
Print Name of Agency Representative Initiating Request Date

Shelley Hendren
Signature of Agency Head Authorizing Request

Shelley Hendren 03/10/2021
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 3/16/21
Administrator, Purchasing Division or Designee Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24252**

Agency Name: DETR - EMPLOYMENT SECURITY	Legal Entity Name: CONDUENT STATE & LOCAL
Agency Code: 902	Contractor Name: CONDUENT STATE & LOCAL SOLUTIONS INC
Appropriation Unit: 4772-04	Address: 100 Campus Dr
Is budget authority available?: Yes	City/State/Zip: Florham Park, NJ 07932
If "No" please explain: Not Applicable	Contact/Phone: John Pfeuffer 603-369-4591
	Vendor No.: PUR0003261B
	NV Business ID: NV19911026030

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 #: **3527-23-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/12/2021**

Anticipated BOE meeting date **06/2021**

Retroactive? **Yes**

If "Yes", please explain

Emergency RFP waiver approved contract must begin implementation work immediately to avoid gap in coverage for claimants.

3. Termination Date: **06/30/2023**

Contract term: **2 years and 79 days**

4. Type of contract: **Contract**

Contract description: **UI payments**

5. Purpose of contract:

This is a new contract to provide electronic distribution of Unemployment Insurance Benefits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

II. JUSTIFICATION

7. What conditions require that this work be done?

Unemployment benefits are paid through banking services, and the current contractor's contract expires on June 30th, 2021

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources to perform these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

U.S. Bank
Conduent
Wells Fargo
FiServ

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor can provide the most options for payment services at zero cost to the State.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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	carnol1	04/16/2021 11:17:22 AM
Division Approval	kdesoci1	05/03/2021 12:20:58 PM
Department Approval	kdesoci1	05/03/2021 12:21:01 PM
Contract Manager Approval	kdesoci1	05/03/2021 12:21:12 PM
EITS Approval	daxtel1	05/04/2021 17:46:23 PM
Budget Analyst Approval	dbaughn	05/12/2021 08:41:54 AM
BOE Agenda Approval	hfield	05/12/2021 15:33:04 PM
BOE Final Approval	Pending	



MEMORANDUM

DATE: May 5, 2021

TO: Darlene L. Baughn, Executive Budget Officer I
Department of Administration

FROM: Elisa Cafferata, Director

SUBJECT: RETROACTIVE CONTRACT
Conduent State & Local Solutions, Inc.

On behalf of the Department of Employment, Training and Rehabilitation (DETR), I respectfully request approval to execute a retroactive contract amendment with Conduent State & Local Solutions, Inc. This contract will provide electronic distribution of Unemployment Insurance Benefits.

Thank you for your consideration of this request.

Tracy Zehner
Contract Manager

DETR, Financial Management, Approved by:



Kitty DeSocio
Chief Financial Officer, DETR

Date: 05/05/21

**File Name: Purchasing Conduent Memo.msg PDF Conversion
Status is Warning: File type not supported**

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **15423** Amendment Number: **6**
 Agency Name: **DETR - ADMINISTRATIVE SERVICES** Legal Entity Name: **MONTANA, STATE OF**
 Agency Code: **908** Contractor Name: **MONTANA, STATE OF**
 Appropriation Unit: **3273-26** Address: **STATE INFORMATION TECH SVCS
125 N ROBERTS ST RM 229**
 Is budget authority available?: **Yes** City/State/Zip: **HELENA, MT 59601-4558**
 If "No" please explain: **Not Applicable** Contact/Phone: **Cindy Nelson 406/444-2735**
 Vendor No.: **T80959245E**
 NV Business ID: **Gonvernment Entity**

To what State Fiscal Year(s) will the contract be charged? **2014-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 1884-15-R&A

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/02/2014**
 Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **11 years and 92 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Web/Database Hosting**

5. Purpose of contract:

This is the sixth amendment to the original contract which provides the hardware, software, infrastructure and personnel to the Department of Employment, Training and Rehabilitation (DETR) to support both the labor market legacy system known as Workforce Informer as well as the new replacement system known as LMInformer. This amendment extends the termination date from June 30, 2021 to June 30, 2025 and increases the maximum amount from \$140,000 to \$210,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$29,373.65	\$29,373.65	\$29,373.65	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$29,373.65	No
b. Amendment 2:	\$18,859.04	\$18,859.04	\$48,232.69	Yes - Info
c. Amendment 3:	\$66,318.00	\$66,318.04	\$114,550.69	Yes - Action
d. Amendment 4:	\$15,449.31	\$15,449.35	\$15,449.00	Yes - Info
e. Amendment 5:	\$10,000.00	\$10,000.00	\$25,449.00	Yes - Info
2. Amount of current amendment (#6):	\$70,000.00	\$70,000.00	\$95,449.00	Yes - Action
3. New maximum contract amount:	\$210,000.00			

and/or the termination date of
the original contract has
changed to:

06/30/2025

II. JUSTIFICATION

7. What conditions require that this work be done?

The U.S. Department of Labor designated the State of Montana, Department of Administration as the hosting entity for the Workforce Informer web sites on behalf of the Labor Market Information Consortium, which consists of 15 states including Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state does not possess the hardware, software, infrastructure, or trained personnel to host this particular interactive web site.

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?

Interlocal agreement with another public entity.

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:

State of Montana, Department of Administration provided services to the Department of Employment, Training and Rehabilitation since July 2011 and service is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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

kdesoci1

05/04/2021 09:23:52 AM

Division Approval	kdesoci1	05/04/2021 09:23:57 AM
Department Approval	kdesoci1	05/04/2021 09:24:05 AM
Contract Manager Approval	tzehne1	05/04/2021 13:10:23 PM
EITS Approval	daxtel1	05/04/2021 18:14:00 PM
Budget Analyst Approval	dbaughn	05/11/2021 15:12:23 PM
BOE Agenda Approval	hfield	05/12/2021 10:17:43 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22925** Amendment Number: **1**

Agency Name: **ADMIN - DEFERRED COMPENSATION** Legal Entity Name: **CASEY NEILON, INC.**

Agency Code: **920** Contractor Name: **CASEY NEILON, INC.**

Appropriation Unit: **1017-04** Address: **503 N DIVISION ST**

Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89703-4104**

If "No" please explain: **Not Applicable** Contact/Phone: **Suzanne Olsen 775-283-5555**

To what State Fiscal Year(s) will the contract be charged? **2020-2024** Vendor No.: **T29010569**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. NV Business ID: **NV20141336368**

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % ADMINISTRATION CHARGE

Agency Reference #: **ASD 2830557**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2020**

Anticipated BOE meeting date **07/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **07/31/2021**

Contract term: **3 years and 108 days**

4. Type of contract: **Contract**

Contract description: **Auditor**

5. Purpose of contract:

This is the first amendment to the original contract which provides a financial statement audit. This amendment extends the termination date from June 30, 2021, to July 31, 2023, and increases the maximum amount from \$71,750 to \$134,750 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:	\$71,750.00	\$71,750.00	\$71,750.00	Yes - Action
2. Amount of current amendment (#1):	\$63,000.00	\$63,000.00	\$63,000.00	Yes - Action
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$134,750.00 07/31/2023			

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 287.017 (F) (3) requires an independent audit.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

not qualified

9. Were quotes or proposals solicited? 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?

This vendor was the lowest bidder in the original RFP, and the contract was set up for two years with an option to renew for two additional years.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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	dmarlo2	05/07/2021 14:29:40 PM
Division Approval	tmilazz1	05/10/2021 13:14:14 PM
Department Approval	tmilazz1	05/10/2021 13:14:18 PM
Contract Manager Approval	ssands	05/12/2021 07:19:40 AM
Budget Analyst Approval	dlenzner	05/12/2021 07:39:28 AM
BOE Agenda Approval	hfield	05/13/2021 10:31:33 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 15510	Amendment Number: 5
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 830 HARVARD WAY
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-2055
If "No" please explain: Not Applicable	Contact/Phone: 775/982-3181
	Vendor No.: T29003541
	NV Business ID: NV19871019956

To what State Fiscal Year(s) will the contract be charged? **2015-2022**

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 % 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 **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **8 years and 1 day**

4. Type of contract: **Contract**
 Contract description: **Statewide PPO**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides a statewide medical Preferred Provider Organization network service for participants in the Consumer Driven Health Plan. This amendment extends the termination date from June 30, 2021 to June 30, 2022, increases the maximum amount from \$8,560,090 to \$9,955,139 and revises the attachment on scope of services.

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
d. Amendment 4:	\$526,710.00	\$526,710.00	\$526,710.00	Yes - Action
2. Amount of current amendment (#5):	\$1,395,049.00	\$1,395,049.00	\$1,395,049.00	Yes - Action
3. New maximum contract amount:	\$9,955,139.00			
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?

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	04/22/2021 16:49:51 PM
Division Approval	ceaton	04/22/2021 16:49:55 PM
Department Approval	ceaton	04/22/2021 16:49:59 PM

Contract Manager Approval	ceaton	04/22/2021 16:50:05 PM
Budget Analyst Approval	hfield	05/18/2021 12:58:57 PM
BOE Agenda Approval	hfield	05/18/2021 12:59:00 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **14276** Amendment Number: **3**

Agency Name: **PUBLIC EMPLOYEES BENEFITS** Legal Entity Name: **STANDARD INSURANCE COMPANY**

Agency Code: **950** Contractor Name: **STANDARD INSURANCE COMPANY**

Appropriation Unit: **1338 - All Categories** Address: **1100 SW 6TH AVE**

Is budget authority available?: **Yes** City/State/Zip: **PORTLAND, OR 97204-1010**

If "No" please explain: Not Applicable Contact/Phone: 971/321-3601

Vendor No.: T29000017

NV Business ID: NV19971294431

To what State Fiscal Year(s) will the contract be charged? **2014-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 67% State Subsidy/ 33% participant contributions

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2013**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2022**

Termination Date:

Contract term: **9 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Group Basic Life**

5. Purpose of contract:

This is the third amendment to the original contract which provides group basic life insurance and long term disability insurance to eligible participants. This amendment reduces the maximum amount from \$95,000,000 to \$80,587,091 and revises the attachment on the fee schedule to reflect benefit and cost changes effective July 1, 2021.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,957,000.00	\$30,957,000.00	\$30,957,000.00	Yes - Action
a. Amendment 1:	\$15,237,505.00	\$15,237,505.00	\$15,237,505.00	Yes - Action
b. Amendment 2:	\$48,805,495.00	\$48,805,495.00	\$48,805,495.00	Yes - Action
2. Amount of current amendment (#3):	-\$14,412,909.00	-\$14,412,909.00	-\$14,412,909.00	Yes - Action
3. New maximum contract amount:	\$80,587,091.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Basic life insurance for active and retired PEBP participants and long term disability for active employees are a part of the state's core benefit package.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state of Nevada is not licensed as a life insurance provider.

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 received the highest score from the evaluation committee. Some of the criteria used to score were: demonstrated competence, conformance with the terms of the RFP and experience in comparable engagements.

d. Last bid date: 01/01/2008 Anticipated re-bid date: 12/01/2021

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Standard is currently under contract to provide basic life insurance and long term disability to the state of Nevada. PEPP is satisfied with the services provided by the Standard.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	ceaton	04/22/2021 11:21:40 AM
Division Approval	ceaton	04/22/2021 11:21:43 AM
Department Approval	ceaton	04/22/2021 11:21:47 AM
Contract Manager Approval	ceaton	05/05/2021 11:26:24 AM
Budget Analyst Approval	hfield	05/10/2021 11:37:44 AM
BOE Agenda Approval	hfield	05/10/2021 11:37:49 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **18577** Amendment Number: **1**
 Agency Name: **BDC LICENSING BOARDS & COMMISSIONS** Legal Entity Name: **PSI SERVICES LLC**
 Agency Code: **BDC** Contractor Name: **PSI SERVICES LLC**
 Appropriation Unit: **B006 - All Categories** Address: **611 N BRAND BLVD, 10TH FLOOR**
 Is budget authority available?: **Yes** City/State/Zip: **GLENDALE, CA 91203**
 If "No" please explain: **Not Applicable** Contact/Phone: **TADAS DABSYS 818-847-6180**
 Vendor No.: **T81107436**
 NV Business ID: **NV20061738290**

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 %	X	Fees	100.00 % License
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 3303-AM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/14/2017**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **4 years and 200 days**

4. Type of contract: **Contract**

Contract description: **Testing services**

5. Purpose of contract:

This is the first amendment to the original contract which provides testing service. This amendment extends the termination date from June 30, 2021 to December 30, 2021 and increases the maximum amount from \$1,170,440 to \$1,340,400 due to the continued need for services while pursuing a formal request for proposal process.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,170,400.00	\$1,170,400.00	\$1,170,400.00	Yes - Action
2. Amount of current amendment (#1):	\$170,000.00	\$170,000.00	\$170,000.00	Yes - Action
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$1,340,400.00 12/30/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

The test requirements and technical conditions were outlined in RFP #3303 and agreed upon by the potential awarded bidder, PSI Services LLC.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

RFP #3303 requires a theory test for licensing standards to be measured to ensure scope of practice and infection control procedural knowledge. The test must be legally defensible.

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 # 3303 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: 03/31/2009 Anticipated re-bid date: 12/31/2021

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:

Nevada Dept. of Commerce, Real Estate Division, 1991-1997, April 2002-December 2016
Nevada State Contractors' Board, July 2002 to Present
Nevada State Division of Mortgage Lending, July 2008 to September 2010
Nevada State Board of Cosmetology, March 2009 to Present

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	89104	05/10/2021 12:09:20 PM
Division Approval	89104	05/10/2021 12:09:23 PM

Department Approval	89104	05/10/2021 12:09:26 PM
Contract Manager Approval	89104	05/10/2021 12:09:29 PM
Budget Analyst Approval	hfield	05/10/2021 12:55:43 PM
BOE Agenda Approval	hfield	05/10/2021 12:55:46 PM



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 #:	371

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information – Note: Approved copy will be sent to only the contact(s) listed below:		
	State Agency Name:	<i>Nevada State Board of Cosmetology</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Gary Landry, Executive Director</i>	<i>702-675-8342</i>	<i>gary@nvcosmo.com</i>
	<i>Andrew Helms, CFO</i>	<i>702-701-9120</i>	<i>andrew@nvcosmo.com</i>
	<i>Leah Easter, Chief Compliance Officer</i>	<i>702-850-2893</i>	<i>leah@nvcosmo.com</i>

2	Contractor Information:	
	Contractor:	<i>PSI Services Inc.</i>
	Contact Name:	<i>Alon Schwartz</i>
	Complete Address:	<i>611 North Brand Blvd, 10th Floor Glendale, CA 91203</i>
	Phone Number:	<i>818-847-6180 X 7327</i>
	Email Address:	<i>aschwartz@psionline.com</i>

3	List <u>all previous</u> Contract Information:			
	Solicitation Type, if applicable:	<i>Request For Proposal</i>	#:	<i>3303</i>
	CETS #:	<i># 12958</i>		
	Contract Amount:	<i>\$50.00 per theory test</i>		
	Contract Term:	Start Date:	<i>March 1, 2012</i>	End Date:

Redd 03/22/21 - No signatures - had received sig page - notified Leah @

Purchasing Use Only:

Approval #: 371 (2)

Current Contract Information:				
4	Solicitation Type, if applicable:	<i>Request for Proposal</i>		#: <i>NA</i>
	CETS #:	# <i>18577</i>		
	Initial Contract Amount:	<i>\$77.00 per theory test</i>		
	Contract Term:	Start Date:	<i>June 13, 2017</i>	End Date: <i>June 30, 2021</i>

Amendment Information – List <u>all previously</u> approved amendments:				
5	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
	<i>NA</i>	<i>NA</i>		

<u>Proposed</u> Amendment Information:				
6	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
	<i>#1.</i>	<p><i>A 6 month extension to the current contract is being requested so that the NVBOC has time to put together a formal RFP. The formal RFP process was delayed on the part of the NVBOC due to unanticipated, COVID-19 office closures.</i></p> <p><i>Along with the six month extension, a \$170,000 increase in the initial contract amount is being requested. The NVBOC pays PSI \$77 per theory exam. It's estimated that extending the current contract by six month would result in a \$170,000 overage to the original contract amount.</i></p> <p><i>The amendment would not result in any change to the original cost (\$77 per theory test) or scope of services to be provided.</i></p>	<p><i>The fee would remain \$77 per theory test.</i></p> <p><i>A six month contract extension is estimated to result in an approximate \$170,000 increase to the current contract amount.</i></p> <p><i>The estimated increase is based upon the NVBOC's average monthly cost of PSI theory testing services.</i></p>	<p><i>The contract end date is currently June 30, 2021. A 6-month extension would extend the contract until December 30, 2021.</i></p>

#371 @

	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?
7	<i>Due to COVID-related delays, including a 3-month office closure, the NVBOC would like more time to thoroughly and effectively complete the formal RFP process. In the meantime, this request seeks to extend the current contract by 6 months while conducting the RFP bid process. In addition to the 6 month contract extension, the NVBOC is also looking to extend the current contract amount by \$170,000 which is the estimated cost of an additional six months of services.</i>
8	What are the potential consequences to the State if the contract extension request is denied? <i>If the extension is denied the NVBOC would be unable to offer theory exams to newly graduated students and students & licensees transferring cosmetology licenses from out-of-state and out-of-country to Nevada. Individuals may not practice or become licensed until they have successfully passed the theory exam provided by PSI.</i>

Purchasing Use Only:	
Approval #:	3710

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.

DocuSigned by:

 5BC6AE1499A7493...

Signature of Agency Representative Initiating Request

Leah Easter

03-23-2021

Print Name of Agency Representative Initiating Request

Date

DocuSigned by:

 037A8F524B9D44F...

Signature of Agency Head Authorizing Request

Gary K. Landry

03-23-2021

Print Name of Agency Head Authorizing Request

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Signed:



Administrator, Purchasing Division or Designee

3/30/21

Date

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	AUTISM SPECTRUM AND DISABILITY SERVICES	OTHER: VARIOUS AGENCIES	\$250,000	
	Contract Description:	This is a new contract to provide ongoing behavior analysis services.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 24056		
2.		VARIOUS STATE AGENCIES	CUTTING EDGE FORESTRY, INC.	OTHER: VARIOUS AGENCIES	\$10,888,000	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 24216		
3.		VARIOUS STATE AGENCIES	DRI DBA DIVERSIFIED RESOURCES, INC.	OTHER: VARIOUS AGENCIES	\$12,326,000	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 24233		
4.		VARIOUS STATE AGENCIES	ENTERPRISE JANITORIAL, INC.	OTHER: VARIOUS AGENCIES	\$858,852	
	Contract Description:	This is the first amendment to the original contract which provides janitorial services. This amendment increases the maximum amount from \$1,000,000.00 to \$1,858,851.99 due to an increased need for these services.				
		Term of Contract:	09/11/2018 - 08/31/2022	Contract # 20411		
5.		VARIOUS STATE AGENCIES	FAMILY COUNSELING SERVICE OF NORTHERN NEVADA, INC.	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing family therapy and counseling services.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 24191		
6.		VARIOUS STATE AGENCIES	GILES CONSTRUCTION, LLC	OTHER: VARIOUS AGENCIES	\$2,138,500	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 24234		
7.		VARIOUS STATE AGENCIES	GTS FORESTRY, INC.	OTHER: VARIOUS AGENCIES	\$10,038,000	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 24211		
8.		VARIOUS STATE AGENCIES	HEALTH PSYCHOLOGY ASSOCIATES, LLC	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing marriage and family therapy and outpatient mental health services.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 24274		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.		VARIOUS STATE AGENCIES	JENNA ORTIZ DBA JENNA ORTIZ THERAPY	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing marriage and family therapy services.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 24275		
10.		VARIOUS STATE AGENCIES	K2 AERIAL APPLICATION, LLC	OTHER: VARIOUS AGENCIES	\$1,705,000	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 24219		
11.		VARIOUS STATE AGENCIES	KIRCH CONSTRUCTION, LLC	OTHER: VARIOUS AGENCIES	\$2,000,000	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 24232		
12.		VARIOUS STATE AGENCIES	LOGAN SIMPSON DESIGN, INC.	OTHER: VARIOUS AGENCIES	\$3,500,000	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 24218		
13.		VARIOUS STATE AGENCIES	LESLIE HEAVY HAUL	OTHER: VARIOUS AGENCIES	\$13,576,000	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 24247		
14.		VARIOUS STATE AGENCIES	LOST RIVER FIRE MANAGEMENT SERVICES, INC.	OTHER: VARIOUS AGENCIES	\$19,828,000	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 24241		
15.		VARIOUS STATE AGENCIES	MARKIT FORESTRY MANAGEMENT	OTHER: VARIOUS AGENCIES	\$3,200,500	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 24210		
16.		VARIOUS STATE AGENCIES	MOUNTAIN F. ENTERPRISE, INC.	OTHER: VARIOUS AGENCIES	\$24,266,000	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 24239		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.		VARIOUS STATE AGENCIES	NNE CONSTRUCTION, INC.	OTHER: VARIOUS AGENCIES	\$400,000	
	Contract Description:	This is the second amendment to the original contract which provides communications site parts and services to include emergency and general maintenance. This amendment increases the maximum amount from \$1,000,000 to \$1,400,000 due to the increase need for these services.				
	Term of Contract:	07/15/2015 - 06/30/2021	Contract # 16767			
18.		VARIOUS STATE AGENCIES	QUICKSILVER CONTRACTING COMPANY	OTHER: VARIOUS AGENCIES	\$11,676,000	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
	Term of Contract:	Upon Approval - 06/07/2025	Contract # 24209			
19.		VARIOUS STATE AGENCIES	RESOURCE CONCEPTS, INC.	OTHER: VARIOUS AGENCIES	\$8,690,000	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
	Term of Contract:	Upon Approval - 06/07/2025	Contract # 24214			
20.		VARIOUS STATE AGENCIES	RED MOUNTAIN RESOURCE, LLC	OTHER: VARIOUS AGENCIES	\$10,038,000	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
	Term of Contract:	Upon Approval - 06/07/2025	Contract # 24231			
21.		VARIOUS STATE AGENCIES	SIERRA PEAKS ENTERPRISES, LLC	OTHER: VARIOUS AGENCIES	\$18,315,500	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
	Term of Contract:	Upon Approval - 06/07/2025	Contract # 24208			
22.		VARIOUS STATE AGENCIES	SUMMITT FORESTS, INC.	OTHER: VARIOUS AGENCIES	\$16,326,000	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
	Term of Contract:	Upon Approval - 06/07/2025	Contract # 24215			
23.		VARIOUS STATE AGENCIES	SWAGGART ENTERPRISES, INC.	OTHER: VARIOUS AGENCIES	\$3,200,500	
	Contract Description:	This is a new contract to provide ongoing vegetation and forest management services and equipment.				
	Term of Contract:	Upon Approval - 06/07/2025	Contract # 24244			

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24056**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	AUTISM SPECTRUM AND DISABILITY SERVICES
Agency Code:	MSA	Contractor Name:	AUTISM SPECTRUM AND DISABILITY SERVICES
Appropriation Unit:	9999 - All Categories	Address:	7285 BLUESTONE DRIVE
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89511
If "No" please explain:	Not Applicable	Contact/Phone:	BRIAN FEENEY 775-391-0363
		Vendor No.:	T32010383
		NV Business ID:	NV20191617807

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 **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **1 year and 29 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide ongoing behavior analysis 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:

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	gdavi6	05/06/2021 16:04:25 PM
Division Approval	gdavi6	05/06/2021 16:04:27 PM
Department Approval	ldeloach	05/06/2021 16:19:45 PM
Contract Manager Approval	rvradenb	05/07/2021 08:33:35 AM
Budget Analyst Approval	stilley	05/11/2021 09:11:06 AM
BOE Agenda Approval	hfield	05/12/2021 14:56:39 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: **24216**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: CUTTING EDGE FORESTRY INC
Agency Code: MSA	Contractor Name: CUTTING EDGE FORESTRY INC
Appropriation Unit: 9999 - All Categories	Address: 5085 S Pacific Hwy
Is budget authority available?: Yes	City/State/Zip: Phoenix, OR 97535
If "No" please explain: Not Applicable	Contact/Phone: Jeff Nelson 541/535-4878
	Vendor No.: T27041553A
	NV Business ID: NV20141621241

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 % Various Agencies

Agency Reference #: **RFQ 99SWC-S1426 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,888,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely 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):

**Mountain F Enterprise
Logan Simpson Design
K2 Aerial Application**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 17 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/22/2021 12:53:02 PM
Division Approval	gdavi6	04/22/2021 12:53:05 PM
Department Approval	ldeloach	04/22/2021 14:58:01 PM
Contract Manager Approval	nfese1	04/26/2021 07:15:56 AM
Budget Analyst Approval	stillley	05/11/2021 14:23:18 PM
BOE Agenda Approval	hfield	05/12/2021 09:04:53 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: **24233**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: DRI dba Diversified Resources, Inc.
Agency Code: MSA	Contractor Name: DRI dba Diversified Resources, Inc.
Appropriation Unit: 9999 - All Categories	Address: PO Box 676
Is budget authority available?: Yes	City/State/Zip: Chester, CA 96020
If "No" please explain: Not Applicable	Contact/Phone: Traci Holt 530-375-7716
	Vendor No.: T32010923
	NV Business ID: NV20161655658

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 % Various Agencies

Agency Reference #: RFQ 99SWC-S1426 NF

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,326,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely 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):

Lost River Fire
Swaaggart Enterprise
Giles Construction

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 17 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/19/2021 13:45:33 PM
Division Approval	gdavi6	04/19/2021 13:45:36 PM
Department Approval	ldeloach	04/20/2021 10:58:28 AM
Contract Manager Approval	nfese1	04/20/2021 12:28:42 PM
Budget Analyst Approval	stillley	05/11/2021 11:24:21 AM
BOE Agenda Approval	hfield	05/12/2021 13:01:22 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **20411** Amendment Number: **1**

Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **Enterprise Janitorial, Inc.**

Agency Code: **MSA** Contractor Name: **Enterprise Janitorial, Inc.**

Appropriation Unit: **9999 - All Categories** Address: **PO BOX 19913**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89511**

If "No" please explain: **Not Applicable** Contact/Phone: **Ana Arroyo 775/691-2939**

Vendor No.: **T32003728**

NV Business ID: **NV20141642364**

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/11/2018**

Anticipated BOE meeting date: **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/31/2022**

Contract term: **3 years and 355 days**

4. Type of contract: **MSA**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides janitorial services. This amendment increases the maximum amount from \$1,000,000.00 to \$1,858,851.99 due to an increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
2. Amount of current amendment (#1):	\$858,851.99	\$858,851.99	\$858,851.99	Yes - Action
3. New maximum contract amount:	\$1,858,851.99			

II. JUSTIFICATION

7. What conditions require that this work be done?

State buildings need to be cleaned and maintained.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service.

9. Were quotes or proposals solicited? **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):

D&D Elite Property Management
Xcel Maintenance Services Inc
Qual-Econ USA

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor received the required amount of points to be awarded a contract.

d. Last bid date: 03/01/2018 Anticipated re-bid date: 01/03/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This contractor currently has a janitorial services contract with the State. The services are satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/22/2021 10:39:48 AM
Division Approval	gdavi6	04/22/2021 10:39:51 AM
Department Approval	gdavi6	04/22/2021 10:39:59 AM
Contract Manager Approval	gdavi6	04/22/2021 10:40:03 AM
Budget Analyst Approval	stillley	05/11/2021 10:07:46 AM
BOE Agenda Approval	hfield	05/12/2021 14:38:08 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24191**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	FAMILY COUNSELING SERVICE OF NORTHERN NEVADA INC
Agency Code:	MSA	Contractor Name:	FAMILY COUNSELING SERVICE OF NORTHERN NEVADA INC
Appropriation Unit:	9999 - All Categories	Address:	1475 TERMINAL WAY
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89502-3225
If "No" please explain:	Not Applicable	Contact/Phone:	Stuart Gordon 775/329-0623
		Vendor No.:	T80166020
		NV Business ID:	NV19591000682

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 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **1 year and 29 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide ongoing family therapy and counseling services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S167 for behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	gdavi6	05/06/2021 16:05:01 PM
Division Approval	gdavi6	05/06/2021 16:05:03 PM
Department Approval	ldeloach	05/06/2021 16:22:28 PM
Contract Manager Approval	rvradenb	05/07/2021 08:39:00 AM
Budget Analyst Approval	stilley	05/11/2021 09:00:42 AM
BOE Agenda Approval	hfield	05/12/2021 15:06:14 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: **24234**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: GILES CONSTRUCTION LLC
Agency Code: MSA	Contractor Name: GILES CONSTRUCTION LLC
Appropriation Unit: 9999 - All Categories	Address: PO BOX 119
Is budget authority available?: Yes	City/State/Zip: TOOELE, UT 84074-0119
If "No" please explain: Not Applicable	Contact/Phone: John Giles 435/579-3552
	Vendor No.: T29044179A
	NV Business ID: NV20131483749

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 % Various Agencies

Agency Reference #: **RFQ 99SWC-S1426 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,138,500.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely 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):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: 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:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/19/2021 13:47:03 PM
Division Approval	gdavi6	04/19/2021 13:47:05 PM
Department Approval	ldeloach	04/20/2021 11:01:37 AM
Contract Manager Approval	nfese1	04/20/2021 12:27:17 PM
Budget Analyst Approval	stilley	05/11/2021 13:24:37 PM
BOE Agenda Approval	hfield	05/12/2021 09:03:18 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: **24211**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: GTS FORESTRY INC
Agency Code: MSA	Contractor Name: GTS FORESTRY INC
Appropriation Unit: 9999 - All Categories	Address: 1323 Santa Ana Ave
Is budget authority available?: Yes	City/State/Zip: SACRAMENTO, CA 95838
If "No" please explain: Not Applicable	Contact/Phone: Cesar Garcia 916-870-8737
	Vendor No.: T27041543A
	NV Business ID: NV20171201270

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 % Various Agencies

Agency Reference #: **RFQ 99SWC-S1426 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,038,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely 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):

**Cutting Edge Forestry
Quicksilver Construction
Kirch Construction**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 17 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/19/2021 13:48:07 PM
Division Approval	gdavi6	04/19/2021 13:48:10 PM
Department Approval	ldeloach	04/20/2021 11:02:46 AM
Contract Manager Approval	nfese1	04/20/2021 12:33:17 PM
Budget Analyst Approval	stilley	05/11/2021 15:22:55 PM
BOE Agenda Approval	hfield	05/11/2021 17:36:44 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: **24274**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Health Psychology Associates LLC
Agency Code:	MSA	Contractor Name:	Health Psychology Associates LLC
Appropriation Unit:	9999 - All Categories	Address:	245 Mt. Rose Street
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89509
If "No" please explain:	Not Applicable	Contact/Phone:	Natalie Sanchez 775-448-6828
		Vendor No.:	T29043881
		NV Business ID:	NV20151153700

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 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **1 year and 29 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide ongoing marriage and family therapy and outpatient mental health services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S167 for behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/06/2021 16:05:42 PM
Division Approval	gdavi6	05/06/2021 16:05:44 PM
Department Approval	ldeloch	05/06/2021 16:24:35 PM
Contract Manager Approval	rvradenb	05/07/2021 08:38:50 AM
Budget Analyst Approval	stilley	05/11/2021 09:05:11 AM
BOE Agenda Approval	hfield	05/12/2021 15:00:49 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24275**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Jenna Ortiz DBA Jenna Ortiz Therapy
Agency Code: MSA	Contractor Name: Jenna Ortiz DBA Jenna Ortiz Therapy
Appropriation Unit: 9999 - All Categories	Address: 1650 HWY 395, SUITE 103
Is budget authority available?: Yes	City/State/Zip: Minden , NV 89423
If "No" please explain: Not Applicable	Contact/Phone: Jenna Ortiz 702-606-1756
	Vendor No.: T32010842
	NV Business ID: NV20201781064

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 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **1 year and 29 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

This is a new contract to provide ongoing marriage and family therapy services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S167 for behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	gdavi6	05/06/2021 16:06:23 PM
Division Approval	gdavi6	05/06/2021 16:06:25 PM
Department Approval	ldeloach	05/06/2021 16:26:10 PM
Contract Manager Approval	rvradenb	05/07/2021 08:33:04 AM
Budget Analyst Approval	stilley	05/11/2021 09:07:47 AM
BOE Agenda Approval	hfield	05/12/2021 14:58:43 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: **24219**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: K2 AERIAL APPLICATION LLC
Agency Code: MSA	Contractor Name: K2 AERIAL APPLICATION LLC
Appropriation Unit: 9999 - All Categories	Address: 910 E COLLEGE
Is budget authority available?: Yes	City/State/Zip: ECHO, OR 97826-9087
If "No" please explain: Not Applicable	Contact/Phone: Andrew Kilgore 541/980-8498
	Vendor No.: T29041807
	NV Business ID: NV20212030004

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 % Various Agencies

Agency Reference #: **RFQ 99SWC-S1426**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,705,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely 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):

Mountain F Enterprise
Logan Simpson Design
Red Mtn. Resource

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 17 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/19/2021 13:49:15 PM
Division Approval	gdavi6	04/19/2021 13:49:17 PM
Department Approval	ldeloach	04/20/2021 11:05:06 AM
Contract Manager Approval	nfese1	04/20/2021 12:27:55 PM
Budget Analyst Approval	stillley	05/11/2021 14:19:03 PM
BOE Agenda Approval	hfield	05/12/2021 09:06:28 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: **24232**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Kirch Construction LLC
Agency Code: MSA	Contractor Name: Kirch Construction LLC
Appropriation Unit: 9999 - All Categories	Address: 3461 Lisbon Court
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89436
If "No" please explain: Not Applicable	Contact/Phone: Steven Kirch 775-525-4508
	Vendor No.: T29044169
	NV Business ID: NV20201729226

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 % Various Agencies

Agency Reference #: **RFQ 99SWC-S1426 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely 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):

**Swaggart Enterprise
Leslie Heavy Haul
Lost River Fire**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 17 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/06/2021 16:01:42 PM
Division Approval	gdavi6	05/06/2021 16:01:45 PM
Department Approval	ldeloach	05/06/2021 16:50:24 PM
Contract Manager Approval	nfese1	05/10/2021 07:37:19 AM
Budget Analyst Approval	stillley	05/11/2021 15:00:12 PM
BOE Agenda Approval	hfield	05/12/2021 08:27:25 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: **24218**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: LOGAN SIMPSON DESIGN INC
Agency Code: MSA	Contractor Name: LOGAN SIMPSON DESIGN INC
Appropriation Unit: 9999 - All Categories	Address: 51 W 3RD ST STE 450
Is budget authority available?: Yes	City/State/Zip: TEMPE, AZ 85281-2883
If "No" please explain: Not Applicable	Contact/Phone: Lisa Young 480/967-1343
	Vendor No.: T32010317
	NV Business ID: NV20101023481

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 % Various Agencies

Agency Reference #: **RFQ 99SWC-S1426 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely 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):

**Resource Concepts
Giles Construction
Leslie Heavy Haul**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 17 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Office II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/26/2021 17:15:00 PM
Division Approval	gdavi6	04/26/2021 17:15:03 PM
Department Approval	ldeloach	04/27/2021 09:15:39 AM
Contract Manager Approval	nfese1	04/27/2021 10:03:49 AM
Budget Analyst Approval	stillley	05/11/2021 15:06:56 PM
BOE Agenda Approval	hfield	05/12/2021 08:23:05 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: **24247**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Leslie Heavy Haul
Agency Code: MSA	Contractor Name: Leslie Heavy Haul
Appropriation Unit: 9999 - All Categories	Address: 18971 Hess Ave
Is budget authority available?: Yes	City/State/Zip: Sonora, CA 95370
If "No" please explain: Not Applicable	Contact/Phone: Preston Leslie 209-840-1827
	Vendor No.: T32010986
	NV Business ID: NV20212031500

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 % Various Agencies

Agency Reference #: **RFQ 99SWC-S1426**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,576,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely 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):

**Quicksilver Contracting
GTS Forestry
Kirch Construction**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 17 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/26/2021 17:18:08 PM
Division Approval	gdavi6	04/26/2021 17:18:11 PM
Department Approval	ldeloach	04/27/2021 09:18:43 AM
Contract Manager Approval	nfese1	04/27/2021 10:03:14 AM
Budget Analyst Approval	stillley	05/11/2021 15:03:37 PM
BOE Agenda Approval	hfield	05/12/2021 08:25:11 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24241**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Lost River Fire Management Services, Inc.
Agency Code:	MSA	Contractor Name:	Lost River Fire Management Services, Inc.
Appropriation Unit:	9999 - All Categories	Address:	PO Box 933
Is budget authority available?:	Yes	City/State/Zip:	Merrill, OR 97633
If "No" please explain:	Not Applicable	Contact/Phone:	Claren Nilsson 541-273-4737
		Vendor No.:	T29044200
		NV Business ID:	NV20201874286

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 % Various Agencies

Agency Reference #: RFQ 99SWC-S1426

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,828,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely 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):

Cutting Edge Forestry
Giles Construction
Logan Simpson Design

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 17 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/22/2021 12:57:50 PM
Division Approval	gdavi6	04/22/2021 12:57:53 PM
Department Approval	ldeloach	04/22/2021 15:14:58 PM
Contract Manager Approval	nfese1	04/26/2021 07:14:44 AM
Budget Analyst Approval	stillley	05/11/2021 10:47:23 AM
BOE Agenda Approval	hfield	05/11/2021 17:00:28 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: **24210**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: MARKIT FORESTRY MANAGEMENT
Agency Code: MSA	Contractor Name: MARKIT FORESTRY MANAGEMENT
Appropriation Unit: 9999 - All Categories	Address: 3370 CHUCKWAGON RD
Is budget authority available?: Yes	City/State/Zip: COLORADO SPRINGS, CO 80919
If "No" please explain: Not Applicable	Contact/Phone: Bryan Zebrowski 719/593-2365
	Vendor No.: T27042417
	NV Business ID: NV20181493113

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 % Various Agencies

Agency Reference #: **RFQ 99SWC-S1426 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,200,500.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provided fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely 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):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 17 Vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser , Purchasing Officer II Ph: 684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/22/2021 12:51:54 PM
Division Approval	gdavi6	04/22/2021 12:51:56 PM
Department Approval	ldeloach	04/22/2021 14:51:53 PM
Contract Manager Approval	nfese1	04/26/2021 07:18:15 AM
Budget Analyst Approval	stilley	05/11/2021 13:39:40 PM
BOE Agenda Approval	hfield	05/12/2021 13:07:13 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24239**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Mountain F Enterprise, Inc
Agency Code: MSA	Contractor Name: Mountain F Enterprise, Inc
Appropriation Unit: 9999 - All Categories	Address: 1180 Iron Point Road, Suite 35
Is budget authority available?: Yes	City/State/Zip: Folsom, CA 95630
If "No" please explain: Not Applicable	Contact/Phone: Scott Huffmaster 530-713-3061
	Vendor No.: T27044218
	NV Business ID: NV20141505226

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 % Various Agencies

Agency Reference #: RFQ 99SWC-S1426

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,266,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely 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):

Lost River Fire Management
GTS Forestry
Giles Construction

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 17 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/19/2021 16:24:31 PM
Division Approval	gdavi6	04/19/2021 16:24:33 PM
Department Approval	ldeloach	04/20/2021 11:10:42 AM
Contract Manager Approval	nfese1	04/20/2021 12:31:30 PM
Budget Analyst Approval	stillley	05/11/2021 15:43:51 PM
BOE Agenda Approval	hfield	05/11/2021 17:24:53 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: **16767** Amendment Number: **2**

Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **NNE CONSTRUCTION, INC.**

Agency Code: **MSA** Contractor Name: **NNE CONSTRUCTION, INC.**

Appropriation Unit: **9999 - All Categories** Address: **163 OSINO UNIT 5**

Is budget authority available?: **Yes** City/State/Zip: **ELKO, NV 89801-9402**

If "No" please explain: **Not Applicable** Contact/Phone: **RICHARD WILLIAMS 775/738-8745**

Vendor No.: **T27020691**

NV Business ID: **NV20001345027**

To what State Fiscal Year(s) will the contract be charged? **2016-2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % VARIOUS AGENCIES

Agency Reference #: **3159-GB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2015**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **5 years and 352 days**

4. Type of contract: **MSA**

Contract description: **COMM SITE REPAIR**

5. Purpose of contract:

This is the second amendment to the original contract which provides communications site parts and services to include emergency and general maintenance. This amendment increases the maximum amount from \$1,000,000 to \$1,400,000 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:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$400,000.00	\$400,000.00	\$400,000.00	Yes - Action
3. New maximum contract amount:	\$1,400,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies need maintenance and repairs for communications sites.

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 staff or expertise to perform the necessary repair and maintenance.

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 chosen based on scoring by the evaluation committee for this RFP.

d. Last bid date: 12/02/2014 Anticipated re-bid date: 12/02/2018

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?

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	04/08/2021 13:09:08 PM
Division Approval	gdavi6	04/08/2021 13:09:11 PM
Department Approval	ldeloach	04/08/2021 15:45:04 PM
Contract Manager Approval	rvradenb	05/04/2021 07:51:59 AM
Budget Analyst Approval	stillley	05/11/2021 08:57:51 AM
BOE Agenda Approval	hfield	05/12/2021 15:04:18 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: **24209**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: QUICKSILVER CONTRACTING CO
Agency Code: MSA	Contractor Name: QUICKSILVER CONTRACTING CO
Appropriation Unit: 9999 - All Categories	Address: 64682 COOK AVE #99
Is budget authority available?: Yes	City/State/Zip: BEND, OR 97703-9033
If "No" please explain: Not Applicable	Contact/Phone: John Williams 541/330-1930
	Vendor No.: T27041542
	NV Business ID: NV20121339504

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 % Various Agencies

Agency Reference #: **RFQ 99SWC-S1426 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,676,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely 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):

**GTS Forestry
Cutting Edge
Summitt Forests**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 17 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor is currently contract under RFQ 3282 Fire Fuels.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Nancy Feser, Purchasing Officer II Ph: 684-0178

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/27/2021 15:19:12 PM
Division Approval	gdavi6	04/27/2021 15:19:14 PM
Department Approval	ldeloach	04/27/2021 15:32:52 PM
Contract Manager Approval	nfese1	05/03/2021 09:58:28 AM
Budget Analyst Approval	stillley	05/11/2021 10:26:06 AM
BOE Agenda Approval	hfield	05/11/2021 16:58:30 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: **24214**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: RESOURCE CONCEPTS INC
Agency Code: MSA	Contractor Name: RESOURCE CONCEPTS INC
Appropriation Unit: 9999 - All Categories	Address: 340 N MINNESOTA ST
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89703-4152
If "No" please explain: Not Applicable	Contact/Phone: Jeremy Drew 775/883-1600
	Vendor No.: T12785100
	NV Business ID: NV19781005208

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 % Various Agencies

Agency Reference #: **RFQ 99SWC-S1426 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,690,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely 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):

**Logan Simpson Design
Cutting Edge Forestry
Summitt Forests**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 17 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: 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 Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/07/2021 09:18:01 AM
Division Approval	gdavi6	05/07/2021 09:18:24 AM
Department Approval	ldeloach	05/07/2021 09:43:51 AM
Contract Manager Approval	nfese1	05/10/2021 07:37:34 AM
Budget Analyst Approval	stillley	05/11/2021 14:38:27 PM
BOE Agenda Approval	hfield	05/12/2021 09:02:08 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 CONTRACT1. Contract Number: **24231**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Red Mtn. Resource LLC
Agency Code:	MSA	Contractor Name:	Red Mtn. Resource LLC
Appropriation Unit:	9999 - All Categories	Address:	2099 S. 50 E.
Is budget authority available?:	Yes	City/State/Zip:	Oakley, ID 83346
If "No" please explain:	Not Applicable	Contact/Phone:	Own Wadsworth 208-431-8787
		Vendor No.:	
		NV Business ID:	NV20212030962
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 % Various Agencies
Agency Reference #:	RFQ 99SWC-S1426 NF		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/07/2025**Contract term: **4 years and 7 days**4. Type of contract: **MSA**Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,038,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely 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):

Mountain F Enterprise
Leslie Heavy Haul
Lost River Fire Managementb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 17 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Office II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/19/2021 13:52:08 PM
Division Approval	gdavi6	04/19/2021 13:52:11 PM
Department Approval	ldeloach	04/20/2021 11:06:59 AM
Contract Manager Approval	nfese1	04/20/2021 12:33:46 PM
Budget Analyst Approval	stillley	05/11/2021 14:57:30 PM
BOE Agenda Approval	hfield	05/12/2021 08:28:37 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: **24208**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SIERRA PEAKS ENTERPRISES LLC
Agency Code: MSA	Contractor Name: SIERRA PEAKS ENTERPRISES LLC
Appropriation Unit: 9999 - All Categories	Address: 1075 FOOTHILL RD
Is budget authority available?: Yes	City/State/Zip: GARDNERVILLE, NV 89460-6512
If "No" please explain: Not Applicable	Contact/Phone: Charles Fairbank III 775/265-8444
	Vendor No.: T27041515
	NV Business ID: NV20091194343

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 % Various Agencies

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,315,500.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have the capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely 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):

Cutting Edge Forestry
Summitt Forests
Resource Concepts

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 17 Vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

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?

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:

Sierra Peaks is currently contracted under RFQ 3282 Fire Fuels Management.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

null, null Ph: null

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/19/2021 16:23:17 PM
Division Approval	gdavi6	04/19/2021 16:23:19 PM
Department Approval	ldeloach	04/20/2021 11:09:24 AM
Contract Manager Approval	nfese1	04/20/2021 12:31:01 PM
Budget Analyst Approval	stilley	05/11/2021 15:44:35 PM
BOE Agenda Approval	hfield	05/11/2021 17:22:44 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: **24215**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: SUMMITT FORESTS INC
Agency Code: MSA	Contractor Name: SUMMITT FORESTS INC
Appropriation Unit: 9999 - All Categories	Address: 2305 ASHLAND ST STE C PMB 432
Is budget authority available?: Yes	City/State/Zip: ASHLAND, OR 97520-3777
If "No" please explain: Not Applicable	Contact/Phone: Scott Nelson 541/535-8920
	Vendor No.: T32000760A
	NV Business ID: NV20121090199

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 % Various Agencies

Agency Reference #: **RFQ 99SWC-S1426 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/07/2025**

Contract term: **4 years and 7 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,326,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

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):

**Logan Simpson Design
K2 Aerial Application
Cutting Edge Forestry**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 17 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/22/2021 12:54:10 PM
Division Approval	gdavi6	04/22/2021 12:54:13 PM
Department Approval	ldeloach	04/22/2021 14:59:50 PM
Contract Manager Approval	nfese1	04/26/2021 07:15:24 AM
Budget Analyst Approval	stillley	05/11/2021 14:53:58 PM
BOE Agenda Approval	hfield	05/12/2021 08:30:23 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **24244**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Swaggart Enterprises, Inc.
Agency Code:	MSA	Contractor Name:	Swaggart Enterprises, Inc.
Appropriation Unit:	9999 - All Categories	Address:	81089 N Edwards Rd
Is budget authority available?:	Yes	City/State/Zip:	Hermiston, OR 97838-0250
If "No" please explain:	Not Applicable	Contact/Phone:	Cecil M Swaggart 541/289-1641
		Vendor No.:	T32011016
		NV Business ID:	NV20171263742

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 % Various Agencies

Agency Reference #: RFQ 99SWC-S1426

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/07/2025**Contract term: **4 years and 7 days**4. Type of contract: **MSA**Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide ongoing vegetation and forest management services and equipment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,200,500.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely 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):

Leslie Heavy Haul
Giles Construction
Lost River Fireb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 17 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/07/2021 09:18:53 AM
Division Approval	gdavi6	05/07/2021 09:19:31 AM
Department Approval	ldeloach	05/07/2021 09:43:29 AM
Contract Manager Approval	nfese1	05/10/2021 07:37:46 AM
Budget Analyst Approval	stillley	05/11/2021 14:50:54 PM
BOE Agenda Approval	hfield	05/12/2021 13:07:37 PM
BOE Final Approval	Pending	

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	010	ATHLETIC COMMISSION	VINCENT F. JERMAN	FEE: ATHLETIC COMMISSION GATE FEES 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$20,000	
		Contract Description: This is a new contract to provide ongoing unarmed combat inspector services for weigh-in and events.	Term of Contract: 05/07/2021 - 03/31/2025	Contract # 24308		
2.	010	ATHLETIC COMMISSION	THOMAS D. MOORE	FEE: ATHLETIC COMMISSION GATE FEES 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$20,000	
		Contract Description: This is a new contract to provide ongoing unarmed combat inspector services for weigh-in and events.	Term of Contract: 05/07/2021 - 03/31/2025	Contract # 24310		
3.	010	ATHLETIC COMMISSION	ALEJANDRO C. YBARRA	FEE: ATHLETIC COMMISSION GATE FEES 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$49,500	
		Contract Description: This is a new contract to provide ongoing unarmed combat chief inspector services for weigh-in and events.	Term of Contract: 05/07/2021 - 05/31/2023	Contract # 24311		
4.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	SKLAR WILLIAMS, PLLC	OTHER: STATUTORY CONTINGENCY	\$40,000	Professional Service
		Contract Description: This is a new contract to provide outside counsel services for case number 3:31-cv-00176-RFB-CLB, Floyd v. Nevada.	Term of Contract: 05/04/2021 - 05/04/2022	Contract # 24377		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES	
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - NON-EXEC	PGAL, LLC	GENERAL 48% BONDS 2% OTHER: UNIVERSITY FUNDS 50%	\$39,687	Professional Service	
		Contract Description:	This is a new contract to provide professional architectural/engineering services for the University of Nevada, Las Vegas College of Engineering Academic and Research Building Advance Planning CIP project, which includes fiber optics investigation efforts, revised construction documents, existing conditions findings and providing design information that will allow for a comparable relocation of Low Voltage Infrastructure that will meet the existing services of UNLV and this project: CIP Project No. 17-P09; SPWD Contract No. 114004.				
		Term of Contract:	04/22/2021 - 06/30/2021	Contract # 24154			
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	AINSWORTH ASSOCIATES MECHANICAL ENGINEERS	GENERAL 1% BONDS 99%	\$29,000	Professional Service	
		Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Lovelock Correctional Center - Underground Piping & Boiler Replacement CIP project: CIP Project No. 19-M10; SPWD Contract No. 112937. This amendment increases the maximum amount from \$150,000 to \$179,000 due to the addition of architectural and structural design and construction administration services.				
		Term of Contract:	11/12/2019 - 06/30/2023	Contract # 22478			
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	VAN WOERT BIGOTTI ARCHITECTS	BONDS 88% FEDERAL 12%	\$29,900	Professional Service	
		Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Veterans Home Construction CIP project, which includes fixtures, furniture and equipment and specialty design consulting services; CIP Project No. 15-C77; SWPD Contract No. 113941.				
		Term of Contract:	04/27/2021 - 06/30/2021	Contract # 24188			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	CONSTRUCTION MATERIALS ENGINEERS, INC.	GENERAL 1% BONDS 30% FEDERAL 69%	\$4,280	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional Geotechnical Investigation Services for the Washoe County Armory - Construct Parking Addition CIP project: CIP Project No. 19-S05gl; SPWD Contract No. 111548. This amendment increases the maximum amount from \$8,280 to \$12,560 due to the supplemental percolation testing needed to adhere to City of Reno requirements for stormwater retention.				
		Term of Contract:	05/12/2020 - 06/30/2023	Contract # 23145		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	AINSWORTH ASSOCIATES	OTHER: AGENCY FUNDED CIP	\$35,440	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Combined Support Maintenance Shop (CSMS)- Compressed Air system Replacement CIP project, which includes schematic design, design development, construction documents, bidding assistance, and construction administration for the replacement of the compressed air system serving the CSMS 1 building in Carson City: CIP Project No. 21-A005; SPWD Contract No. 113970				
		Term of Contract:	04/23/2021 - 06/30/2025	Contract # 24119		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	CURTAINWALL DESIGN & CONSULTING, INC.	OTHER: AGENCY FUNDED CIP	\$45,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Department of Wildlife - Headquarters Building - Roofing Replacement CIP project, which includes site visits, design development and construction documents for the roof replacement: CIP Project No. 21-A003; SPWD Contract No. 113868.				
		Term of Contract:	04/23/2021 - 06/30/2025	Contract # 24121		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	PAUL CAVIN ARCHITECT, LLC	OTHER: AGENCY FUNDED CIP	\$15,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Carlin Readiness Center - Entry Gate Replacement CIP project, which includes design development, bidding assistance, and construction administration for the replacement of two existing chain link/barbed wire fence gates at the front access to the Carlin Readiness Center complex: CIP Project No. 20-A007; SPWD Contract No. 113942.				
		Term of Contract:	04/23/2021 - 06/30/2024	Contract # 24118		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - RURAL REGIONAL CENTER	SCOTT CHRISTOPHER KUHN, DBA D & J'S CLEANING SERVICE	GENERAL	\$7,200	
	Contract Description:	This is the first amendment to the original contract which provides janitorial services for the Fallon Rural Regional Center office. This amendment extends the termination date from December 31, 2020 to December 31, 2022 and increases the maximum amount from \$8,000 to \$15,200 due to the continued need for these services.				
	Term of Contract:	01/01/2019 - 12/31/2022	Contract # 21280			
13.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	UNITED LOCK AND SECURITY, INC.	GENERAL	\$49,996	
	Contract Description:	This is a new contract to provide ongoing services for maintenance to specialty doors, exit devices, electromagnetic locking systems, door closers, and smoke seals.				
	Term of Contract:	05/10/2021 - 06/30/2023	Contract # 24108			
14.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	DELTA FIRE SYSTEMS, INC.	GENERAL	\$29,436	
	Contract Description:	This is a new contract to provide ongoing quarterly/annual fire alarm inspections of Buildings 25 and 26 on the agency campus pursuant to Nevada State Fire Marshal licensing and Joint Commission accreditation requirements.				
	Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24089			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - WOMEN, INFANT AND CHILDREN FOOD SUPPLEMENT	MAXIMUS US SERVICES, INC.	FEDERAL	\$11,700	
	Contract Description:	This is a new contract to provide the Nevada Women, Infants, and Children program assistance on updating vendor materials approved product list and not to exceed calculations process.				
		Term of Contract:	04/20/2021 - 09/30/2021	Contract # 23993		
16.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - WOMEN, INFANT AND CHILDREN FOOD SUPPLEMENT	WESTERN MICHIGAN UNIVERSITY	FEDERAL	\$21,401	Exempt
	Contract Description:	This is a new interlocal agreement to provide online nutrition education training modules to educate participants regarding the benefits of utilizing supplemental food benefits to purchase healthy nutritious foods.				
		Term of Contract:	04/29/2021 - 09/30/2021	Contract # 24144		
17.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	ESMERALDA COUNTY	OTHER: REVENUE	\$22,048	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing public health services to meet the health needs of the rural and frontier communities per NRS 430 and 441A.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24182		
18.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	EUREKA COUNTY	OTHER: REVENUE	\$22,428	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing public health services to meet the health needs of the rural and frontier communities per NRS 430 and 441A.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24181		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH RURAL CLINICS	QUINTIN PAUL TUELLER & DANA RAE TUELLER	GENERAL	\$13,800	
	Contract Description:	This is the first amendment to the original contract which provides ongoing janitorial services for the Lovelock Mental Health Center. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$13,800 to \$27,600 due the continued need for these services.				
	Term of Contract:	07/01/2019 - 06/30/2023	Contract # 22032			
20.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES – PUBLIC AND BEHAVIORAL HEALTH RURAL CLINICS	RICHARD NEPPER	GENERAL	\$13,500	
	Contract Description:	This is the first amendment to the original contract which provides Janitorial Services for the Hawthorne Mental Health Center. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$13,500 to \$27,000 due to the continued need for these services.				
	Term of Contract:	07/01/2019 - 06/30/2023	Contract # 22003			
21.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	INTERACTIVE VOICE APPLICATIONS	OTHER: COST ALLOCATED	\$25,000	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides ongoing training and hosting of the Smart Random Moment Sampling system. This amendment extends the termination date from June 30, 2021 to December 31, 2021 and increases the maximum amount from \$50,000 to \$75,000 due to the continued need for these services.				
	Term of Contract:	07/01/2020 - 12/31/2021	Contract # 23150			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES	DAW SYSTEMS, INC. DBA SCRIPTURE	GENERAL 80% FEDERAL 20%	\$16,520	
		Contract Description: This is a new contract to provide electronic signature approval services for client medical prescriptions. Term of Contract: 05/06/2021 - 06/30/2024 Contract # 23835				
23.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES	SIERRA VIII, DBA DIVERSIFIED PAINTING	GENERAL 75% FEDERAL 25%	\$15,360	
		Contract Description: This is a new contract to provide interior painting services. Term of Contract: 05/07/2021 - 06/30/2021 Contract # 24281				
24.	431	OFFICE OF THE MILITARY	MCKEON DOOR OF NEVADA, INC.	GENERAL 50% FEDERAL 50%	\$45,000	
		Contract Description: This is a new contract to provide ongoing door installation and repair services for Guard facilities in southern Nevada. Term of Contract: 05/04/2021 - 04/30/2025 Contract # 24296				
25.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	AMERICAN CHILLER SERVICE, INC.	GENERAL	\$30,207	
		Contract Description: This is a new contract to provide for the rental of a temporary chiller to be used while a permanent replacement chiller is installed at Warm Springs Correctional Center. Term of Contract: 05/01/2021 - 09/30/2021 Contract # 24222				
26.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	NORTHERN NEVADA WATER SOLUTION	GENERAL	\$15,700	
		Contract Description: This is a new contract to provide repairs to the water softener system in housing Unit 1 at the Warm Springs Correctional Center. Term of Contract: 05/18/2021 - 06/30/2021 Contract # 24297				
27.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	PLUMB LINE MECHANICAL, INC.	GENERAL	\$19,145	
		Contract Description: This is a new contract to provide labor and materials to replace a water heater at the Carlin Conservation Camp. Term of Contract: 04/22/2021 - 06/30/2021 Contract # 24037				

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.	580	PUBLIC UTILITIES COMMISSION OF NEVADA	HIGH DESERT MICROIMAGING	FEE: REGULATORY ASSESSMENTS	\$9,215	
	Contract Description:	This is the third amendment to the original contract which provides ongoing maintenance service to scanners that are utilized to operate the Electronic Filings and Records Management system which enables the Commission to accept electronic filings and associated fees. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$25,725 to \$34,940 due to the continued need for these services.				
	Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20059			
29.	650	DEPARTMENT OF PUBLIC SAFETY - DIRECTOR'S OFFICE	STREICHERS, INC.	GENERAL 13% HIGHWAY 81% FEE: 1% OTHER: INTERNAL SERVICE FUNDS 5%	\$34,000	
	Contract Description:	This is the first amendment to the original contract which provides uniform services to sworn officers. This amendment increases the maximum amount from \$750,570 to \$784,570 due to the addition of available uniform items.				
	Term of Contract:	12/08/2020 - 12/31/2025	Contract # 23707			
30.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	ALPHA INSTITUTE	HIGHWAY	\$15,000	Professional Service
	Contract Description:	This is a new contract to provide psychological counseling, evaluation, and therapy services.				
	Term of Contract:	04/29/2021 - 04/30/2025	Contract # 24253			
31.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	CUSTOM CLEAN ELY	GENERAL 26% HIGHWAY 74%	\$12,000	
	Contract Description:	This is a new contract to provide ongoing janitorial cleaning services for the combined Nevada Highway Patrol and Nevada Division of Investigations facility in Ely.				
	Term of Contract:	05/04/2021 - 03/31/2025	Contract # 24327			
32.	656	DEPARTMENT OF PUBLIC SAFETY - FIRE MARSHAL	CAL NEVADA TOWING & TRANSPORT	OTHER: TRANSFER FROM STATE EMERGENCY RESPONSE COMMISSION 50% TRANSFER FROM NEVADA DIVISION OF ENVIRONMENTAL PROTECTION 50%	\$32,000	
	Contract Description:	This is a new contract to provide transportation services for the State Fire Marshal Fire Investigation Trailer.				
	Term of Contract:	04/20/2021 - 01/31/2025	Contract # 24100			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	690	COLORADO RIVER COMMISSION	LATO & PETROVA CPA'S DBA LATO PETROVA & PEARSON CPA'S	OTHER: POWER REVENUES	\$48,500	Professional Service
	Contract Description:	This is a new contract to provide assistance with year-end closing and preparation of financial statements.				
		Term of Contract:	04/22/2021 - 05/01/2023	Contract # 24273		
34.	700	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - Q1/AB9 BONDS- NON-EXEC	JENSEN ENGINEERING	BONDS	\$24,900	
	Contract Description:	This is a new contract to provide minor assistance on projects when a professional electrical engineer is required.				
		Term of Contract:	05/12/2021 - 03/22/2023	Contract # 24365		
35.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	JORDAN KNIGHTON ARCHITECTS, INC. DBA JK ARCHITECTURE ENGINEERING	BONDS 25% OTHER: SPORTSMEN REVENUE 50% FEDERAL 25%	\$48,000	Professional Service
	Contract Description:	This is a new contract to provide professional engineering, estimating and hydrology services.				
		Term of Contract:	05/12/2021 - 12/31/2022	Contract # 23881		
36.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	LUMOS & ASSOCIATES	OTHER: SPORTSMEN REVENUE	\$13,175	Professional Service
	Contract Description:	This is a new contract to provide geotechnical engineering services for projects at Overton Wildlife Management Area and the Ely field office.				
		Term of Contract:	04/05/2021 - 08/31/2021	Contract # 24196		
37.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	WESTERNAIRE MECHANICAL SERVICES, INC.	FEE: SPORTSMEN REVENUE	\$17,903	
	Contract Description:	This is a new contract to provide ongoing heating, ventilation and air conditioning maintenance and service at the Valley Road office.				
		Term of Contract:	05/14/2021 - 04/08/2025	Contract # 24206		
38.	702	DEPARTMENT OF WILDLIFE - DIVERSITY DIVISION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	\$40,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide an analysis of the American Pika population across northwestern Nevada.				
		Term of Contract:	06/01/2021 - 06/30/2022	Contract # 24110		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	702	DEPARTMENT OF WILDLIFE - HABITAT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEE: INDUSTRIAL DEVELOPMENT 90% HABITAT CONSERVATION 10%	\$47,497	Exempt
	Contract Description:	This a new interlocal agreement to provide statistical model services of habitat suitability for mule deer and pronghorn antelope.				
		Term of Contract:	04/30/2021 - 04/30/2023	Contract # 24092		
40.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS	CHAPELS OF LAS VEGAS	GENERAL	\$15,000	
	Contract Description:	This is a new revenue contract to provide wedding ceremonies at the Valley of Fire.				
		Term of Contract:	05/03/2021 - 05/31/2023	Contract # 24299		
41.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS	LAS VEGAS WEDDING	GENERAL	\$27,500	
	Contract Description:	This is a new revenue contract to provide wedding ceremonies at the Valley of Fire.				
		Term of Contract:	04/30/2021 - 05/31/2023	Contract # 24301		
42.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS	MAVERICK ACTIVITIES	GENERAL	\$10,000	
	Contract Description:	This is a new revenue contract to provide fishing charters at Cave Rock.				
		Term of Contract:	05/10/2021 - 04/30/2022	Contract # 24354		
43.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS	MUTINY DIVERS	GENERAL	\$10,000	
	Contract Description:	This is a new revenue contract to provide scuba classes and tours at Sand Harbor and Cave Rock.				
		Term of Contract:	05/10/2021 - 04/30/2023	Contract # 24323		
44.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS	SIERRA DIVING CENTER	GENERAL	\$10,000	
	Contract Description:	This is a new revenue contract to provide scuba classes and tours at Sand Harbor.				
		Term of Contract:	05/10/2021 - 04/30/2023	Contract # 24353		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
45.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS	STATE PARKS CULTURAL ARTS BOARD DBA SUPER SUMMER THEATER	GENERAL	\$20,000	
	Contract Description:	This is a new revenue contract to provide park visitors with cultural arts at Spring Mountain Ranch.				
		Term of Contract:	05/04/2021 - 12/31/2021	Contract # 24361		
46.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS	TOMSIK PHOTOGRAPHY, LLC	GENERAL	\$48,000	
	Contract Description:	This is a new revenue contract to provide wedding ceremonies at Valley of Fire.				
		Term of Contract:	05/03/2021 - 05/31/2023	Contract # 24303		
47.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS	WALKER MARINE, INC.	GENERAL	\$10,000	
	Contract Description:	This is a new revenue contract to provide commercial boat launching/retrieval services at Cave Rock.				
		Term of Contract:	05/10/2021 - 04/30/2022	Contract # 24337		
48.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS	WILD SOCIETY, LLC	GENERAL	\$10,000	
	Contract Description:	This is a new revenue contract to provide guided non-motorized water and land tours at Sand Harbor and Spooner Lake.				
		Term of Contract:	05/10/2021 - 04/30/2022	Contract # 24325		
49.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS - FACILITY AND GROUNDS MAINTENANCE- NON-EXEC	CARDNO, INC.	OTHER: LAND SALES	\$24,514	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides an environmental assessment for Minister Road at Walker River State Recreation Area. This amendment increases the maximum amount from \$55,583 to \$80,097 due to the increased need for these services.				
		Term of Contract:	10/13/2020 - 03/30/2022	Contract # 23539		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
50.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS - MAINTENANCE OF STATE PARKS- NON-EXEC	MARSHALLS SEPTIC CARE, LLC	FEE: MAINTENANCE OF STATE PARKS	\$48,950	
		Term of Contract:	04/26/2021 - 11/20/2024	Contract # 23863		
51.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS - MAINTENANCE OF STATE PARKS- NON-EXEC	PLUMBLINE MECHANICAL	FEE: MAINTENANCE OF STATE PARKS	\$14,384	
		Term of Contract:	05/10/2021 - 06/30/2021	Contract # 24328		
52.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS - MAINTENANCE OF STATE PARKS- NON-EXEC	SIERRA PEAKS ENTERPRISES, LLC	FEE: MAINTENANCE OF STATE PARKS	\$18,300	
		Term of Contract:	05/03/2021 - 10/15/2021	Contract # 24332		
53.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS - MAINTENANCE OF STATE PARKS- NON-EXEC	SOIL TECH	FEE: MAINTENANCE OF STATE PARKS	\$16,600	
		Term of Contract:	05/10/2021 - 08/31/2021	Contract # 23940		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
54.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - BASIN ACCOUNT REGION 1 - NON-EXEC	OLSSON, INC.	OTHER: HUMBOLDT BASIN ASSESSMENTS	\$30,000	
	Contract Description:	This is the first amendment to the original contract which provides professional services in the form of a cloud-based groundwater modeling evaluation tool, including maintenance and support for the models and system. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$15,000 to \$45,000 due to the continued need for these services.				
		Term of Contract:	05/28/2020 - 06/30/2023	Contract # 23240		
55.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - MATERIALS MANAGEMENT & CORRECTIVE ACTION	PROBIS LTD DBA NEON AGENCY	FEE: OLD WASTE	\$10,000	
	Contract Description:	This is a new contract to provide assistance in developing and creating a motivational video.				
		Term of Contract:	04/22/2021 - 06/30/2021	Contract # 24266		
56.	810	DEPARTMENT OF MOTOR VEHICLES - AUTOMATION	FLORES HEATING & AIR	HIGHWAY	\$10,680	
	Contract Description:	This is a new contract to install new heating, ventilation and air conditioning unit for the computer/server room at the Winnemucca location.				
		Term of Contract:	04/22/2021 - 06/30/2021	Contract # 24148		
57.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BUREAU OF SERVICES TO PERSONS WHO ARE BLIND OR VISUALLY IMPAIRED	CLARK COUNTY SCHOOL DISTRICT	FEDERAL	\$45,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide students who are blind or visually impaired with Pre-Employment Transition Services to help to identify areas of interest and to successfully transition to a college or the workforce.				
		Term of Contract:	06/01/2021 - 06/30/2023	Contract # 23203		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
58.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND	CENTER FOR SECURITY EDUCATION AND RESEARCH	OTHER: PENALTIES AND INTEREST	\$28,944	Sole Source
	Contract Description:	This is a new contract to provide information technology advisory support services for the Unemployment Insurance Unit.				
		Term of Contract:	10/01/2020 - 06/30/2021	Contract # 23988		
59.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	ON POINT TECHNOLOGY, INC.	OTHER: PENALTIES AND INTEREST	\$48,500	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides an upgrade to the Workforce Reporter software subscription service. This amendment extends the termination date from April 29, 2021 to October 29, 2021 and increases the maximum amount from \$255,000 to \$303,500 due to the continued need for these services.				
		Term of Contract:	04/10/2018 - 10/29/2021	Contract # 19614		
60.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	LAW OFFICES OF CHARLES B. WOODMAN	FEE: LICENSING	\$12,000	Professional Service
	Contract Description:	This is a new contract to provide hearing officer services.				
		Term of Contract:	04/29/2021 - 12/31/2022	Contract # 24012		

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24308**

Agency Name: GOVERNOR'S OFFICE	Legal Entity Name: JERMAN, VINCENT F
Agency Code: 010	Contractor Name: JERMAN, VINCENT F
Appropriation Unit: 3952-04	Address: 5721 CALM LAGOON AVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89130-7076
If "No" please explain: Not Applicable	Contact/Phone: 818-590-5213
	Vendor No.: T32003974
	NV Business ID: NV20161087799
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	90.00 % ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/07/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2025**

Contract term: **3 years and 329 days**

4. Type of contract: **Contract**

Contract description: **Specialty Service**

5. Purpose of contract:

This is a new contract to provide Inspector Services during Athletic Commission weigh-in and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$150 per event and \$50 per weigh-in, or per USA Boxing Gym Inspection; not to exceed \$20,000 over contract term.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as Independent Contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-Ins and events occur on evenings, weekends, and holidays. The Commission has a limited staff (not enough staff to cover all the required duties), additionally use of staff would incur additional overtime to fulfill these obligations. Furthermore, part of the duties requires locker-room coverage.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor has specific knowledge and experience relating to the rules and regulations of unarmed combat sport in the State of Nevada. Previously contracted with the Athletic Commission. Performance is satisfactory.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Athletic Commission 4/01/2017 - 3/31/2021. Performance is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Frankie Mason, MA II Ph: 702-486-2575

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	04/22/2021 14:28:49 PM
Division Approval	tmilazz1	04/27/2021 16:21:42 PM
Department Approval	tmilazz1	04/27/2021 16:21:50 PM
Contract Manager Approval	ddav12	04/29/2021 07:03:11 AM
Budget Analyst Approval	mranki1	05/07/2021 09:21:43 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24310**

Agency Name: **GOVERNOR'S OFFICE**
Agency Code: **010**
Appropriation Unit: **3952-04**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **MOORE, THOMAS D**
Contractor Name: **MOORE, THOMAS D**
Address: **2711 ALTA VISTA STREET**
City/State/Zip: **HENDERSON, NV 89044**
Contact/Phone: **702/374-6352**
Vendor No.: **T29037426**
NV Business ID: **NV20161075699**
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	90.00 % ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/07/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2025**

Contract term: **3 years and 329 days**

4. Type of contract: **Contract**

Contract description: **Specialty Service**

5. Purpose of contract:

This is a new contract to provide Inspector Services during Athletic Commission weigh-ins and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$150 [er evtmt amd \$50 per weigh-in or per Inspection of USA Boxing gym/s; not to exceed \$20,000 over contract term.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as Independent Contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-Ins and events occur on evenings, weekends, and holidays. The Commission has a limited staff (not enough staff to cover all the required duties), additionally use of staff would incur additional overtime to fulfill these obligations. Furthermore, part of the duties requires locker-room coverage.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor has specific knowledge and experience relating to the rules and regulations of unarmed combat sport in the State of Nevada. Previously contracted with the Athletic Commission. Performance is satisfactory.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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:

Frankie Mason, MA II Ph: 702-486-2575

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	04/22/2021 14:27:20 PM
Division Approval	tmilazz1	04/27/2021 16:22:44 PM
Department Approval	tmilazz1	04/27/2021 16:22:52 PM
Contract Manager Approval	ddav12	04/29/2021 07:19:41 AM
Budget Analyst Approval	mranki1	05/07/2021 09:36:42 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: **24311**

Agency Name: GOVERNOR'S OFFICE	Legal Entity Name: YBARRA, ALEJANDRO C
Agency Code: 010	Contractor Name: YBARRA, ALEJANDRO C
Appropriation Unit: 3952-04	Address: 6387 BOLD REGATTA CT
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89139-6262
If "No" please explain: Not Applicable	Contact/Phone: 702/209-7850
	Vendor No.: T81023618
	NV Business ID: NV20151158439
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	90.00 % ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/07/2021**
 Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2023**
 Contract term: **2 years and 24 days**

4. Type of contract: **Contract**
 Contract description: **Specialty Services**

5. Purpose of contract:
This is a new contract to provide Chief Inspector Services during Athletic Commission weigh-in and events. The Chief Inspector oversees all Inspectors during events. This appointment has the support of the Executive Director and the Athletic Commission Board.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$49,500.00**
 Payment for services will be made at the rate of \$2,000.00 per Month
 Other basis for payment: Plus, not to exceed \$1,500 for travel for the term of the contract.

II. JUSTIFICATION

7. What conditions require that this work be done?
NRS 467.050 allows the Commission to utilize and employ inspectors as Independent Contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Weigh-Ins and events occur on evenings, weekends, and holidays. The Commission has a limited staff (not enough staff to cover all the required duties), additionally use of staff would incur additional overtime to fulfill these obligations. Furthermore, part of the duties requires locker-room coverage.

9. Were quotes or proposals solicited? **No**
 Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor has specific knowledge and experience relating to the rules and regulations of unarmed combat sport in the State of Nevada. Previously contracted with the Athletic Commission. Performance is satisfactory.

Currently no other qualified candidates within the Inspector pool. Previously, held the Chief Inspector role (in addition to the last contract just completed).

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:

Multiple contracts - Previous Chief Inspector Contract CETS #21695 expired 5/31/2021. Service provided is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Frankie Mason, MA II Ph: 702-486-2575

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	04/22/2021 14:26:24 PM
Division Approval	tmilazz1	04/29/2021 08:36:32 AM
Department Approval	tmilazz1	04/29/2021 08:36:35 AM
Contract Manager Approval	ddav12	04/29/2021 08:39:50 AM
Budget Analyst Approval	mranki1	05/07/2021 09:04:46 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24377**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: SKLAR WILLIAMS PLLC
Agency Code: 030	Contractor Name: SKLAR WILLIAMS PLLC
Appropriation Unit: 1030-04	Address: 410 SOUTH RAMPART BLVD STE 350
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89145
If "No" please explain: Not Applicable	Contact/Phone: 702-360-6000
	Vendor No.: PENDING
	NV Business ID: NV20111658161
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 % STATUTORY CONTINGENCY

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/04/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **Yes**

If "Yes", please explain

We are requesting this contract to be retroactive to May 4, 2021 due to the nature of the current litigation with court ordered hearings narrowing the timeframe for timely submission.

3. Termination Date: **05/04/2022**

Contract term: **1 year**

4. Type of contract: **Contract**

Contract description: **Outside Counsel**

5. Purpose of contract:

This is a new contract to provide outside counsel services for case number 3:31-cv-00176-RFB-CLB, Floyd vs. Nevada. This is to be paid from the Reserve for Statutory Contingency account per NRS 41.03435.

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?

The State of Nevada is involved in ongoing litigation that requires the service of outside counsel due to a conflict.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise needed for this type of litigation.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

[Empty box]

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Leslie Nino Piro, General Counsel Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	05/07/2021 11:51:05 AM
Division Approval	jhoba2	05/07/2021 11:51:07 AM
Department Approval	jhoba2	05/07/2021 11:51:10 AM
Contract Manager Approval	Iramire7	05/07/2021 12:02:56 PM
Budget Analyst Approval	jcoope8	05/17/2021 15:45:25 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24154**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PGAL LLC
Agency Code: 082	Contractor Name: PGAL LLC
Appropriation Unit: 1510-72	Address: 3379 W OQUENDO RD
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118
If "No" please explain: Not Applicable	Contact/Phone: 702-730-4911
	Vendor No.: T29003284A
	NV Business ID: NV20021118384

To what State Fiscal Year(s) will the contract be charged? **2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	48.00 %	Fees	0.00 %
Federal Funds	0.00 %	<input checked="" type="checkbox"/> Bonds	2.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	50.00 % University funds

Agency Reference #: 114004

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/22/2021**
Anticipated BOE meeting date 05/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **69 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 University of Nevada, Las Vegas College of Engineering Academic and Research Building Advance Planning CIP project, which includes fiber optics investigation efforts, revised construction documents, attend weekly meetings, actively participate in the exchange of information; receive existing conditions findings for the investigation and providing design information that will allow for a comparable relocation of Low Voltage Infrastructure that will meet the existing services of UNLV and this project: CIP Project No. 17-P09; SPWD Contract No. 114004

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$39,687.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2017 Leg. Approved CIP Project 17-P09 UNLV College of Engineering, Academic & Research Building

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 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:

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:

Lewis, Will, Project Manger Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/01/2021 15:41:27 PM
Division Approval	nmann	04/01/2021 15:41:31 PM
Department Approval	nmann	04/01/2021 15:41:34 PM
Contract Manager Approval	lwildes	04/02/2021 08:38:22 AM
Budget Analyst Approval	nkephart	04/22/2021 14:48:10 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 22478	Amendment Number: 1
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: AINSWORTH ASSOCIATES MECHANICAL ENGINEERS
Agency Code: 082	Contractor Name: AINSWORTH ASSOCIATES MECHANICAL ENGINEERS
Appropriation Unit: 1550-77	Address: 1420 HOLCOMB AVE., STE. 201
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-8003
If "No" please explain: Not Applicable	Contact/Phone: 775-329-9100
	Vendor No.: T27012245A
	NV Business ID: NV20201704362

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	1.00 %	Fees	0.00 %
Federal Funds	0.00 %	<input checked="" type="checkbox"/> Bonds	99.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 112937

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 05/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2023**

Contract term: **3 years and 230 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the first amendment to the original contract with provides professional architectural/engineering services for the Lovelock Correctional Center - Underground Piping & Boiler Replacement CIP project: CIP Project No. 19-M10; SPWD Contract No. 112937. This amendment increases the maximum amount from \$150,000.00 to \$179,000.00 due to the additional architectural and structural design and construction administration services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$150,000.00	\$150,000.00	\$150,000.00	Yes - Action
2. Amount of current amendment (#1):	\$29,000.00	\$29,000.00	\$29,000.00	Yes - Info
3. New maximum contract amount:	\$179,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2019 leg. approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

- 9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: Professional Service (As defined in NAC 333.150)

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.W

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)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

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: **24188**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: VAN WOERT BIGOTTI ARCHITECTS
Agency Code: 082	Contractor Name: VAN WOERT BIGOTTI ARCHITECTS
Appropriation Unit: 1567-17	Address: 1400 S. VIRGINIA STREET SUITE C
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-2836
If "No" please explain: Not Applicable	Contact/Phone: 775-328-1010
	Vendor No.: T60080600
	NV Business ID: NV19781005709

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	12.00 %	X Bonds	88.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 113941

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/27/2021**
Anticipated BOE meeting date 05/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **64 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 Home Construction CIP project, which includes an addition to the fixtures, furniture and equipment, specialty services of Direct Supply Aptura as a specialty consultant of design, selection and pricing; SPWD Project No. 15-C77; Contract No. 113941.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,900.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2015 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 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:
Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/05/2021 14:27:01 PM
Division Approval	nmann	04/05/2021 14:27:04 PM
Department Approval	nmann	04/05/2021 14:27:06 PM
Contract Manager Approval	lwildes	04/23/2021 13:15:27 PM
Budget Analyst Approval	nkephart	04/27/2021 09:23:14 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23145** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **Construction Materials Engineers, Inc**

Agency Code: **082** Contractor Name: **Construction Materials Engineers, Inc**

Appropriation Unit: **1585-61** Address: **CONSTRUCTION MATERIALS ENGINEE**

Is budget authority available?: **Yes** City/State/Zip: **300 SIERRA MANOR DRIVE, STE 1 RENO, NV 89511**

If "No" please explain: **Not Applicable** Contact/Phone: **775-851-8205**

Vendor No.: **T29021157**

NV Business ID: **NV20091073153**

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	1.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	69.00 %	<input checked="" type="checkbox"/> Bonds	30.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **111548**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/12/2020**

Anticipated BOE meeting date **05/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2023**

Contract term: **3 years and 49 days**

4. Type of contract: **Contract**

Contract description: **Geotechnical**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional Geotechnical Investigation Services for the Washoe County Armory - Construct Parking Addition CIP project: CIP Project No. 19-S05gl; SPWD Contract No. 111548. This amendment increases the maximum amount from \$8,280 to \$12,560 due to the supplemental percolation testing needed to adhere to City of Reno requirements for storm water retention.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$8,280.00	\$8,280.00	\$8,280.00	No
2. Amount of current amendment (#1):	\$4,280.00	\$12,560.00	\$12,560.00	Yes - Info
3. New maximum contract amount:	\$12,560.00			

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 Geotechnical Investigations Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/01/2021 16:18:03 PM
Division Approval	nmann	04/01/2021 16:18:07 PM
Department Approval	nmann	04/01/2021 16:18:11 PM
Contract Manager Approval	lwildes	04/02/2021 10:46:59 AM
Budget Analyst Approval	nkephart	04/23/2021 14:50:20 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: **24119**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: AINSWORTH ASSOCIATES
Agency Code: 082	Contractor Name: AINSWORTH ASSOCIATES
Appropriation Unit: All Appropriations	Address: MECHANICAL ENGINEERS 1420 HOLCOMB AVE, STE. 201
Is budget authority available?: No	City/State/Zip: RENO, NV 89502-8003
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 10, Army Facilities.	Contact/Phone: 775-502-4241
	Vendor No.: T27012245A
	NV Business ID: NV20201704362

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 % Agency Funded CIP

Agency Reference #: 113970

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/23/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **4 years and 69 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Combined Support Maintenance Shop(CSMS) - Compressed Air system Replacement project, which includes schematic design, design development, construction documents, bidding assistance, and construction administration for the replacement of the compressed air system serving the CSMS 1 building in Carson City: CIP Project No. 21-A005; SPWD Contract No. 113970

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,440.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency Submitted Application (NV Army National Guard signed 00/00/00) : 20-A013 Energy Security and Resiliency Assessment

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?

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/01/2021 15:17:49 PM
Division Approval	nmann	04/01/2021 15:17:51 PM
Department Approval	nmann	04/01/2021 15:17:57 PM
Contract Manager Approval	lwildes	04/02/2021 09:00:56 AM
Budget Analyst Approval	nkephart	04/23/2021 14:21:30 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24121**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: CURTAINWALL DESIGN & CONTRACTOR NAME: CURTAINWALL DESIGN &
Agency Code: 082	Address: CONSULTING INC
Appropriation Unit: All Appropriations	2400 S CIMARRON RD, STE. 125
Is budget authority available?: No	City/State/Zip: LAS VEGAS, NV 89117-7936
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 4460, expenditure category 07 Maintenance of Buildings and Grounds.	Contact/Phone: 702-222-9349
	Vendor No.: T29032419
	NV Business ID: NV20051436120

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 % Agency Funded CIP

Agency Reference #: **113868**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/23/2021**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **4 years and 69 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Nevada Department of Wildlife(NDOW) - Headquarters Building - Roofing Replacement project, which includes site visit, design development, and construction documents for the roof replacement at the NDOW headquarters building: CIP Project No. 21-A003; SPWD Contract No. 113868.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency Submitted Application (NV Army National Guard signed 00/00/00) : 20-A003 Roofing Replacement, Nevada Department of Wildlife, Headquarters Building

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:
 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:

Lewis, Will, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/01/2021 15:21:50 PM
Division Approval	nmann	04/01/2021 15:21:53 PM
Department Approval	nmann	04/01/2021 15:21:56 PM
Contract Manager Approval	lwildes	04/02/2021 08:53:32 AM
Budget Analyst Approval	nkephart	04/23/2021 11:25:28 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24118**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PAUL CAVIN ARCHITECT LLC
Agency Code: 082	Contractor Name: PAUL CAVIN ARCHITECT LLC
Appropriation Unit: All Appropriations	Address: 1575 DELUCCHI LANE, STE. 120
Is budget authority available?: No	City/State/Zip: RENO, NV 89502-6581
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 10, Army Facilities.	Contact/Phone: 775-284-7083
	Vendor No.: T29033842
	NV Business ID: NV20131182382

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 % Agency Funded CIP

Agency Reference #: 113942

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/23/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2024**

Contract term: **3 years and 69 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Carlin Readiness Center - Entry Gate Replacement project, which includes design development, bidding assistance, and construction administration for the replacement of two existing chain link/barbed wire fence gates at the front access to the Carlin Readiness Center complex: CIP Project No. 20-A007; SPWD Contract No. 113942

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency Submitted Application (NV Army Guard signed 00/00/00) : 20-A007 Entry Gate Replacement, Carlin Readiness Center.

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:

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:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	04/01/2021 15:06:42 PM
Division Approval	nmann	04/01/2021 15:06:45 PM
Department Approval	nmann	04/01/2021 15:06:49 PM
Contract Manager Approval	lwildes	04/02/2021 09:08:06 AM
Budget Analyst Approval	nkephart	04/23/2021 10:54:55 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 21280	Amendment Number: 1
Agency Name: DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name: KUHN, SCOTT CHRISTOPHER DBA
Agency Code: 402	Contractor Name: KUHN, SCOTT CHRISTOPHER DBA
Appropriation Unit: 3167-04	Address: D&JS CLEANING SERVICE 740 SUNSET DR.
Is budget authority available?: Yes	City/State/Zip: FALLON, NV 89406-3681
If "No" please explain: Not Applicable	Contact/Phone: SCOTT KUHN 775/342-8189
	Vendor No.: T27025981
	NV Business ID: NV20181528466

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date 06/2021

Retroactive? **Yes**

If "Yes", please explain

Due to issues regarding our lease, this contract has been delayed. ADSD has been collaborating with Leasing Services and the vendor to finalize the contract language to meet the needs and contractual obligations for all parties.

3. Previously Approved Termination Date: **12/31/2020**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides janitorial services for the Fallon Rural Regional Center office. This amendment extends the termination date from December 31, 2020 to December 31, 2022 and increases the maximum amount from \$8,000 to \$15,200 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:	\$8,000.00	\$8,000.00	\$8,000.00	No
2. Amount of current amendment (#1):	\$7,200.00	\$15,200.00	\$15,200.00	Yes - Info
3. New maximum contract amount:	\$15,200.00			
and/or the termination date of the original contract has changed to:	12/31/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to Joint Commission accreditation standards, facilities where services are delivered must be maintained for health and safety purposes. The Fallon Rural Services lease agreement for the clinic offices does not include janitorial services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Currently there are no agency FTE employees with the necessary training, time or equipment to provide the janitorial service to this office.

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):

Bright Lightning Janitorial Service
Service Master Clean
D&J's Cleaning Service
Tidy Maid Service

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor to return a proposal and cost is reasonable.

d. Last bid date: 09/10/2018 Anticipated re-bid date: 08/03/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

ADSD 1/1/15 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 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	sewart	04/30/2021 09:28:47 AM
Division Approval	amanocha	05/04/2021 10:45:59 AM
Department Approval	valpers	05/04/2021 13:36:53 PM

Contract Manager Approval
Budget Analyst Approval

maceved1
jyou23

05/07/2021 12:22:57 PM
05/11/2021 16:37:58 PM

Steve Sisolak
Governor

Richard Whitley, MS
Director



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

AGING AND DISABILITY SERVICES DIVISION
Helping people. It's who we are and what we do.



Dena Schmidt
Administrator

March 23, 2021

MEMORANDUM

TO: Susan Brown, Director
Governor's Finance Office

THROUGH: Richard Whitley, MS, Director
Department of Health and Human Services

FROM: Jessica Adams for Dena Schmidt, Administrator
Aging and Disability Services Division

A handwritten signature in blue ink, appearing to be "JA".

SUBJECT: Request for Approval for Retroactive January 1, 2021, Start Date for D&J's Cleaning Services Contract

This memorandum requests the above referenced Aging and Disability Services Division (ADSD) contract with D&J's Cleaning Services be approved for a retroactive start date effective January 1, 2021. This contract requires this retroactive start date for the State's obligation to continue to provide services and ensure continuity of care to people with disabilities at our rural office in Fallon.

This contract is for the cleaning and janitorial services to ADSD Fallon office. Due to issues regarding our lease, this contract has been delayed. ADSD has been collaborating with Leasing Services and the vendor to finalize contract language to meet the needs and contractual obligations for all parties.

Thank you for your consideration.

cc: Rob Forderhase, ADSD, Administrative Services Officer
Mariana Acevedo, ADSD, Contract Manager

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24108**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: UNITED LOCK AND SECURITY INC
Agency Code: 406	Contractor Name: UNITED LOCK AND SECURITY INC
Appropriation Unit: 3161-07	Address: 3401 SIRIUS AVE STE 9
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89102-8313
If "No" please explain: Not Applicable	Contact/Phone: Peter Levy 702/258-5625
	Vendor No.: PUR0005649
	NV Business ID: NV20061039362

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C 17805**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2021**
Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 51 days**

4. Type of contract: **Contract**

Contract description: **Specialty Doors**

5. Purpose of contract:

This is a new contract to provide ongoing services for maintenance to specialty doors, exit devices, electromagnetic locking systems, door closers and smoke seals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,996.00**

Payment for services will be made at the rate of \$21,600.00 per Year

Other basis for payment: Total contract contingency cost of \$1,456.00

II. JUSTIFICATION

7. What conditions require that this work be done?

To protect the safety and welfare of consumers and visitors at the facility, these doors and mechanisms ensure secure and fluid passage between unit and area doors while meeting Joint Commission, CMS and Life Safety standards.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Current State employees do not have the necessary knowledge, skill and training in the area of electromagnetic door and locking system.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Vegas Valley
Western States Doors
United Lock and Security

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per NRS 333 the vendor was selected by an informal selection committee based on their proposal.

d. Last bid date: 03/18/2021 Anticipated re-bid date: 03/01/2023

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:

Vendor with DPBH since 2015 with 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:

EDWARD ACKERMAN , Facilities Manager Ph: 702/486-5135

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kquinter	05/05/2021 09:54:27 AM
Division Approval	kquinter	05/05/2021 09:54:30 AM
Department Approval	valpers	05/05/2021 16:23:48 PM
Contract Manager Approval	rmille8	05/06/2021 09:29:51 AM
Budget Analyst Approval	afrantz	05/10/2021 15:33:07 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24089**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: DELTA FIRE SYSTEMS INC
Agency Code: 406	Contractor Name: DELTA FIRE SYSTEMS INC
Appropriation Unit: 3162-07	Address: 1655 Marietta Way #105
Is budget authority available?: Yes	City/State/Zip: Sparks, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: Amanda Williams 775-359-0396
	Vendor No.: T80922753B
	NV Business ID: NV19691001803

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.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C 17768**

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 **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Fire alarm inspectio**

5. Purpose of contract:

This is a new contract to provide ongoing quarterly/annual fire alarm inspections of Buildings 25 and 26 on the agency campus pursuant to Nevada State Fire Marshal licensing and Joint Commission accreditation requirements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,436.00**

Payment for services will be made at the rate of \$6,000.00 per Annual inspection

Other basis for payment: Plus \$230.00 three times per year for inspections on Buildings 25 and 26 10% for emergency repairs

II. JUSTIFICATION

7. What conditions require that this work be done?

The National Fire Protection Association (NFPA) requires that all fire protection systems be tested by personnel that are qualified and experienced in the inspection, testing and maintenance of fire systems.

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, equipment, and tools 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):

Desert Fire
Overhead Fire Protection
Delta Fire Systems

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: 01/15/2021 Anticipated re-bid date: 01/06/2025

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?

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:

NNAMHS since 2017 - Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Greg Holcomb, Facility Manager Ph: 775-688-2125

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	04/22/2021 11:29:05 AM
Division Approval	rmille8	04/22/2021 11:29:06 AM
Department Approval	valpers	04/27/2021 16:57:37 PM
Contract Manager Approval	tgrundy	04/28/2021 07:24:54 AM
Budget Analyst Approval	afrantz	04/29/2021 10:46:07 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23993**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: Maximus US Services, Inc.
Agency Code: 406	Contractor Name: Maximus US Services, Inc.
Appropriation Unit: 3214-04	Address: PO Box 791188
Is budget authority available?: Yes	City/State/Zip: Baltimore, MD 21279
If "No" please explain: Not Applicable	Contact/Phone: Ellen Thompson 804-510-1325
	Vendor No.: T27043917
	NV Business ID: NV20081088905

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 17769**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/20/2021**
Anticipated BOE meeting date **05/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2021**

Contract term: **163 days**

4. Type of contract: **Contract**

Contract description: **Vendor Services**

5. Purpose of contract:

This is a new contract to provide the Nevada Women, Infants, and Children program assistance on updating vendor materials, Approved Product List and Not to Exceed calculations process.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,700.00**

Other basis for payment: **Per Attachment B: Contractor's Response**

II. JUSTIFICATION

7. What conditions require that this work be done?

Due to updated federal requirements, Nevada WIC Vendor Services is in need of bringing all vendor policies and procedures up to U.S. Department of Agriculture (USDA) guidelines and the business practices of Electronic Benefits Transfer (EBT) services up to industry standards.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada WIC does not currently have the internal staffing capacity to conduct the work needed on this project while effectively providing the needed and necessary support to vendors statewide serving the Nevada WIC population.

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?

In accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independent committee.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Current vendor with the Department of Employment, Training and Rehabilitation since December 2020 with satisfactory services

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	03/25/2021 11:51:37 AM
Division Approval	rmille8	03/25/2021 11:51:44 AM
Department Approval	valpers	03/29/2021 11:53:33 AM
Contract Manager Approval	rmille8	03/29/2021 12:04:28 PM
Budget Analyst Approval	afrantz	04/20/2021 11:07:28 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24144**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: WESTERN MICHIGAN UNIVERSITY
Agency Code: 406	Contractor Name: WESTERN MICHIGAN UNIVERSITY
Appropriation Unit: 3214-04	Address: 1903 W MICHIGAN AVE
Is budget authority available?: Yes	City/State/Zip: KALAMAZOO, MI 49008-5200
If "No" please explain: Not Applicable	Contact/Phone: Dr. Robert Bensley 269-387-3081
	Vendor No.: T27023477
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **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 #: **C17801**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/29/2021**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2021**

Contract term: **154 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Nutrition Education**

5. Purpose of contract:

This is a new interlocal agreement to provide online nutrition education training modules to educate participants regarding the benefits of utilizing supplemental food benefits to purchase healthy nutritious foods.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,401.00**

Other basis for payment: **Per Attachment A: Scope of Work and Deliverables**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Public and Behavioral Health is required to meet grant deliverables defined in scope of work.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Pursuant to NRS 277.180 one or more public agencies may contract with any one or more public agencies to perform governmental services or activities.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor with the Division of Public and Behavioral Health since 2010 with satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	04/22/2021 11:28:35 AM
Division Approval	rmille8	04/22/2021 11:28:44 AM
Department Approval	valpers	04/27/2021 16:40:52 PM
Contract Manager Approval	tgrundy	04/28/2021 07:50:39 AM
Budget Analyst Approval	afrantz	04/29/2021 11:21:37 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24182**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: Esmeralda County
Agency Code: 406	Contractor Name: Esmeralda County
Appropriation Unit: 3224-00	Address: 233 Crock Street
Is budget authority available?: Yes	City/State/Zip: Goldfield, NV 89013
If "No" please explain: Not Applicable	Contact/Phone: Maureen Glennen 775-423-4092
	Vendor No.:
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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

Agency Reference #: **C 17787**

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 **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Revenue Contract**

Contract description: **Public Health**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing public health services to meet the health needs of the rural and frontier communities per NRS 430 and 441A.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,048.00**

Payment for services will be made at the rate of \$502.00 per month

Other basis for payment: Infectious diseases or outbreaks which occur in the County will be billed at actual cost per occurrence for the term of the contract estimated to be \$10,000 for the contract period.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Public and Behavioral Health, Community Health Services has been designated to receive funding from the county in the form of a monthly assessment to provide mandated public health services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These services are provided by Community Health Nurses (state employees) and contracted Registered Nurses when necessary.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Per NRS 430 and 441A the State is required to provide ongoing assessments to each county for the assessed cost of public health services.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Ongoing vendor with the Division of Public and Behavioral Health with satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kquinter	05/05/2021 10:04:55 AM
Division Approval	kquinter	05/05/2021 10:04:58 AM
Department Approval	mwinebar	05/05/2021 16:32:31 PM
Contract Manager Approval	rmille8	05/06/2021 09:30:15 AM
Budget Analyst Approval	afrantz	05/10/2021 12:09:42 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24181**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: Eureka County
Agency Code: 406	Contractor Name: Eureka County
Appropriation Unit: 3224-00	Address: 10 S. Main Street
Is budget authority available?: Yes	City/State/Zip: Eureka , NV 89316
If "No" please explain: Not Applicable	Contact/Phone: Maureen Garner 775-237-5262
	Vendor No.:
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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

Agency Reference #: **C 17786**

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 **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Revenue Contract**

Contract description: **Public Health**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing public health services to meet the health needs of the rural and frontier communities per NRS 430 and 441A.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,428.00**

Payment for services will be made at the rate of \$517.83 per month

Other basis for payment: Infectious diseases or outbreaks which occur in the County will be billed at actual cost per occurrence for the term of the contract estimated to be \$10,000 for the contract period.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division of Public and Behavioral Health, Community Health Services has been designated to receive funding from the county in the form of a monthly assessment to provide mandated public health services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These services are provided by Community Health Nurses (state employees) and contracted Registered Nurses when necessary.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Per NRS 430 and 441A the State is required to provide ongoing assessments to each county for the assessed cost of public health services.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Ongoing vendor with the Division of Public and Behavioral Health with satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	04/30/2021 15:37:01 PM
Division Approval	rmille8	04/30/2021 15:37:08 PM
Department Approval	valpers	05/01/2021 14:15:47 PM
Contract Manager Approval	rmille8	05/10/2021 08:27:34 AM
Budget Analyst Approval	afrantz	05/10/2021 11:37:44 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: **22032** Amendment Number: **1**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **Quintin Paul Tueller & Dana Rae Tueller**

Agency Code: **406** Contractor Name: **Quintin Paul Tueller & Dana Rae Tueller**

Appropriation Unit: **3648-04** Address: **1245 Peterson Rd.**

Is budget authority available?: **Yes** City/State/Zip: **Lovelock, NV 89419**

If "No" please explain: **Not Applicable** Contact/Phone: **Quintin Tueller 775-273-3129**

Vendor No.: **T29033284**

NV Business ID: **NV20141289672**

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 #: **C 17194**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing janitorial services for the Lovelock Mental Health Center. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$13,800.00 to \$27,600.00 due the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$13,800.00	\$13,800.00	\$13,800.00	Yes - Info
2. Amount of current amendment (#1):	\$13,800.00	\$13,800.00	\$27,600.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$27,600.00 06/30/2023			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Mental Health Clinic requires regular cleaning to maintain a professional and healthy environment in accordance with SAM 1008, 1014.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have State employees in the classification of services required to meet the needs of this contract.

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):

Best Janitorial Services
F.A.A.D. Janitorial, Inc.
Quintin Tueller

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per NRS/NAC 333 the vendor was awarded by a randomly chosen selection committee.

d. Last bid date: 04/12/2019 Anticipated re-bid date: 04/15/2022

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:

The vendor has performed services for DPBH since 2015 - satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kquinter	05/05/2021 10:02:03 AM
Division Approval	kquinter	05/05/2021 10:02:06 AM
Department Approval	mwinebar	05/05/2021 17:09:40 PM
Contract Manager Approval	rmille8	05/06/2021 09:28:50 AM
Budget Analyst Approval	afrantz	05/12/2021 10:27:03 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **22003** Amendment Number: **1**

Legal Entity Name: **Richard Nepper**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Contractor Name: **Richard Nepper**

Agency Code: **406** Address: **PO BOX 62**

Appropriation Unit: **3648-04** City/State/Zip: **Hawthorne, NV 89415**

Is budget authority available?: **Yes** Contact/Phone: **Richard Nepper 775-316-2587**

If "No" please explain: **Not Applicable** Vendor No.: **T32005089**

NV Business ID: **NV20171370894**

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 #: **C 17193**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides Janitorial Services for the Hawthorne Mental Health Center. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$13,500 to \$27,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$13,500.00	\$13,500.00	\$13,500.00	Yes - Info
2. Amount of current amendment (#1):	\$13,500.00	\$13,500.00	\$27,000.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$27,000.00 06/30/2023			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Mental Health Clinic requires regular cleaning to maintain a professional and healthy environment in accordance with SAM 1008, 1014.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have State employees in the classification of services required to meet the needs of this contract.

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):

Richard Nepper
Capital Janitorial & Building Service
Best Janitorial Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per NRS/NAC 333 the evaluation committee selected this vendor based on its overall qualifications and cost proposal.

d. Last bid date: 04/12/2019 Anticipated re-bid date: 04/15/2023

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:

Vendor for DPBH since 9/2017 - satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	kquinter	05/05/2021 10:01:19 AM
Division Approval	kquinter	05/05/2021 10:01:24 AM
Department Approval	valpers	05/05/2021 16:34:04 PM
Contract Manager Approval	rmille8	05/06/2021 09:29:23 AM
Budget Analyst Approval	afrantz	05/07/2021 14:10:37 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: **23150** Amendment Number: **1**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **INTERACTIVE VOICE APPLICATIONS**

Agency Code: **409** Contractor Name: **INTERACTIVE VOICE APPLICATIONS**

Appropriation Unit: **3229-26** Address: **dba IVA INC**

Is budget authority available?: **No** City/State/Zip: **DALLAS, TX 75230-3413**

If "No" please explain: This contract is contingent upon June IFC approval of WP C54354. Contact/Phone: **John Young 214-361-2686**

Vendor No.: **T81072762**

NV Business ID: **NV2010688706**

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 % Cost Allocated

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date 07/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **1 year and 183 days**

4. Type of contract: **Contract**

Contract description: **RMS Sampling System**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing training and hosting of the Smart Random Moment Sampling system. This amendment extends the termination date from June 30, 2021 to December 31, 2021, changes the payment terms from monthly to quarterly and increases the maximum amount from \$50,000 to \$75,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$50,000.00	\$50,000.00	\$50,000.00	Yes - Action
2. Amount of current amendment (#1):	\$25,000.00	\$25,000.00	\$25,000.00	Yes - Info
3. New maximum contract amount:	\$75,000.00			
and/or the termination date of the original contract has changed to:	12/31/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

Federal requirements mandate that State agencies collect and analyze random samples when administering, funding and reporting various federal programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division does not have the staff and/or expertise to perform these services. No other State agency provides these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 210302

Approval Date: 03/16/2021

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This is the current vendor. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	04/14/2021 10:01:19 AM
Division Approval	knielsen	04/14/2021 12:50:43 PM
Department Approval	valpers	04/29/2021 08:23:12 AM

Contract Manager Approval
EITS Approval
Budget Analyst Approval

sknigge
daxtel1
jyou23

04/29/2021 09:35:38 AM
04/29/2021 11:17:01 AM
05/06/2021 12:09:12 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#:	210302 (2)

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>Division of Child and Family Services</i>		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		<i>Mandi Davis, Deputy Administrator</i>	<i>775-684-7942</i>	<i>mandi.davis@dcfs.nv.gov</i>
		<i>Katrina Nielsen</i>	<i>775-684-4414</i>	<i>knielsen@dcfs.nv.gov</i>

1b	Vendor Information:	
	Identify Vendor:	<i>Interactive Voice Applications, dba IVA Inc.</i>
	Contact Name:	<i>John Young</i>
	Complete Address:	<i>5815 Burgundy Road, Dallas, TX 75230-3413</i>
	Telephone Number:	<i>214-361-2686</i>
	Email Address:	<i>John@ivacsp.com</i>

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	
	Professional Service Exemption:	<i>X</i>

1d	Contract Information:			
	Is this a new Contract?	Yes	No	<i>X</i>
	Amendment:	<i>#1</i>		
	CETS:	<i>#23150</i>		

1e	Term:			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>July 1, 2020</i>	End Date:

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	<i>100% Cost Allocated Over Funding Sources</i>

Rec'd 03/10/21

Purchasing Use Only:	
Approval #:	210302 ©

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$25,000

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Interactive Voice Applications will continue ongoing training and hosting of the Division of Child and Family Services' Smart Random Moment Sampling system, which enables the automated generation, delivery, collection and analysis of random moment samples used for the Division's allocation of costs.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>The current proprietary Random Moment Time Sampling system has been in place for more than 10 years, with changes and improvements made over the last three years to capture employee activities that result in the increased identification of administrative activities eligible for federal funds reimbursement. This system is used in conjunction with the Division's federally approved cost allocation plan that determines the federal program activity through random moment sampling rather than through 100% time tracking of staff 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>The Random Moment Sampling system is a proprietary software system with investments made over the past 3+ years to make improvements in order to increase available federal revenues that can be claimed.</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 vendor owns the proprietary software to maintain the current Random Moment Sampling system. The vendor has also recommended and assisted with the implementation of changes to the state's federally approved cost allocation plan in order to document how federal funds can be claimed.</i>				

Purchasing Use Only:	
Approval #:	210302 ©

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.			Yes:	X	No:	
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:						
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)		
	07/01/2020	06/30/2021	\$50,000	Continued hosting of RMS System	Solicitation Waiver #200502		
	12/1/2019	6/30/2020	\$29,167	Continued training and hosting of RMS system	Solicitation Waiver #191101		
12/1/2016	11/30/2019	\$2,520,000	Revenue contract for the enhancements to RMS. Payments based on a percentage of the amount of additional revenue received.	Solicitation Waiver #160903			
4/14/2009	4/14/2013	\$39,750	Implementation and training on RMS system	Informal Solicitation			

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>DCFS Random Moment Time Tracking System access would likely be suspended. Federal revenues would be unclaimed or delayed if the Random Moment Sampling system did not continue due to the need to require staff to conduct 100% time activity tracking.</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 Division worked with the Purchasing Division to conduct a departmentwide RFP for both the Random Moment Sampling (RMS) System and the Cost Allocation system prior to expiration of the current contract. The RFP was issued and then later cancelled by the Purchasing Division because it was not drafted in such a manner to enable all divisions within DHHS to award contracts from the RFP.</i> <i>The RFP is currently being revised but is anticipated to be reissued in March and implemented by January 2022. The Division hereby requests a one-year extension (to June 2022) of the existing contract to allow time for possible delays, implementation and dual system testing.</i>

9	Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>	Yes:	X	No:	
	a. If yes, please provide details regarding future obligations or needs. <i>Potential ongoing support and maintenance costs.</i>				

<i>Purchasing Use Only:</i>	
Approval #:	210302 (C)

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Katrina Nielsen

Agency Representative Initiating Request

Katrina Nielsen

3/4/21

Print Name of Agency Representative Initiating Request

Date

Mandi Davis

Signature of Agency Head Authorizing Request

Mandi Davis, Deputy Administrator

3/4/21

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 O. Doty

Administrator, Purchasing Division or Designee

3/16/21

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

M E M O R A N D U M

TO: Katrina Nielsen, ASO 4, DCFS
Mandi Davis, Deputy Administrator, DCFS

CC: Alan Cunningham, State CIO, EITS, DOA
Tim Galluzi, Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA
Sean Montierth, IT Chief, Computing, EITS, DOA
Jon Mathews, IT Chief, Network Engineering, EITS, DOA

FROM: David Axtell, State Chief Enterprise Architect, EITS, DOA

SUBJECT: TIN Completion Memo – DCFS – Random Moment Time Sampling License – BA3229 TIN139

DATE: April 28, 2021

We have completed the review of DCFS's – *Random Moment Time Sampling License* TIN139.

The submitted TIN, for an estimated value of \$50,000 in this biennium and \$100,000 in the next biennium (100% Cost Allocated funds) is for a new contract to provide ongoing training and hosting of the existing Smart Random Moment Sampling system which enables the automated generation, delivery, collection, and analysis of random moment samples used for the cost allocation.

This product has been developed and in use by the agency for several years. The agency has plans to conduct an RFP for possible replacement with a solution that interfaces with SMART21.

It is expected that this solution will continue to follow all state security standards and policies.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

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: **23835**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	DAW SYSTEMS INC DBA
Agency Code:	409	Contractor Name:	DAW SYSTEMS INC DBA
Appropriation Unit:	3281-04	Address:	SCRIPTSURE 585 TROY SCHENECTADY RD LATHAM, NY 12110-2813
Is budget authority available?:	Yes	City/State/Zip:	LATHAM, NY 12110-2813
If "No" please explain:	Not Applicable	Contact/Phone:	Adam Forman 866/755-1500
		Vendor No.:	T27042895
		NV Business ID:	NV20212084452

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	80.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	20.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/06/2021**

Anticipated BOE meeting date 05/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2024**

Contract term: **3 years and 56 days**

4. Type of contract: **Contract**

Contract description: **Electronic Rx Svcs.**

5. Purpose of contract:

This is a new contract to provide electronic signature approval services for client medical prescriptions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,520.00**

Other basis for payment: \$40 per User per month and \$50 per controlled substance prescriber per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Division is required to write prescriptions for clients' medications as part of children's mental health services. Electronic prescriptions are preferred as paper prescriptions can be lost or claimed to have been lost and utilize the psychiatrists' time.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency cannot provide this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Epic
Eazy Scripts
Surescripts
DAW Systems dba ScripSure
NetSmart
MD Toolbox

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor best meets the needs of the division.

d. Last bid date: 11/02/2020 Anticipated re-bid date: 05/24/2024

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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:

Imran Hyman, Admin Services Officer 2 Ph: 775-688-1636

Rick Rassier, Admin Services Officer 3 Ph: 702-486-4335

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	12/28/2020 14:36:45 PM
Division Approval	knielsen	04/02/2021 18:35:02 PM
Department Approval	valpers	04/08/2021 12:52:10 PM
Contract Manager Approval	sknigge	04/12/2021 14:55:00 PM
EITS Approval	daxtel1	04/14/2021 18:53:16 PM
Budget Analyst Approval	jyou23	05/06/2021 10:03:17 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: **24281**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: Sierra VIII dba Diversified Painting
Agency Code: 409	Contractor Name: Sierra VIII dba Diversified Painting
Appropriation Unit: 3281-04	Address: 881 E. Glendale Avenue
Is budget authority available?: Yes	City/State/Zip: Sparks, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: Cody Fisher 775-358-8818
	Vendor No.: Pending
	NV Business ID: NV20001440802

To what State Fiscal Year(s) will the contract be charged? **2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	75.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	25.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/07/2021**
Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **54 days**

4. Type of contract: **Contract**

Contract description: **Interior Painting**

5. Purpose of contract:

This is a new contract to provide interior painting services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,360.00**

Payment for services will be made at the rate of \$15,360.00 per Entire Project

II. JUSTIFICATION

7. What conditions require that this work be done?

Due to normal wear and tear, this service is required.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division does not have the staff to handle a project of this size.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Nevada Commercial Coatings LLC
Sierra VIII Inc. dba Diversified Painting
Legacy Painting

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the lowest priced responsible vendor to respond.

d. Last bid date: 03/12/2021 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has previously been under contract with the Division of Public and Behavioral Health and services were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Imran Hyman, Admin Services Officer 2 Ph: 775-688-1636

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ihyman	04/16/2021 11:03:29 AM
Division Approval	knielsen	04/22/2021 17:56:39 PM
Department Approval	valpers	05/02/2021 14:11:51 PM
Contract Manager Approval	sknigge	05/05/2021 14:53:35 PM
Budget Analyst Approval	jyou23	05/07/2021 09:38:05 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24296**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: MCKEON DOOR OF NEVADA, INC.
Agency Code: 431	Contractor Name: MCKEON DOOR OF NEVADA, INC.
Appropriation Unit: 3650-07	Address: 6671 SCHUSTER ST
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118-4434
If "No" please explain: Not Applicable	Contact/Phone: 702-636-9338
	Vendor No.: T27024374
	NV Business ID: NV20051496054

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	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/04/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2025**

Contract term: **3 years and 362 days**

4. Type of contract: **Contract**

Contract description: **Door Installation**

5. Purpose of contract:

This is a new contract to provide ongoing door installation and repair services for Guard facilities in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To maintain security measures, to make sure facilities are secure. Making sure only qualified personnel are able to access areas.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The tools, expertise to making sure that all door installation and repairs are met to maintain the security of the facilities.

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):

Vortex
McKeon Door of Nevada, Inc.
Western Door and Gate

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Provided a proposal that was requested.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	04/28/2021 09:17:33 AM
Division Approval	ctyle1	04/28/2021 09:17:35 AM
Department Approval	ctyle1	04/28/2021 09:17:38 AM
Contract Manager Approval	csnido1	04/28/2021 16:10:07 PM
Budget Analyst Approval	jrodrig9	05/04/2021 22:08:19 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: **24222**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: AMERICAN CHILLER SERVICE INC
Agency Code: 440	Contractor Name: AMERICAN CHILLER SERVICE INC
Appropriation Unit: 3710-09	Address: ACS
Is budget authority available?: Yes	PO BOX 1887
If "No" please explain: Not Applicable	City/State/Zip: RANCHO CORDOVA, CA 95741
	Contact/Phone: BEN BARLOW 775-322-9900
	Vendor No.: PUR0005542
	NV Business ID: NV
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 %

Agency Reference #: 440

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2021**

Anticipated BOE meeting date 05/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2021**

Contract term: **152 days**

4. Type of contract: **Rental Agreement**

Contract description: **Chiller Lease**

5. Purpose of contract:

This is a new contract to provide emergency service to install and remove chiller for rent for 5 months while replacement is scheduled and installed by State Public Works at Warm Springs Correctional Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,207.00**

Other basis for payment: \$6,041.40 per month: 3710-09 G/L 7060 ~ FY21 \$12,082.80 & FY22 \$18,124.20

II. JUSTIFICATION

7. What conditions require that this work be done?

This emergency was authorized by State Purchasing per NAC 333.114 & NRS 333.150 after significant efforts were made to repair the 35-year old chiller at Warm Springs Correctional Center. Yet, it has still failed and is beyond repair. State Public Works is scheduled to install a new chiller in October 2021, but a temporary cooling is required to safely operate during the warm months.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOC does not have the equipment and/or expertise to provide this service. No other State agency provides this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Building Control Services
Automated Temperature Controls
American Chiller Service, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided the lowest and most responsive bid.

d. Last bid date: 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 Contract/ CETS# 22329 & 23343. Work performed verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bweisent	04/13/2021 14:31:41 PM
Division Approval	amonro1	04/15/2021 14:12:58 PM
Department Approval	amonro1	04/15/2021 14:13:01 PM
Contract Manager Approval	aroma2	04/26/2021 13:15:10 PM
Budget Analyst Approval	bmacke1	05/05/2021 10:42:55 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24297**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: NORTHERN NEVADA WATER SOLUTION
Agency Code: 440	Contractor Name: NORTHERN NEVADA WATER SOLUTION
Appropriation Unit: 3710-09	Address: DBA CULLIGAN RENO 50 E GREG ST STE 106
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431-6595
If "No" please explain: Not Applicable	Contact/Phone: BILL FAIRBANKS 775/331-7310
	Vendor No.: T29038030
	NV Business ID: NV20151032399

To what State Fiscal Year(s) will the contract be charged? **2021**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 440

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/18/2021**

Anticipated BOE meeting date 05/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **43 days**

4. Type of contract: **Contract**

Contract description: **Water Soften. Repair**

5. Purpose of contract:

This is a new contract to provide repairs to the water softener system in housing Unit 1 at Warm Springs Correctional Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,700.45**

Other basis for payment: FY21 3710-09 G/L 7060 \$15,700.45

II. JUSTIFICATION

7. What conditions require that this work be done?

The water softener system at WSCC is 30 years old and has failed. This repair provides critical replacement parts to allow for maintaining water quality to address hard water damage and avoiding significant failures and damage to systems relying on this water source, including laundry equipment and standard plumbing needs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOC cannot provide this equipment/ service. No other State agency provides this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Grainger
American Water TX
Northern Nevada Water Solution DBA Culligan Reno

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided the lowest and most responsive bid.

d. Last bid date: 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 contract/ CETS# 23505. Work performed verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bweisent	04/23/2021 14:37:06 PM
Division Approval	amonro1	04/27/2021 13:46:58 PM
Department Approval	amonro1	04/27/2021 13:47:01 PM
Contract Manager Approval	aroma2	05/12/2021 09:49:33 AM
Budget Analyst Approval	bmacke1	05/18/2021 08:20:44 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: **24037**

Agency Name: DEPARTMENT OF CORRECTIONS	Legal Entity Name: PLUMB LINE MECHANICAL INC
Agency Code: 440	Contractor Name: PLUMB LINE MECHANICAL INC
Appropriation Unit: 3710-09	Address: 449 W COMMERCIAL ST
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89801-3703
If "No" please explain: Not Applicable	Contact/Phone: Tino Ayala 775-397-3129
	Vendor No.: T29024917A
	NV Business ID: NV20041377558
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 %

Agency Reference #: 440

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/22/2021**

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **69 days**

4. Type of contract: **Contract**

Contract description: **Water Htr Replacemnt**

5. Purpose of contract:

This is a new contract to provide labor and materials to replace a water heater at Carlin Conservation Camp.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,144.61**

II. JUSTIFICATION

7. What conditions require that this work be done?

One of the two (2) required hot water heaters has failed, causing a potential health and safety issue for staff and inmates, as the remaining hot water heater is being over burdened and current operation is not sufficient for providing needed hot water, given the cold temperatures.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency does not have employees certified to provide this service. No other State agency provides this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Plumb Line Mechanical
Chester Plumbing & Heating
Snyder Mechanical

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided the lowest and most responsive bid.

d. Last bid date: 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	bweisent	03/05/2021 16:18:23 PM
Division Approval	amonro1	03/08/2021 10:54:40 AM
Department Approval	amonro1	03/08/2021 10:54:43 AM
Contract Manager Approval	aroma2	04/06/2021 10:48:18 AM
Budget Analyst Approval	bmacke1	04/22/2021 18:20:00 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **20059** Amendment Number: **3**

Agency Name: **PUBLIC UTILITIES COMMISSION** Legal Entity Name: **HIGH DESERT MICROIMAGING**

Agency Code: **580** Contractor Name: **HIGH DESERT MICROIMAGING**

Appropriation Unit: **3920-26** Address: **145 ISIDOR CT, SUITE B**

Is budget authority available?: **Yes** City/State/Zip: **SPARKS, NV 89441**

If "No" please explain: Not Applicable Contact/Phone: **Faisal Khan 775-359-6980**

Vendor No.: **PUR0000032**

NV Business ID: **NV19951110096**

To what State Fiscal Year(s) will the contract be charged? **2019-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %	Regulatory Assessments
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 580

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Scanner Maintenance**

5. Purpose of contract:

This is the third amendment to the original contract which provides ongoing maintenance service to scanners that are utilized to operate the Electronic Filings and Records Management system which enables the Commission to accept electronic filings and associated fees. This amendment extends the termination date from June 30, 2021 to June 30, 2022 and increases the maximum amount from \$25,725 to \$34,940 due to continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$7,295.00	\$7,295.00	\$7,295.00	No
a. Amendment 1:	\$9,215.00	\$16,510.00	\$16,510.00	Yes - Info
b. Amendment 2:	\$9,215.00	\$9,215.00	\$25,725.00	No
2. Amount of current amendment (#3):	\$9,215.00	\$18,430.00	\$34,940.00	Yes - Info
3. New maximum contract amount:	\$34,940.00			
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?

High Desert currently provides maintenance service to the Public Utilities Commission of Nevada's (Commission's) scanners that are utilized to operate the Electronic Filings and Records Management (EFRM) system which enables the Commission to accept electronic filings and associated fees. The EFRM system is supported by hardware and software necessary to support the conversion of paper bound dockets into electronic formats and the management of the electronic version of those dockets. The scanners are a vital piece of equipment in this process. The Commission replaced all previous hardware that had reached end-of-life.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Commission purchased new scanners through High Desert. Some of the scanners came with five year maintenance warranty and if one malfunctions High Desert will replace. For those scanners not covered by warranty, High Desert will replace and install expendable parts for the Commission's equipment. High Desert is also available to be onsite within 24 hours to repair or replace scanners as they are vital to the EFRM system. High Desert will perform scheduled periodic maintenance and ad hoc services of Commission's hardware equipment purchased from High Desert. The periodic maintenance has historically proven to extend the life span of the scanners.

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?

Quotes were obtained from other scanner providers for purchase of new scanners and to include maintenance. High Desert was the lowest cost vendor.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Public Utilities Commission of Nevada - August 2005-June 2011; July 2011-June 2019 (contract #12240)

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	nshafer	03/29/2021 14:51:21 PM
Division Approval	nshafer	03/29/2021 14:51:25 PM
Department Approval	bpotte1	03/29/2021 14:59:09 PM
Contract Manager Approval	nshafer	03/29/2021 15:00:42 PM
Budget Analyst Approval	stilley	04/23/2021 16:22:14 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23707** Amendment Number: **1**
 Legal Entity Name: **STREICHERS, Inc.**
 Agency Name: **DPS-DIRECTOR'S OFFICE** Contractor Name: **STREICHERS, Inc.**
 Agency Code: **650** Address: **10911 West Highway 55**
 Appropriation Unit: **4706-04** City/State/Zip: **Plymouth, MN 55441**
 Is budget authority available?: **No** Contact/Phone: **Eric C. Johnson 763-252-2527**
 If "No" please explain: Contract open to multiple DPS agencies, including 650, 651, 652, 653, 656, and 657. Vendor No.: **T29043007**
 NV Business ID: **NV20201926460**
 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.

<input checked="" type="checkbox"/> General Funds	13.00 %	<input checked="" type="checkbox"/> Fees	1.00 %
Federal Funds	0.00 %	Bonds	0.00 %
<input checked="" type="checkbox"/> Highway Funds	81.00 %	<input checked="" type="checkbox"/> Other funding	5.00 % Internal Service Funds

Agency Reference #: 4706

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 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2025**
 Contract term: **5 years and 24 days**

4. Type of contract: **Contract**
 Contract description: **DPS Uniform Contract**

5. Purpose of contract:
This is the first amendment to the original contract which provides uniforms services to Sworn Officers. This amendment increases the maximum amount from \$750,570 to \$784,570 due to the addition of available uniform items.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$750,570.00	\$750,570.00	\$750,570.00	Yes - Action
2. Amount of current amendment (#1):	\$34,000.00	\$34,000.00	\$34,000.00	Yes - Info
3. New maximum contract amount:	\$784,570.00			

II. JUSTIFICATION

7. What conditions require that this work be done?
Sworn Officers are required to wear uniforms. This contract enables all DPS Sworn Officers to meet uniform requirements, allowing all Divisions to be consistent in both dress and pricing.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State of Nevada does not employ uniform contractors.

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 the only response to RFP #65DPS-S1108.

d. Last bid date: 08/14/2020 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 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	twollan1	04/29/2021 09:31:04 AM
Division Approval	amccoo1	04/29/2021 11:26:33 AM
Department Approval	mcosenti	04/29/2021 13:42:02 PM
Contract Manager Approval	mcosenti	04/29/2021 16:34:25 PM
Budget Analyst Approval	jrodrig9	05/04/2021 22:55:02 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24253**

Agency Name: DPS-HIGHWAY PATROL	Legal Entity Name: ALPHA INSTITUTE
Agency Code: 651	Contractor Name: ALPHA INSTITUTE
Appropriation Unit: 4713-15	Address: D.B.A DR. BRENT G. RYDER 500 N RAINBOW BLVD STE 300
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89107-1061
If "No" please explain: Not Applicable	Contact/Phone: Dr. Brent G. Ryder 702-350-3194
	Vendor No.: T32004454
	NV Business ID: NV20131702133
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 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/29/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2025**

Contract term: **4 years and 2 days**

4. Type of contract: **Contract**

Contract description: **Psychology /Wellness**

5. Purpose of contract:

This is a new contract to provide psychological counseling, evaluation, and therapy services, as needed.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: \$150.00 per hour (billing code 90837); \$225.00 per 90 minutes session; \$300.00 per wellness check; \$375.00 per hour (2 1/2 hours up to 3 hours - billing code 90791)

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? **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?

Pursuant to NAC 333.150(b)(6), Nevada Highway Patrol employees have chosen Dr. Ryder's professional services.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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:

Roxana Gifford, NHP Contracts Manager Ph: (775) 684-4467

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jramo3	04/14/2021 10:48:18 AM
Division Approval	twollan1	04/16/2021 08:41:24 AM
Department Approval	mcosenti	04/20/2021 15:18:21 PM
Contract Manager Approval	mcosenti	04/20/2021 15:18:25 PM
Budget Analyst Approval	jrodrig9	04/29/2021 14:06:52 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24327**

Agency Name: **DPS-HIGHWAY PATROL**
Agency Code: **651**
Appropriation Unit: **4713-04**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **CUSTOM CLEAN ELY**
Contractor Name: **CUSTOM CLEAN ELY**
Address: **880 AVENUE I**
City/State/Zip: **ELY, NV 89301**
Contact/Phone: **ERIN BISHOP 916-812-5551**
Vendor No.: **T29037609**
NV Business ID: **NV20161304129**

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	26.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
<input checked="" type="checkbox"/>	Highway Funds	74.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/04/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2025**

Contract term: **3 years and 332 days**

4. Type of contract: **Contract**

Contract description: **Janitorial**

5. Purpose of contract:

This is a new contract to provide ongoing janitorial cleaning services for the combined Nevada Highway Patrol and Nevada Department of Investigations facility in Ely.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000.00**

Payment for services will be made at the rate of \$250.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

This service is needed to maintain a clean working environment for employees and the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employee or services from the State are not available in this area.

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):

Accurate Building Maintenance

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest Bid

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	amccoo1	04/23/2021 09:06:34 AM
Division Approval	twollan1	04/27/2021 11:32:57 AM
Department Approval	mcosenti	04/28/2021 15:26:06 PM
Contract Manager Approval	mcosenti	04/28/2021 15:26:09 PM
Budget Analyst Approval	jrodrig9	05/04/2021 22:23:42 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24100**

Agency Name: DPS-FIRE MARSHAL	Legal Entity Name: Cal Nevada Towing & Transport
Agency Code: 656	Contractor Name: Cal Nevada Towing & Transport
Appropriation Unit: 3816-25	Address: 1408 Pittman Ave
Is budget authority available?: Yes	City/State/Zip: Sparks, NV 89431-5617
If "No" please explain: Not Applicable	Contact/Phone: Katie Baker 775-284-9983
	Vendor No.: T27038178
	NV Business ID: NV20151350982
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 % 50% Transfer from SERC / 50% Transfer from NDEP

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/20/2021**
 Anticipated BOE meeting date **05/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2025**
 Contract term: **3 years and 287 days**

4. Type of contract: **Contract**
 Contract description: **Trailer Transport**

5. Purpose of contract:
This is a new contract to provide transportation services, to and from various training events, for the State Fire Marshal Fire Investigation Trailer.

6. NEW CONTRACT
 The maximum amount of the contract for the term of the contract is: **\$32,000.00**
 Payment for services will be made at the rate of \$125.00 per hour per trip

II. JUSTIFICATION

7. What conditions require that this work be done?
The State Fire Marshal Division purchased the fire investigation trailer in fiscal year 2021 with federal grant funds. The purpose of this trailer is to further allow the Division's Training and Certification bureau to provide real-life fire investigation training scenarios; however, the trailer must be towed to each location in which trainings will be held.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
The State Fire Marshal Division does not have a vehicle large enough to tow this trailer, nor does its employees hold commercial drivers licenses needed in order to operate such a vehicle.

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):

Rexdon
Autotransport.com
Carson City Towing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Not only is this vendor local, but this vendor also offers more competitive pricing than the other vendors from which quotes were obtained.

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)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Vera Boyack, Fiscal Business Professional Trainee Ph: 775-684-7508

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jramo3	03/23/2021 08:06:54 AM
Division Approval	amccoo1	03/24/2021 08:36:50 AM
Department Approval	mcosenti	04/09/2021 16:24:15 PM
Contract Manager Approval	mcosenti	04/09/2021 16:24:17 PM
Budget Analyst Approval	jrodrig9	04/20/2021 17:25:29 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24273**

Agency Name: COLORADO RIVER COMMISSION Agency Code: 690 Appropriation Unit: 4490-04 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: LATO & PATROVA CPA'S, LTD Contractor Name: LATO & PETROVA CPAS DBA Address: LATO PETROVA & PEARSON, CPAS 3291 E WARM SPRINGS RD STE 20 City/State/Zip: LAS VEGAS, NV 89120-3183 Contact/Phone: MARTHA FORD 702-204-8447 Vendor No.: T27029435 NV Business ID: NV20051492623
--	---

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 Admin Charge

Agency Reference #: 690

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/22/2021**

Anticipated BOE meeting date 05/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/01/2023**

Contract term: **2 years and 9 days**

4. Type of contract: **Contract**

Contract description: **Accounting Services**

5. Purpose of contract:

This is a new contract to provide assistance with year-end closing and preparation of financial statements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,500.00**

Payment for services will be made at the rate of \$450.00 per Hour

Other basis for payment: Upon presentation of invoices.

II. JUSTIFICATION

7. What conditions require that this work be done?

Assistance with the use of year-end financial statement preparation software - CaseWare. To develop knowledge and expertise to assist with the development of the software capabilities to allow the agency to produce a full Comprehensive Annual Financial Report (CAFR) in-house. The assistance would not include any auditing or attest services, only assistance in closing the books, aggregating the information and fully utilizing the CaseWare printing and production system. This will allow for the printing and finalizing of the CAFR.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees in our agency do not possess the level of expertise for this work. Other State agency assistance is not feasible and may be considered a conflict of interest due to the nature of reporting requirements.

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?

Only local contractor known to have expertise with the production of a CAFR using the 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 registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Lato & Patrova joined with M. Pearson in November 2009.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. 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	04/15/2021 15:41:25 PM
Division Approval	gbenton	04/15/2021 15:41:30 PM
Department Approval	gbenton	04/15/2021 15:41:36 PM
Contract Manager Approval	dbeatty	04/19/2021 10:40:33 AM
Budget Analyst Approval	cbrekken	04/22/2021 11:07:47 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24365**

Agency Name: DCNR - CONSERVATION & NATURAL RESOURCES	Legal Entity Name: Jensen Engineering
Agency Code: 700	Contractor Name: Jensen Engineering
Appropriation Unit: 4144-50	Address: 9655 Gateway Drive, Suite A
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89512
If "No" please explain: Not Applicable	Contact/Phone: Gerald Jensen, PE 7758222288
	Vendor No.:
	NV Business ID: NV19921070456

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/12/2021**

Anticipated BOE meeting date 05/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/22/2023**

Contract term: **1 year and 314 days**

4. Type of contract: **Contract**

Contract description: **Engineering Services**

5. Purpose of contract:

This is a new contract to provide minor assistance on projects when a professional electrical engineer is required.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,900.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Due to certifications and workload, current staff cannot provide this service.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Parks staff does not have the expertise or training to provide this type of work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

State Parks, from March 2019 to March 2021. Service was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Marc Lepire, Architect Ph: 7756842781

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jidema	05/03/2021 16:30:00 PM
Division Approval	jidema	05/03/2021 16:30:03 PM
Department Approval	jidema	05/03/2021 16:30:06 PM
Contract Manager Approval	jidema	05/04/2021 08:17:57 AM
Budget Analyst Approval	rjacob3	05/12/2021 08:38:31 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23881**

Agency Name: **DEPARTMENT OF WILDLIFE**
 Agency Code: **702**
 Appropriation Unit: **4460-07**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **Jordan Knighton Architects, Inc. dba**
 Contractor Name: **Jordan Knighton Architects, Inc. dba**
 Address: **JK Architecture Engineering**
275 Hill Street #225
 City/State/Zip: **Reno, NV 89501**
 Contact/Phone: **Charlie Dettling 775-530-2313**
 Vendor No.: **TBD**
 NV Business ID: **NV20151435678**

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	25.00 %	X Bonds	25.00 %
Highway Funds	0.00 %	X Other funding	50.00 % SPORTSMEN REVENUE

Agency Reference #: 21-41

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/12/2021**

Anticipated BOE meeting date 05/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2022**

Contract term: **1 year and 233 days**

4. Type of contract: **Contract**

Contract description: **Hydrology Services**

5. Purpose of contract:

This is a new contract to provide professional engineering, estimating, and hydrology services statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The preparation of a floodplain management program is required per FEMA grant requirements, which includes necessary engineering, estimating, and hydrology services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW engineers do not possess the required expertise to complete 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?

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:

RODD LIGHTHOUSE, Supervising Professional Engineer Ph: 775-688-1586

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	04/27/2021 14:03:23 PM
Division Approval	jneubau2	04/28/2021 15:20:41 PM
Department Approval	bvale1	05/03/2021 16:58:13 PM
Contract Manager Approval	cprasa1	05/04/2021 16:36:14 PM
Budget Analyst Approval	mlynn	05/12/2021 16:30:28 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24196**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: LUMOS & ASSOCIATES
Agency Code: 702	Contractor Name: LUMOS & ASSOCIATES
Appropriation Unit: 4460-95	Address: 308 N. CURRY STREET, STE 200
Is budget authority available?: Yes	City/State/Zip: CARSON CITY, NV 89703
If "No" please explain: Not Applicable	Contact/Phone: MITCH BURNS 775-883-7077
	Vendor No.: T80912843A
	NV Business ID: NV19791006982
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 % SPORTSMEN REVENUE

Agency Reference #: 21-64

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/05/2021**

Anticipated BOE meeting date 05/2021

Retroactive? **Yes**

If "Yes", please explain

There was an immediate need for geotechnical services at Overton Wildlife Management Area and the Ely field office that required completion of work before a contract could be fully executed.

3. Termination Date: **08/31/2021**

Contract term: **148 days**

4. Type of contract: **Contract**

Contract description: **Geotechnical Enginrg**

5. Purpose of contract:

This is a new contract to provide geotechnical engineering services for projects at Overton Wildlife Management Area and the Ely field office.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,175.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Various projects requiring surveying geotechnical expertise in the eastern and southern regions of the state.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW staff do not possess the knowledge or expertise to complete these 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: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

[Empty box]

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

YES, WITH NDOW AND THE WORK WAS SATISFACTORY.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: 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:

RODD LIGHTHOUSE, SUPERVISING PROFESSIONAL ENGINEER Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	04/08/2021 10:48:27 AM
Division Approval	jneubau2	04/08/2021 14:03:17 PM
Department Approval	bvale1	04/14/2021 15:29:46 PM
Contract Manager Approval	cprasa1	04/30/2021 15:56:36 PM
Budget Analyst Approval	mlynn	05/12/2021 15:49:01 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: **24206**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: WESTERNAIRE MECHANICAL
Agency Code: 702	Contractor Name: WESTERNAIRE MECHANICAL SERVICES INC
Appropriation Unit: 4460-07	Address: 270 DOUBLEBACK RD
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89506-9144
If "No" please explain: Not Applicable	Contact/Phone: ERIN BORN 775/677-1040
	Vendor No.: T81077993
	NV Business ID: NV19851016139
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 % SPORTSMEN REVENUE
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 21-66

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/14/2021**

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/08/2025**

Contract term: **3 years and 330 days**

4. Type of contract: **Contract**

Contract description: **HVAC Maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing HVAC maintenance and service at the Valley Road office.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,903.20**

Other basis for payment: AS INVOICED

II. JUSTIFICATION

7. What conditions require that this work be done?

To maintain HVAC equipment in order to protect the building and prolong the life of the equipment.

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 knowledge or expertise to complete 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):

PAULS
WESTERNAIRE
RHP MECHANICAL

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes, NDOW contracted Westernaire's services and service provided was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

NICK COLLIN, CONSTRUCTION COORDINATOR Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	04/08/2021 12:05:44 PM
Division Approval	jneubau2	04/28/2021 15:16:24 PM
Department Approval	bvale1	04/29/2021 14:18:55 PM
Contract Manager Approval	cprasa1	05/14/2021 11:34:03 AM
Budget Analyst Approval	mlynn	05/14/2021 14:35:03 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24110**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: BOARD OF REGENTS - UNR
Agency Code: 702	Contractor Name: BOARD OF REGENTS - UNR
Appropriation Unit: 4466-11	Address: UNIVERSITY OF NEVADA - RENO MAIL STOP 0124
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89557
If "No" please explain: Not Applicable	Contact/Phone: KEVIN SHOEMAKER 775-784-4621
	Vendor No.: D35000816
	NV Business ID: GOVERNMENTAL ENTITY
To what State Fiscal Year(s) will the contract be charged? 2021-2022	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 21-59

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2021**

Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2022**

Contract term: **1 year and 29 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Pika Analysis**

5. Purpose of contract:

This is a new interlocal contract to provide analysis services of the American Pika population across northwestern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

American pika is a species of conservation priority within the State of Nevada Wildlife Action Plan. It is a talus dependent species experiencing significant population declines across its range. This in-depth analysis will provide valuable information on the status and distribution of the American Pika in northwestern Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The work is beyond the time and capability of staff with existing workload and statewide obligations.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty 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?

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 has been under contract multiple times with the state of Nevada over the past decade, and all work has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

DAVID CATALANO, SUPERVISING WILDLIFE BIOLOGIST Ph: 775-688-1412

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrob1	03/30/2021 14:11:31 PM
Division Approval	jneubau2	03/30/2021 14:43:39 PM
Department Approval	bvale1	04/20/2021 10:13:55 AM
Contract Manager Approval	cprasa1	05/14/2021 09:37:55 AM
Budget Analyst Approval	mlynn	05/14/2021 10:23:00 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24092**

Agency Name: **DEPARTMENT OF WILDLIFE**
 Agency Code: **702**
 Appropriation Unit: **4467-17**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **BOARD OF REGENTS - UNR**
 Contractor Name: **BOARD OF REGENTS - UNR**
 Address: **UNIVERSITY OF NEVADA - RENO
 MAIL STOP 0186**
 City/State/Zip: **RENO, NV 89557**
 Contact/Phone: Kevin Shoemaker 775-682-7749
 Vendor No.: D35000816
 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 %	X	Fees	100.00 % INDUSTRIAL DEVELOPMENT (90%) & HABITAT CONSERVATION (10%)
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 21-52

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/30/2021**
 Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2023**

Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Pronghorn Mapping**

5. Purpose of contract:

This a new interlocal agreement to provide statistical model services of habitat suitability for mule deer and pronghorn antelope.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,497.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

We have an urgent need to update our existing Habitat and species distribution maps with updated information such as GPS telemetry locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW does not have the expertise to develop this type of statistical model.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

10%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has completed multiple research projects for the Nevada Department of Wildlife over the last decade, and all 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:

CODY SCHROEDER, WILDLIFE STAFF SPECIALIST Ph: 775-688-1659

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	03/23/2021 16:45:43 PM
Division Approval	jneubau2	03/25/2021 08:08:34 AM
Department Approval	bvale1	04/20/2021 10:23:49 AM
Contract Manager Approval	cprasa1	04/30/2021 15:56:00 PM
Budget Analyst Approval	mlynn	04/30/2021 16:18:04 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24299**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: Chapels of Las Vegas
Agency Code: 704	Contractor Name: Chapels of Las Vegas
Appropriation Unit: 4162-00	Address: 6245 Mighty Flotilla Ave
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89139
If "No" please explain: Not Applicable	Contact/Phone: Paul Swanson 702.636.0803
	Vendor No.:
	NV Business ID: NV20061421183
To what State Fiscal Year(s) will the contract be charged?	2021-2023

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/03/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2023**

Contract term: **2 years and 28 days**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue Contract**

5. Purpose of contract:

This is a new revenue contract to provide wedding ceremonies within Valley of Fire State Park

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The vendor will be conducting commercial wedding ceremonies within Valley of Fire State Park

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada State Park employees do not have the expertise to perform this type of work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Revenue 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:

Division of State Parks/Valley of Fire (April 2011 - present) - this contractor has complied satisfactorily with all regulation and rules.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Craig Robinson, Regional Manager Ph: 702.397.2088

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	04/20/2021 12:25:42 PM
Division Approval	kcopelan	04/20/2021 12:25:44 PM
Department Approval	kcopelan	04/20/2021 12:25:46 PM
Contract Manager Approval	kcopelan	04/20/2021 12:25:49 PM
Budget Analyst Approval	rjacob3	05/03/2021 07:44:56 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24301**

Agency Name: **DCNR - PARKS DIVISION**
 Agency Code: **704**
 Appropriation Unit: **4162-00**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: Las Vegas Wedding
 Contractor Name: **Las Vegas Wedding**
 Address: **8275 S. Eastern Avenue, Ste 20**
 City/State/Zip: **Las Vegas, NV 89123**
 Contact/Phone: Shawn Absher 702.914.0198
 Vendor No.:
 NV Business ID: NV20131152147

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/30/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2023**

Contract term: **2 years and 31 days**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue Contract**

5. Purpose of contract:

This is a new revenue contract to permit Las Vegas Weddings to conduct wedding ceremonies within the Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,500.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The vendor will be conducting commercial wedding ceremonies within Valley of Fire State Park.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada State Parks does not have the expertise to perform this type of work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Revenue 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:

Nevada State Parks/Valley of Fire (September 2009 - present) - this contractor has complied satisfactorily with all regulations and rules.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Craig Robinson, Regional Manager Ph: 702.486.5125

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	04/20/2021 12:25:23 PM
Division Approval	kcopelan	04/20/2021 12:25:25 PM
Department Approval	kcopelan	04/20/2021 12:25:28 PM
Contract Manager Approval	kcopelan	04/20/2021 12:25:30 PM
Budget Analyst Approval	rjacob3	04/30/2021 14:11:04 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24354**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Maverick Activities**
Contractor Name: **Maverick Activities**
Address: **PO Box 301**
City/State/Zip: **Zephyr Cove, NV 89448**
Contact/Phone: **Andrew Lubrano 7755884102**
Vendor No.:
NV Business ID: **NV20171197719**

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 **05/10/2021**

Anticipated BOE meeting date 05/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2022**

Contract term: **355 days**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue Contract**

5. Purpose of contract:

This is a new revenue contract to provide a fishing charter service at Cave Rock Nevada State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The vendor will provide fishing charters from Cave Rock Nevada State Park.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees are not trained 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?

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:

Brett Hartley, Park Ranger III Ph: 7759016684

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	05/05/2021 13:45:03 PM
Division Approval	kcopelan	05/05/2021 13:45:05 PM
Department Approval	kcopelan	05/05/2021 13:45:07 PM
Contract Manager Approval	kcopelan	05/05/2021 13:45:10 PM
Budget Analyst Approval	rjacob3	05/10/2021 14:11:10 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24323**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Mutiny Divers**
Contractor Name: **Mutiny Divers**
Address: **209 Kingsbury Grade Unit 1D**
City/State/Zip: **Stateline, NV 89449**
Contact/Phone: **Matthew Meunier 775.884.3483**
Vendor No.:
NV Business ID: **NV20111568435**

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2023**

Contract term: **1 year and 355 days**

4. Type of contract: **Revenue Contract**

Contract description: **revenue contract**

5. Purpose of contract:

This is a new revenue contract to provide scuba classes and tours from Sand Harbor and Cave Rock.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

commercial operation using state park facilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise or time to accomplish.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Revenue 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:

The contractor has held the same permit since 2019 and their performance was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Kevin Fromherz, Park Ranger III Ph: 775.831.0494

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	04/22/2021 14:02:39 PM
Division Approval	kcopelan	04/22/2021 14:02:41 PM
Department Approval	kcopelan	04/22/2021 14:02:43 PM
Contract Manager Approval	kcopelan	04/22/2021 14:02:45 PM
Budget Analyst Approval	rjacob3	05/10/2021 14:02:41 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24353**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: Sierra Diving Center
Agency Code: 704	Contractor Name: Sierra Diving Center
Appropriation Unit: 4162-00	Address: 104 E Grove Street
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Keith Chesnut 7758252147
	Vendor No.:
	NV Business ID: NV19761003275
To what State Fiscal Year(s) will the contract be charged?	2021-2023

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2021**

Anticipated BOE meeting date 05/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2023**

Contract term: **1 year and 355 days**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue Contract**

5. Purpose of contract:

This is a new revenue contract to provide scuba tours and classes out of Sand Harbor Nevada State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Commercial operations using park facilities

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees do not have the expertise to offer 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?

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:

SCUP with state Parks from 2019-2021, vendor performed satisfactorily.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Kevin Fromherz, Park Ranger III Ph: 7758310494

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	05/05/2021 14:00:22 PM
Division Approval	kcopelan	05/05/2021 14:00:27 PM
Department Approval	kcopelan	05/05/2021 14:00:37 PM
Contract Manager Approval	kcopelan	05/05/2021 14:00:42 PM
Budget Analyst Approval	rjacob3	05/10/2021 13:57:50 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: **24361**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: State Parks Cultural Arts Board/DBA Super Summer Theater
Agency Code: 704	Contractor Name: State Parks Cultural Arts Board/DBA Super Summer Theater
Appropriation Unit: 4162-00	Address: 4340 So Valley View #208
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89103
If "No" please explain: Not Applicable	Contact/Phone: Christy Miller 7027364744
	Vendor No.:
	NV Business ID: NV19801002537

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 **05/04/2021**
 Anticipated BOE meeting date 05/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2021**

Contract term: **241 days**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue Contract**

5. Purpose of contract:

This is a new revenue contract to provide park visitors with cultural arts at Spring Mountain Ranch State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Super Summer Theatre brings cultural art performances to the park and provides entertainment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

It is a theatrical production.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Rick Keller, Park Supervisor Ph: 7028759174

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jidema	05/03/2021 09:46:43 AM
Division Approval	jidema	05/03/2021 09:46:56 AM
Department Approval	jidema	05/03/2021 09:46:58 AM
Contract Manager Approval	jidema	05/04/2021 08:17:42 AM
Budget Analyst Approval	rjacob3	05/04/2021 09:48:06 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: **24303**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Tomsik Photography LLC**
Contractor Name: **Tomsik Photography LLC**
Address: **DBA Scenic Las Vegas Weddings
5024 Maverick Street
Las Vegas, NV 89130**
City/State/Zip: **Las Vegas, NV 89130**
Contact/Phone: **Trey Tomsik 702.515.110**
Vendor No.:
NV Business ID: **NV20091090417**

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/03/2021**

Anticipated BOE meeting date 07/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **05/31/2023**

Contract term: **2 years and 28 days**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue Contract**

5. Purpose of contract:

This is a new revenue contract to provide wedding ceremonies within Valley of Fire State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The vendor will be conducting commercial wedding ceremonies within Valley of Fire.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada State Park employees do not have the expertise to perform this type of work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Revenue 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:

Division of State Parks/Valley of Fire (April 2010 - present) - this contractor has complied satisfactorily with all regulations and rules.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Craig Robinson, Regional Manager Ph: 702.397.2088

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	04/20/2021 12:24:42 PM
Division Approval	kcopelan	04/20/2021 12:24:43 PM
Department Approval	kcopelan	04/20/2021 12:24:46 PM
Contract Manager Approval	kcopelan	04/20/2021 12:24:48 PM
Budget Analyst Approval	rjacob3	05/03/2021 08:22:10 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24337**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: Walker Marine, Inc
Contractor Name: **Walker Marine, Inc**
Address: **PO Box 10499**
City/State/Zip: **South Lake Tahoe, CA 96158**
Contact/Phone: Clay Walker 530.51.8514
Vendor No.:
NV Business ID: NV20061021670

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 **05/10/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2022**

Contract term: **355 days**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue Contract**

5. Purpose of contract:

This is a new revenue contract to provide commercial boat launching/retrieval services utilizing the boat launch at Cave Rock.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To establish operational cooperation for commercial operations at Cave Lake.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees to not have the expertise to provide this type of work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Revenue 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:

Nevada State Parks - 6/6/14-10/15/15 - performance was satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Brett Hartley, Park Ranger III Ph: 775.831.0494

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	05/03/2021 14:33:26 PM
Division Approval	kcopelan	05/03/2021 14:33:30 PM
Department Approval	kcopelan	05/03/2021 14:33:33 PM
Contract Manager Approval	kcopelan	05/03/2021 14:33:36 PM
Budget Analyst Approval	rjacob3	05/10/2021 14:16:41 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24325**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4162-00**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Wild Society LLC**
Contractor Name: **Wild Society LLC**
Address: **8612 N Lake BLVD**
City/State/Zip: **Kings Beach, CA 96143**
Contact/Phone: **Kaylee Howell 775.842.6799**
Vendor No.:
NV Business ID: **NV20212054190**

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 **05/10/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2022**

Contract term: **355 days**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue contract**

5. Purpose of contract:

This is a new revenue contract to provide guided non-motorized water and land tours within Sand Harbor and Spooner Lake park units.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Commercial operations using state park facility.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State Employees do not have the expertise or time to accomplish

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

revenue 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?

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:

Kevin Fromherz, Park Ranger III Ph: 775.831.0494

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	04/22/2021 15:16:17 PM
Division Approval	kcopelan	04/22/2021 15:16:19 PM
Department Approval	kcopelan	04/22/2021 15:16:21 PM
Contract Manager Approval	kcopelan	04/22/2021 15:16:23 PM
Budget Analyst Approval	rjacob3	05/10/2021 13:51:51 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: 23539	Amendment Number: 1
Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: CARDNO, INC.
Agency Code: 704	Contractor Name: CARDNO, INC.
Appropriation Unit: 4604-06	Address: 5496 RENO CORPORATE DR.
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89511
If "No" please explain: Not Applicable	Contact/Phone: Coleen Shade 775-828-4362
	Vendor No.: T81089026B
	NV Business ID: NV20111772626

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 % Land Sales

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/13/2020**
 Anticipated BOE meeting date **06/2021**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**
 Contract term: **1 year and 168 days**

4. Type of contract: **Contract**
 Contract description: **Walker Env'l Assmnt**

5. Purpose of contract:
This is the first amendment to the original contract to provide an environmental assessment for Minister Road at Walker River State Recreation Area.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$55,583.00	\$55,583.00	\$55,583.00	Yes - Action
2. Amount of current amendment (#1):	\$24,514.00	\$24,514.00	\$24,514.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$80,097.00 03/30/2022			

II. JUSTIFICATION

7. What conditions require that this work be done?
NDSP will be acquiring an easement on BLM property in order to construct a road for use as a public entrance to the Walker River State Recreation Area. The BLM requires NDSP to conduct an Environmental Assessment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDSP employees do not have the expertise to complete this type of work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

There were only two vendors that submitted a bid. Cardno, Inc. was the selected vendor because they were the lowest cost bid.

d. Last bid date: 06/18/2020 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:

Cardno, Inc. is a current contractor for Nevada State Parks. They are currently providing satisfactory work.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	04/27/2021 10:31:50 AM
Division Approval	kcopelan	04/27/2021 10:31:53 AM
Department Approval	kcopelan	04/27/2021 10:31:58 AM
Contract Manager Approval	kcopelan	04/27/2021 10:32:01 AM
Budget Analyst Approval	rjacob3	05/10/2021 08:07:24 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23863**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4605-15**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **MARSHALLS SEPTIC CARE LLC**
Contractor Name: **MARSHALLS SEPTIC CARE LLC**
Address: **4250 Reno Highway**
City/State/Zip: **FALLON, NV 89406-7442**
Contact/Phone: **Chad Marshall 775.427.9603**
Vendor No.: **T29032768A**
NV Business ID: **NV20131068662**

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 %	Maintenance of State Parks
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/26/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/20/2024**

Contract term: **3 years and 209 days**

4. Type of contract: **Contract**

Contract description: **On-call contract**

5. Purpose of contract:

This is a new contract to provide on-call services to pump septic tanks, vault toilets, and other services as necessary to maintain the septic systems within several parks throughout the Western Region of Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,950.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pumping sewage within the Parks is an ongoing necessity.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State Parks does not have the equipment or expertise to complete 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):

Marshall's Septic Care
Water's Septic
Summit Sewer

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only business that replied to request for quotes.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Parks from 2017-2020; Excellent service was provided

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Scott Payne, Facility Supervisor Ph: 775.867.4429

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	04/26/2021 14:05:51 PM
Division Approval	kcopelan	04/26/2021 14:05:53 PM
Department Approval	kcopelan	04/26/2021 14:05:56 PM
Contract Manager Approval	kcopelan	04/26/2021 14:05:59 PM
Budget Analyst Approval	rjacob3	04/26/2021 14:20:53 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24328**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: Plumblin Mechanical
Agency Code: 704	Contractor Name: Plumblin Mechanical
Appropriation Unit: 4605-06	Address: 449 W. Commercial Street
Is budget authority available?: Yes	City/State/Zip: Elko, NV 89801
If "No" please explain: Not Applicable	Contact/Phone: Tino Ayala 775.753.7586
	Vendor No.:
	NV Business ID: NV20111528172
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 % Maintenance of State Parks
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **51 days**

4. Type of contract: **Contract**

Contract description: **Service contract**

5. Purpose of contract:

This is a new contract to provide a service to install air conditioning units at South Fork State Recreation Area and Wild Horse State Recreation Area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,384.36**

II. JUSTIFICATION

7. What conditions require that this work be done?

To provide installation of air conditioning units at South Fork State Recreation Area and Wild Horse State Recreation Area.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform this type of work

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Plumblin was selected due to providing better work compared to the other vendors.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Parks (2012 - present) - performance was satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Robert Misiti, Park Supervisor Ph: 775.744.4346

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	04/23/2021 13:14:05 PM
Division Approval	kcopelan	04/23/2021 13:14:08 PM
Department Approval	kcopelan	04/23/2021 13:14:10 PM
Contract Manager Approval	kcopelan	04/23/2021 13:14:15 PM
Budget Analyst Approval	rjacob3	05/10/2021 09:32:12 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24332**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4605-06**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **SIERRA PEAKS ENTERPRISES LLC**
Contractor Name: **SIERRA PEAKS ENTERPRISES LLC**
Address: **1075 Foothill Road**
City/State/Zip: **GARDNERVILLE, NV 89460**
Contact/Phone: **775/265-8444**
Vendor No.: **T29033620A**
NV Business ID: **NV20091194343**
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 %	X	Fees	100.00 % Maintenance of State Parks
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/03/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **10/15/2021**

Contract term: **165 days**

4. Type of contract: **Contract**

Contract description: **Tree Mitigation**

5. Purpose of contract:

This is a new contract to provide structural and pruning of 60+ trees at Mormon Station State Historic Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,300.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Hazardous trees are a public safety issue.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees don't have the expertise or equipment to perform this duty.

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?

Most comprehensive work and lowest bid.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

State Lands - January 2021 - performance was satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Jenny Dawson, Park Supervisor Ph: 775.687.4319

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	04/26/2021 14:52:20 PM
Division Approval	kcopelan	04/26/2021 14:52:24 PM
Department Approval	kcopelan	04/26/2021 14:52:27 PM
Contract Manager Approval	kcopelan	04/26/2021 14:52:30 PM
Budget Analyst Approval	rjacob3	05/03/2021 07:51:43 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23940**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4605-06**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **Soil Tech**
Contractor Name: **Soil Tech**
Address: **2090 Kleppe Lane**
Unit C
City/State/Zip: **Sparks, NV 89413**
Contact/Phone: **Rue Sanii 775.324.5547**
Vendor No.:
NV Business ID: **NV19911026864**

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 %	X	Fees	100.00 % MAINTENANCE OF STATE PARKS
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2021**

Anticipated BOE meeting date 03/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2021**

Contract term: **113 days**

4. Type of contract: **Contract**

Contract description: **Hydro seeding contra**

5. Purpose of contract:

This is a new contract to provide hydro seeding to 7.83 acres of land at Walker River SRA - Pitchfork Ranch unit

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,599.60**

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is to secure a service to hydro seed 7.83 acres of land. The land that is being re-seeded was disturbed and brought to barren soil throughout the construction process. There is a great need for this project as it will aid in protect the area from erosion as well as the introduction of other invasive or unwanted weeks.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada State Parks does not have the expertise to provide 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):

Northern Nevada Landscaping
Signature Landscaping
Reno Green Landscaping
Kelley Erosion

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected due to their expertise at providing this type of work

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:

Randy Denter, Park Supervisor Ph: 775-463-9824

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	04/01/2021 14:59:14 PM
Division Approval	kcopelan	04/01/2021 14:59:17 PM
Department Approval	kcopelan	04/01/2021 14:59:19 PM
Contract Manager Approval	kcopelan	04/01/2021 14:59:22 PM
Budget Analyst Approval	rjacob3	05/10/2021 09:51:33 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 23240	Amendment Number: 1
Agency Name: DCNR - DIVISION OF WATER RESOURCES	Legal Entity Name: OLSSON, INC.
Agency Code: 705	Contractor Name: OLSSON, INC.
Appropriation Unit: 4503-40	Address: 601 P ST., STE 200
Is budget authority available?: Yes	City/State/Zip: LINCOLN, NE 68508-2304
If "No" please explain: Not Applicable	Contact/Phone: JIM SCHNEIDER 402-458-5993
	Vendor No.: T29043026
	NV Business ID: NV20014350791
To what State Fiscal Year(s) will the contract be charged?	2020-2023

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % HUMBOLDT BASIN ASSESSMENTS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/28/2020**

Anticipated BOE meeting date: 06/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2021**

Contract term: **3 years and 33 days**

4. Type of contract: **Contract**

Contract description: **Cloud-base GW Model**

5. Purpose of contract:

This is the first amendment to the original contract to provide professional services in the form of a cloud-based groundwater modeling evaluation tool, including maintenance and support for the models and system. Specifically, Olsson will provide staff with access to their Groundwater Evaluation Toolbox (GET), subject to the Terms and Conditions of use, which will: 1. Host existing MODFLOW groundwater models; 2. Allow users to vary model parameters and initiate unlimited model simulations remotely; 3. View results in real-time from remote locations. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$15,000 to \$45,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$15,000.00	\$15,000.00	\$15,000.00	Yes - Info
2. Amount of current amendment (#1):	\$30,000.00	\$30,000.00	\$45,000.00	Yes - Info
3. New maximum contract amount:	\$45,000.00			
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?

The Division of Water Resources must evaluate groundwater models for certain water rights applications and is working with other agencies to develop groundwater models to assist the conjunctive management of the Humboldt River. The services supplied by Olsson leverage cloud computing to allow model analysis to be initiated by any user from any computer, which is advantageous because a dedicated modeling computer and staff are not required.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the equipment, software, or expertise to host and maintain groundwater models in the cloud.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

SRK, Inc.
Olsson, Inc.
Itasca Denver, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only responsive vendor with the capability and willingness to provide the service required.

d. Last bid date: 03/10/2020 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

sweb4

05/04/2021 09:06:08 AM

Division Approval	sweb4	05/04/2021 09:06:11 AM
Department Approval	kwilliam	05/04/2021 10:01:54 AM
Contract Manager Approval	sweb4	05/04/2021 10:06:47 AM
Budget Analyst Approval	rjacob3	05/10/2021 09:48:07 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24266**

Agency Name: DCNR - ENVIRONMENTAL PROTECTION	Legal Entity Name: PROBIS LTD DBA
Agency Code: 709	Contractor Name: PROBIS LTD DBA
Appropriation Unit: 3187-10	Address: NEON AGENCY 1065 Sharon Way
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509-2546
If "No" please explain: Not Applicable	Contact/Phone: 775/225-9910
	Vendor No.: T27035381
	NV Business ID: NV20111493555

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 % Sold Waste 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 **04/22/2021**

Anticipated BOE meeting date **05/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **69 days**

4. Type of contract: **Contract**

Contract description: **NEON Agency Video**

5. Purpose of contract:

This is a new contract to provide professional expertise in developing and creating a motivational video to be presented to sustainability leaders from across the state of Nevada and to the general public.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Payment for services will be made at the rate of \$100.00 per employee hour

Other basis for payment: Not to exceed \$10,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Bureau of Sustainable Materials Management wants to use a video to introduce their new Strategic Plan and sustainability goals to Nevada's Stakeholders.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division does not have the technical ability to film, edit and produce a professional video.

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):

Neon Agency, Randy Pease, Reno
Reno Sparks Video Production Services
Arboryph Video Production , Mike Henderson , Reno

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: _____ Anticipated re-bid date: _____

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

IDC is 25% of hour rate (include in the hourly rate)

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDOW, Carson Water Subconservancy District

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Ruffner,Michael, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sgenzler	04/22/2021 09:41:21 AM
Division Approval	dwinkelm	04/22/2021 10:32:45 AM
Department Approval	dwinkelm	04/22/2021 10:32:48 AM
Contract Manager Approval	dmetcalf	04/22/2021 10:33:41 AM
Budget Analyst Approval	rjacob3	04/22/2021 11:42:23 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: **24148**

Agency Name: DEPARTMENT OF MOTOR VEHICLES	Legal Entity Name: Flores Heating & Air
Agency Code: 810	Contractor Name: Flores Heating & Air
Appropriation Unit: 4715-04	Address: PO BOX 422
Is budget authority available?: Yes	City/State/Zip: Winnemucca, NV 89445
If "No" please explain: Not Applicable	Contact/Phone: 775-625-0297
	Vendor No.:
	NV Business ID: NV20151361243

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 %
Federal Funds	0.00 %	Bonds	0.00 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/22/2021**

Anticipated BOE meeting date 05/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2021**

Contract term: **69 days**

4. Type of contract: **Contract**

Contract description: **Winnemucca HVAC**

5. Purpose of contract:

This is a new contract to install a new heating, ventilation, and air conditioning unit for the computer/server room at the Department of Motor Vehicle's Winnemucca office.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,680.00**

Other basis for payment: upon completion of work, DMV will remit payment within 30 days of invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

The Winnemucca is in need of a new HVAC system to maintain the buildings temperature. The new HVAC system ensures a temperature safe and comfortable environment for DMV staff and customers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees on the Winnemucca area that able to install an HVAC system.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Flores Heating & Air was selected as their bid was the lowest cost to the State.

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	pgra1	03/29/2021 13:53:47 PM
Division Approval	mmason	03/29/2021 18:07:46 PM
Department Approval	mmason	03/29/2021 18:07:49 PM
Contract Manager Approval	bjobe	03/30/2021 11:17:15 AM
Budget Analyst Approval	nkephart	04/22/2021 13:03:42 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23203**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: Clark County School District
Agency Code: 901	Contractor Name: Clark County School District
Appropriation Unit: 3254-09	Address: 5100 West Sahara Avenue
Is budget authority available?: Yes	2nd Fl
If "No" please explain: Not Applicable	City/State/Zip: Las Vegas, NV 89146
	Contact/Phone: Monica Cortez 702-799-5413
	Vendor No.: T40231800
	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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3424-23-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2021**

Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2023**

Contract term: **2 years and 29 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **CCSD-STEP**

5. Purpose of contract:

This is a new interlocal contract that continues to provide training, in conjunction with Clark County School District's Student Transition & Enrichment Program (STEP), which is designed to provide students (ages 14-22) who are blind or visually impaired with Pre-Employment Transition Services to help to identify areas of interest and to successfully transition to college or the workforce.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: \$1,250.00/Student; Minimum: 8 students Maximum, 12 students Maximum per camp; Maximum \$15,000.00 per summer camp. Invoices payable only upon receipt of required reports by authorized REHAB personnel. Total Contract Not to Exceed: \$45,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

The Workforce Innovation and Opportunity Act (WIOA), (Pub. L. 113-128) signed into law on July 22, 2014, (which includes changes to the Rehabilitation Act of 1973 as amended by Title IV of WIOA), requires State Vocational Rehabilitation Programs to collaborate with local school districts to provide Pre-Employment Transition Services (Pre-ETS) to students.

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 skill sets nor the access to the students to provide the PRE-ETS services to students who are blind or visually impaired, as required.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been has been providing satisfactory service under multiple contracts with BVR/BSBVI since 1999.

14. Is the contractor currently involved in litigation with the State 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	kdesoci1	04/30/2021 11:16:46 AM
Division Approval	kdesoci1	04/30/2021 11:16:48 AM
Department Approval	kdesoci1	04/30/2021 11:16:51 AM
Contract Manager Approval	tzehne1	04/30/2021 11:25:14 AM
Budget Analyst Approval	dbaughn	05/12/2021 16:48:24 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23988**

Agency Name: DETR - EMPLOYMENT SECURITY	Legal Entity Name: CENTER FOR SECURITY EDUCATION AND RESEARCH
Agency Code: 902	Contractor Name: CENTER FOR SECURITY EDUCATION AND RESEARCH
Appropriation Unit: 4771-74	Address: 444 N CAPITOL ST NW STE 142
Is budget authority available?: Yes	City/State/Zip: WASHINGTON, DC 20001
If "No" please explain: Not Applicable	Contact/Phone: Scott B. Sanders, Executive Director 202-434-8022
	Vendor No.: T32010124
	NV Business ID: NV20201855922

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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % P&I

Agency Reference #: 3514-21-DETR

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 06/2021

Retroactive? **Yes**

If "Yes", please explain

The work on previously approved contract, CETS# 23375, for this project was not completed due to COVID-19. The work needs to be completed and this contract allows for the additional time needed. There is no change in scope or dollar amount.

3. Termination Date: **06/30/2021**
Contract term: **272 days**

4. Type of contract: **Contract**
Contract description: **CESER UI IT Ad Ext**

5. Purpose of contract:

This is a new contract to provide information technology advisory support services for the Unemployment Insurance Unit.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,944.50**

Other basis for payment: Project Manager 100 hours at \$166.26 (\$16,625.90), UI ITSC Director 20 hours at \$130.83 (\$2,626.60), Travel \$3,852.00, and Contract service hours of 45 at \$130.00 (\$5,850.00).

II. JUSTIFICATION

7. What conditions require that this work be done?

The UInv system does not function at the best ability it could and maintaining the systems is very costly.
This assessment of the UInv system will identify sustainable improvement options and opportunities that are practical and feasible for DETR to implement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

CESER is a NASWA affiliate and is an expert in the UI and workforce IT advisory

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 #: 210502

Approval Date: 05/04/2021

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:
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:

Marilyn Delmont, IDP Administrator Ph: 702-486-3043

Lynda Parven, ESD Administrator Ph: 775-684-3909

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdesoci1	05/04/2021 13:14:17 PM
Division Approval	kdesoci1	05/04/2021 13:14:20 PM
Department Approval	kdesoci1	05/04/2021 13:14:22 PM
Contract Manager Approval	tzehne1	05/05/2021 08:50:11 AM
Budget Analyst Approval	dbaughn	05/05/2021 09:47:27 AM

OFFICE OF THE DIRECTOR
Financial Management



STEVE SISOLAK
Governor

KATHLEEN DESOCIO
Chief Financial Officer

MEMORANDUM

DATE: March 4, 2021
TO: Darlene L. Baughn, Executive Budget Officer I
Department of Administration
FROM: Elisa Cafferata, Director
SUBJECT: RETROACTIVE CONTRACT
The Center for Security Education and Research, Inc (CESER)

On behalf of the Department of Employment, Training and Rehabilitation (DETR), I respectfully request approval to execute a retroactive contract with The Center for Security Education and Research, Inc (CESER). This contract is to provide information technology advisory support services for the Unemployment Unit. The previously approved contract, CETS# 23375, expired prior to completion of or invoicing for the project. Approval of this retroactive contract will allow the vendor to follow through with completing their services and allow for timely payment.

Thank you for your consideration of this request.

Tracy Zehner
Contract Manager

DETR, Financial Management, Approved by:



Kitty DeSocio
Chief Financial Officer, DETR

Date: 3/4/21



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

Purchasing Use Only:	
Approval#:	#2105020

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 Employment, Training and Rehabilitation</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Tracy Zehner, MA II</i>	<i>775-684-3823</i>	<i>tlzehner@detr.nv.gov</i>

1b	Vendor Information:	
	Identify Vendor:	<i>National Association of State Workforce Administrators (NASWA)- The Center for Security Education and Research, INC (CESER)</i>
	Contact Name:	<i>Scott B. Sanders</i>
	Complete Address:	<i>444 North Capital Street NW, Suite 300, Washington, DC 20001</i>
	Telephone Number:	<i>202-434-8022</i>
Email Address:	<i>ssanders@naswa.org</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:	# 23988		

1e	Term:			
	One (1) Time Purchase:	<i>Continuation of work on contract #23375</i>		
	Contract: (<i>Retro Memo</i>)	Start Date:	<i>August 5, 2020</i>	End Date: <i>June 30, 2021</i>

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	<i>Penalties and Interest (4771-Cat 74)</i>

Purchasing Use Only:

Approval #:

210502(C)

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$28,944.50 (original contract amount, this waiver does not increase funding)

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Due to the COVID-19 pandemic and various offices being closed; this project was delayed and could not be completed by the end of the original contract. This waiver does not change the amount or scope of work to the original contract.</i> <i>NASWA CESER will provide Unemployment Insurance (UI) division with advisory support services in the area of IT assessment of the current UI IT system (UInv).</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor?
	<i>NASWA is a unique organization which has membership from all the states in the country for workforce services and activities. This allows NASWA to have the access and ability to draw upon all the other states for expertise in the workforce (UI) arena.</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>Due to the COVID-19 pandemic and various offices being closed; this project was delayed and could not be completed by the end of the original contract. This waiver does not change the amount or scope of work to the original contract.</i> <i>The service provided by NASWA to DETR is unique to workforce organizations and to acquire this service from a private party would be more costly due to the sheer fact that the private party doesn't have the networking and access to the other states providing the same service DETR is providing to Nevadans.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes</i> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.				
	b. <i>If not</i> , why were alternatives not evaluated?				
	<i>This is a service that NASWA provides to its membership and as stated above there no other vendors who can provide this level of expertise.</i>				

Purchasing Use Only:

Approval #:

210502 @

<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:	X	No:	
<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>					
<p><i>Term Start and End Dates</i></p>		<p><i>Value</i></p>		<p><i>Short Description</i></p>	
<p>08/05/20 09/30/20</p>		<p>\$28,994.50 Contract expired prior to completion of project or invoicing. This waiver does not increase the original amount of the original contract.</p>		<p>Provide information technology advisory support services for the Unemployment Unit Waiver# 200707</p>	
		\$			
		\$			
		\$			
		\$			

7	<p>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid? <i>DETR UI needs this assessment to improve the UI IT system and response to the Nevadans' in need at this very trying economic time.</i></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? <i>As stated above this service is not provided by any other vendor that has the same level of access to the various UI IT systems in the country.</i></p>
---	---

<p>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></p>		Yes:	X	No:	X
9	<p>a. If yes, please provide details regarding future obligations or needs. <i>In the event of unprecedented situations, such as what happened with the original contract due to the COVID-19 pandemic, there may be a continued need to contract with NASWA in the future.</i></p>				

Purchasing Use Only:

Approval #:

210502 (C)

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.



Agency Representative Initiating Request

Lynda Parven

Print Name of Agency Representative Initiating Request

3/5/2021

Date



Signature of Agency Head Authorizing Request

3/5/2021

Elisa Cafferata

Print Name of Agency Head Authorizing Request

Date

PLEASE NOTE: *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.*

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:



Administrator, Purchasing Division or Designee

5/4/21

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: 19614	Amendment Number: 1
Agency Name: DETR - ADMINISTRATIVE SERVICES	Legal Entity Name: ON POINT TECHNOLOGY, INC.
Agency Code: 908	Contractor Name: ON POINT TECHNOLOGY, INC.
Appropriation Unit: 3274-04	Address: 1515 W 22ND ST STE 900
Is budget authority available?: Yes	City/State/Zip: OAK BROOK, IL 60523-8401
If "No" please explain: Not Applicable	Contact/Phone: Thomas Kusnirik 609-289-4939
	Vendor No.: T29023391
	NV Business ID: NV20141756752

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Penalties and Interest

Agency Reference #: **3133-20-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/10/2018**
Anticipated BOE meeting date **05/2021**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **04/29/2021**

Contract term: **3 years and 203 days**

4. Type of contract: **Contract**

Contract description: **3133-20-ESD**

5. Purpose of contract:

This is the first amendment to the original contract which provides an upgrade to the Workforce Reporter software subscription service, providing staff the ability to more efficiently detect, analyze and prevent fraud. This amendment extends the termination date from April 29 2021 to October 29 2021 and increases the maximum amount from \$255,000 to \$303,500 due to the continue need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$255,000.00	\$255,000.00	\$255,000.00	Yes - Action
2. Amount of current amendment (#1):	\$48,500.00	\$48,500.00	\$48,500.00	Yes - Info
3. New maximum contract amount:	\$303,500.00			
and/or the termination date of the original contract has changed to:	10/29/2021			

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada is at risk for Unemployment Insurance fraud; failure to better identify UI fraud due to not upgrading and integrating the current OnPoint technology with the UInv system could result in the loss of funds for the State of Nevada. The quicker the current UI fraud detection and prevention solution can be upgraded, the quicker DETR can further reduce the risk that complex and costly fraud schemes go undetected.

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 #: 180103

Approval Date: 01/09/2018

c. Why was this contractor chosen in preference to other?

DETR had a previous, ongoing agreement with OnPoint dating back to 2010, which was put on hold while DETR focused efforts on the UInv project development and implementation. Due to OnPoint Technologies ease of integration with DETR's UI Benefits modernization project, it was always DETR's intention to transition back with OnPoint after the UI system was up and running. The original implementation of the OnPoint software was \$363,750 for the purchase of the software license, \$597,750 for the implementation and one-year maintenance, and \$200,000 for year two and three maintenance and certification. At that time DETR had a sole source for the product, formerly named AWARE. Given that the UInv implementation is now complete, DETR would like to reinstate services with this vendor. The vendor has agreed to continue the previous agreement with DETR and this contract is for ongoing maintenance only. Additionally, because OnPoint was selected as the vendor back in 2010, they are the only vendor who can upgrade and implement UInv into the already established Workforce Reporter technology environment.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	carnol1	04/20/2021 13:13:44 PM
Division Approval	kdesoci1	04/26/2021 13:29:52 PM
Department Approval	kdesoci1	04/26/2021 13:29:55 PM
Contract Manager Approval	tzehne1	04/26/2021 13:30:51 PM
EITS Approval	tgalluzi	04/28/2021 16:50:55 PM
Budget Analyst Approval	dbaughn	04/28/2021 16:58:04 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24012**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Law Offices of Charles B. Woodman
Agency Code: BDC	Contractor Name: Law Offices of Charles B. Woodman
Appropriation Unit: B015 - All Categories	Address: 548 W. Plumb Lane, Suite B
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89509
If "No" please explain: Not Applicable	Contact/Phone: Charles B. Woodman 775-786-9800
	Vendor No.:
	NV Business ID: NV20171476003

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 **04/29/2021**

Anticipated BOE meeting date 05/2021

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2022**

Contract term: **1 year and 246 days**

4. Type of contract: **Contract**

Contract description: **Woodman**

5. Purpose of contract:

This is a new contract to provide hearing officer services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000.00**

Payment for services will be made at the rate of \$150.00 per hour

Other basis for payment: Billed monthly

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 630.106 and NAC 630.470 authorize the Board to hire and utilize hearing officers to hold hearings regarding complaints filed pursuant to NRS 630.311. The purpose of this contract is to add a hearing officer to the Board's list of available hearing officers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Hearing officers need to be independent from the Board staff in order to ensure due process for the respondents in the hearing.

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 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	5522	04/05/2021 16:01:18 PM
Division Approval	5522	04/05/2021 16:01:30 PM
Department Approval	5522	04/05/2021 16:01:33 PM
Contract Manager Approval	5522	04/05/2021 16:01:36 PM
Budget Analyst Approval	hfield	04/29/2021 13:47:51 PM

Steve Sisolak
Governor



Susan Brown
Director

Tiffany Greenameyer
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: April 6, 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 3rd 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 four transfers of interest resulting in 573 square feet of restored coverage and an increase to the Land Bank of \$14,236.00.

Statutory Authority:

NRS 321.5954

REVIEWED: CB

INFO ITEM: _____



Nevada Division of
STATE LANDS

STATE OF NEVADA
Department of Conservation & Natural
Resources
Steve Sisolak, *Governor*
Bradley Crowell, *Director*
Charles Donohue, *Administrator*

MEMORANDUM

DATE: March 31, 2021

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 3RD QUARTER FY 2021 REPORT FOR THE
NEVADA LAND BANK PROGRAM – MEETING DATE OF MAY 11, 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 parcel's 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 March 31, 2021 (January 1, 2021 – March 31, 2021).

There were no acquisitions of land during this quarter. However, four (4) transfers of interest in real property occurred during this quarter and are listed below:

On **January 5, 2021** a transaction was finalized involving the sale of **193 square feet of Class 1b SEZ Restoration Credits** land coverage to provide buyers coverage required to satisfy a condition of a TRPA permit to **authorize a single family dwelling modification and funicular addition in Crystal Bay, Washoe County**. This transaction resulted in \$4,246.00 in proceeds for the Nevada Land Bank.

On **January 25, 2021** two transactions were finalized involving the sale of **128 and 132 square feet of Class 1b SEZ Restoration Credits** land coverage to provide coverage required to satisfy a condition of a TRPA permit to **authorize a new multiple-use pier to serve three littoral parcels in Incline Village**. These transactions resulted in \$3,264.00 and \$3,366.00 in proceeds for the Nevada Land Bank.

On **March 16, 2021**, a transaction was finalized involving the sale of **120 square feet of Class 4 Potential** land coverage to Sierra Pacific Power dba: NV Energy within easement as required by TRPA permit **which authorizes replacement of existing NV Energy electrical infrastructure**. This transaction generated a total of \$3,240.00 in proceeds and \$120.00 in administrative fees for the Nevada Land Bank.

All proceeds from the above transactions were deposited in the Nevada Land Bank budget account (BA 4200) to carry out the intent of the program.

In the event you have any questions or would like additional information please contact Sherri Barker, Land Agent II at sbarker@lands.nv.gov or (775) 684-2735.

CD/sb

CC: Bradley Crowell, Director, Nevada Department of Conservation and Natural Resources

Steve Sisolak
Governor



Susan Brown
Director

Tiffany Greenameyer
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: May 17, 2021

To: Susan Brown, Clerk of the Board
Governor's Finance Office

From: Shauna Tilley, Executive Branch Budget Officer
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:

FISCAL YEAR 2021 – 3rd QUARTER OVERTIME REPORT

Agenda Item Write-up:

Fiscal year 2021 January through March overtime report by department.

Additional Information:

As of the third quarter of fiscal year 2021, year to date overtime pay and accrued compensatory leave accounted for a total of approximately \$51.08 million, or 6.16% of total pay, a 38.6% increase from fiscal year 2020.

The 5 agencies with the highest dollar amount of overtime and accrued comp time for the quarter accounted for 91.5% of the total:

1. Department of Corrections – \$5.71 million
2. Department of Health & Human Services – \$4.41 million
3. Department of Public Safety – \$1.90 million
4. Department of Transportation – \$1.36 million
5. Department of Employment, Training and Rehabilitation – \$1.06 million

The 5 agencies with the highest percentage of overtime and accrued comp time as a share of total pay for 3rd quarter FY21 were:

1. Department of Corrections – 14.4%
2. Department of Veterans Service – 14.2%
3. Department of Public Safety – 8.9%
4. Department of Employment, Training and Rehabilitation – 8.1%
5. Cannabis Compliance Board – 7.5%

At the Department of Corrections, overtime and comp time decreased by \$1.20 million (17.3%) from the prior quarter and continued to be driven by the large correctional centers and medical personnel. Overtime and comp time for 3rd quarter FY21 were highest at these 7 locations, which accounted for 88.9% of the total overtime for the department:

1. High Desert State Prison – \$1.69M
2. Lovelock Correctional Center – \$778k
3. Ely State Prison – \$760k
4. Northern Nevada Correctional Center – \$581k
5. Prison Medical Care – \$553k
6. Southern Desert Correctional Center – \$374k
7. Warm Springs Correctional Center – \$340k

By event code, the highest four causes accounted for 89.9% of the overtime:

1. Related to COVID-19 – \$2.21M
2. Annual/Military Leave Coverage – \$1.29M
3. Hospital coverage – \$985k
4. Fire time – \$642k

At the Department of Health and Human Services, overtime was driven by Division of Welfare and Supportive Services (\$2.035M - primarily in Welfare Field Services budget account), Public and Behavioral Health (\$1.023M, primarily in Southern Nevada Adult Mental Health), Child and Family Services (\$812k) and Aging & Disability Services (\$506k). By event code, the highest four causes accounted for 75.6% of the overtime:

1. DETR assistance – \$2.02M
2. Covering 24-hr shifts – \$578k
3. Covering vacant shifts – \$389k
4. Related to COVID-19 – \$346k

REVIEWED: <u>OB</u>
INFO ITEM: _____

5 Agencies with Highest Dollar Amount of Overtime/Accrued Comp
 Fiscal Year 2021 3rd Quarter

from Fiscal Year Summary	Increase from Previous Year	Increase from Previous Year (rounded)	Share of Total Pay
Overtime + Accrued Comp FY21 3rd QTR	51,078,968	51,080,000	6.16%
Overtime + Accrued Comp FY20 3rd QTR	36,859,954	36,860,000	
Difference	14,219,014	14,220,000	
Percent Increase/(Decrease) from Previous Year	38.6%	38.6%	

from Quarterly Detailed Analysis	Total OT / Accr Comp
Current Qtr OT Pay & Accr Comp	15,766,020

Highest in Dollars	Department	Amount
1	NDOC	5,712,423
2	DHHS	4,405,070
3	DPS	1,895,774
4	NDOT	1,355,030
5	DETR	1,061,609
Total 5 Agencies		14,429,906
Total Overtime/Accrued Comp		15,766,020
%		91.5%

440 DEPARTMENT OF CORRECTIONS

Code	Organization	Base Pay	Accr Comp Hrs	Comp Dollars	Pd OT Hours	Pd OT Dollars	Total Curr Hrs	Total Curr Dollars	Total Prior Hrs	Total Prior Dollars	Difference
3706	HR-PRISON MEDICAL CARE	\$4,405,606.55	744:38:00	\$26,754.26	9763:51:00	\$526,495.46	10568:29	\$553,249.72	12823:15	\$650,403.22	(\$97,153.50)
3708	HR-OFFENDERS STORE FUND	\$527,224.20	14:15:00	\$303.89	5:00:00	\$139.02	19:15:00	\$442.91	134:37:00	\$3,674.99	(\$3,232.08)
3710	HR-DIRECTOR'S OFFICE	\$2,363,176.00	142:25:00	\$4,354.15	2032:04:00	\$111,201.61	2174:30:00	\$115,555.76	2457:39:00	\$125,398.05	(\$9,842.29)
3711	HR-CORRECTIONAL PROGRAMS	\$1,333,965.84	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	3:00:00	\$62.38	(\$62.38)
3715	HR-SO NEVADA CORRECTNL CTR	\$5,344.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	\$0.00
3716	HR-WARM SPRINGS CORRECTNL CTR	\$1,227,488.74	657:30:00	\$16,618.22	7624:11:00	\$323,660.24	8281:41:00	\$340,298.46	8843:17:00	\$357,960.46	(\$17,662.00)
3717	HR-NO NEVADA CORRECTNL CENTER	\$3,085,066.70	987:49:00	\$26,318.22	13739:55	\$554,768.10	14727:44	\$581,086.32	21079:57	\$686,021.02	(\$254,934.70)
3719	HR-PRISON INDUSTRY	\$185,998.90	0:00:00	\$0.00	285:40:00	\$13,521.30	285:40:00	\$13,521.30	391:00:00	\$15,985.19	(\$2,463.89)
3722	HR-STEWART CONSERVATION CAMP	\$185,361.52	24:00:00	\$732.72	326:00:00	\$13,214.59	350:00:00	\$13,947.31	551:00:00	\$22,941.40	(\$8,994.09)
3723	HR-PIOCHE CONSERVATION CAMP	\$213,311.30	60:00:00	\$1,505.76	222:50:00	\$6,948.20	282:50:00	\$8,454.96	1085:15:00	\$38,346.85	(\$29,891.89)
3724	HR-NO NV TRANSITIONAL HOUSING	\$129,132.80	8:00:00	\$175.92	265:00:00	\$11,949.95	273:00:00	\$12,125.87	648:15:00	\$30,039.86	(\$17,913.79)
3725	HR-THREE LAKES VLY CNSTRVN CMP	\$312,185.84	24:00:00	\$661.76	1039:45:00	\$35,508.52	1063:45:00	\$36,170.28	1292:30:00	\$43,559.97	(\$7,389.69)
3727	HR-PRISON RANCH	\$62,699.68	9:00:00	\$169.74	149:00:00	\$4,647.21	158:00:00	\$4,816.95	242:30:00	\$8,648.28	(\$3,831.33)
3738	HR-SO DESERT CORRECTIONAL CTR	\$3,293,149.75	514:00:00	\$13,798.44	9417:01:00	\$359,716.22	9931:01:00	\$373,514.66	11670:40	\$472,668.44	(\$99,153.78)
3739	HR-WELLS CONSERVATION CAMP	\$100,372.16	100:36:00	\$3,004.52	1232:25:00	\$53,611.96	1333:03:00	\$56,616.48	1817:05:00	\$75,691.24	(\$18,974.76)
3741	HR-HUMBOLDT CONSERVATION CAMP	\$124,467.12	8:00:00	\$172.96	1077:30:00	\$48,699.49	1085:30:00	\$48,872.45	1315:45:00	\$56,232.19	(\$7,359.74)
3747	HR-ELY CONSERVATION CAMP	\$104,767.52	46:30:00	\$1,663.35	140:30:00	\$6,009.50	187:00:00	\$7,672.85	484:15:00	\$21,641.05	(\$13,968.20)
3748	HR-JEAN CONSERVATION CAMP	\$181,990.47	46:00:00	\$1,294.40	258:30:00	\$10,158.30	304:30:00	\$11,452.70	632:00:00	\$24,666.12	(\$13,213.42)
3751	HR-ELY STATE PRISON	\$3,268,103.43	1217:24:00	\$33,544.47	17138:16	\$726,329.15	18353:40	\$769,873.62	26504:16	\$1,062,276.64	(\$302,402.02)
3752	HR-CARLIN CONSERVATION CAMP	\$125,513.52	25:00:00	\$625.20	929:00:00	\$43,624.54	954:00:00	\$44,249.74	1291:05:00	\$57,155.45	(\$12,905.71)
3754	HR-TONOPAH CONSERVATION CAMP	\$137,730.88	10:00:00	\$250.50	614:00:00	\$24,960.91	624:00:00	\$25,201.41	798:30:00	\$27,287.79	(\$2,086.38)
3759	HR-LOVELOCK CORRECTIONAL CTR	\$2,669,293.37	378:00:00	\$10,233.24	17579:18	\$767,500.48	17957:18	\$777,733.72	20613:05	\$894,859.92	(\$117,126.25)
3760	HR-CASA GRANDE TRANS HOUSING	\$402,988.20	6:00:00	\$150.30	373:00:00	\$12,385.62	379:00:00	\$12,535.92	507:30:00	\$16,035.32	(\$3,499.40)
3761	HR-F. MCCLURE WOMENS COR CTR	\$2,262,199.92	484:16:00	\$13,567.57	5275:36:00	\$203,449.32	5759:52:00	\$217,016.89	7536:06:00	\$274,138.23	(\$57,121.34)
3762	HR-HIGH DESERT STATE PRISON	\$7,024,345.10	1696:08:00	\$43,988.30	41240:13	\$1,649,940.00	42936:21	\$1,693,908.30	48001:30	\$1,845,089.82	(\$151,181.52)
3763	HR-INMATE WELFARE ACCOUNT	\$233,361.54	0:00:00	\$0.00	108:00:00	\$4,104.59	108:00:00	\$4,104.59	197:30:00	\$7,349.20	(\$3,244.61)
		\$ 33,964,855.05		\$ 199,867.89	\$ 5,512,555.28	\$ 57,712,423.17		\$ 6,908,052.13		(\$ 1,195,628.96)	-17.5%

Code	Organization	Base Pay	Accr Comp Hrs	Comp Dollars	Pd OT Hours	Pd OT Dollars	Total Curr Hrs	Total Curr Dollars	Total Prior Hrs	Total Prior Dollars	Difference
3762	HR-HIGH DESERT STATE PRISON	\$ 7,024,345.10	1696:08:00	\$ 43,988.30	41240:13	\$ 1,649,940.00	42936:21	\$ 1,693,908.30			
3759	HR-LOVELOCK CORRECTIONAL CTR	\$ 2,669,293.37	378:00:00	\$ 10,233.24	17579:18	\$ 767,500.48	17957:18	\$ 777,733.72			
3751	HR-ELY STATE PRISON	\$ 3,268,103.43	1217:24:00	\$ 33,544.47	17138:16	\$ 726,329.15	18353:40	\$ 769,873.62			
3717	HR-NO NEVADA CORRECTNL CENTER	\$ 3,085,066.70	987:49:00	\$ 26,318.22	13739:55	\$ 554,768.10	14727:44	\$ 581,086.32			
3706	HR-PRISON MEDICAL CARE	\$ 4,405,606.55	744:38:00	\$ 26,754.26	9763:51:00	\$ 526,495.46	10568:29	\$ 553,249.72			
3738	HR-SO DESERT CORRECTIONAL CTR	\$ 3,293,149.75	514:00:00	\$ 13,798.44	9417:01:00	\$ 359,716.22	9931:01:00	\$ 373,514.66			
3716	HR-WARM SPRINGS CORRECTNL CTR	\$ 1,227,488.74	657:30:00	\$ 16,618.22	7624:11:00	\$ 323,660.24	8281:41:00	\$ 340,298.46			
		\$ 33,964,855.05		\$ 199,867.89	\$ 5,512,555.28	\$ 57,712,423.17		\$ 6,908,052.13		(\$ 1,195,628.96)	-17.5%

Top 7 Correctional Centers (Including Prison Medical)

Code	Organization	Base Pay	Accr Comp Hrs	Comp Dollars	Pd OT Hours	Pd OT Dollars	Total Curr Hrs	Total Curr Dollars	Total Prior Hrs	Total Prior Dollars	Difference
3762	HR-HIGH DESERT STATE PRISON	\$ 7,024,345.10	1696:08:00	\$ 43,988.30	41240:13	\$ 1,649,940.00	42936:21	\$ 1,693,908.30			
3759	HR-LOVELOCK CORRECTIONAL CTR	\$ 2,669,293.37	378:00:00	\$ 10,233.24	17579:18	\$ 767,500.48	17957:18	\$ 777,733.72			
3751	HR-ELY STATE PRISON	\$ 3,268,103.43	1217:24:00	\$ 33,544.47	17138:16	\$ 726,329.15	18353:40	\$ 769,873.62			
3717	HR-NO NEVADA CORRECTNL CENTER	\$ 3,085,066.70	987:49:00	\$ 26,318.22	13739:55	\$ 554,768.10	14727:44	\$ 581,086.32			
3706	HR-PRISON MEDICAL CARE	\$ 4,405,606.55	744:38:00	\$ 26,754.26	9763:51:00	\$ 526,495.46	10568:29	\$ 553,249.72			
3738	HR-SO DESERT CORRECTIONAL CTR	\$ 3,293,149.75	514:00:00	\$ 13,798.44	9417:01:00	\$ 359,716.22	9931:01:00	\$ 373,514.66			
3716	HR-WARM SPRINGS CORRECTNL CTR	\$ 1,227,488.74	657:30:00	\$ 16,618.22	7624:11:00	\$ 323,660.24	8281:41:00	\$ 340,298.46			
		\$ 33,964,855.05		\$ 199,867.89	\$ 5,512,555.28	\$ 57,712,423.17		\$ 6,908,052.13		(\$ 1,195,628.96)	-17.5%

Overtime Analysis by Event Date
 Overtime Analysis Settings
 Agency:
 DOC 21Q3 Rsn

440 DEPARTMENT OF CORRECTIONS

Code	Reason	Accr Comp Hrs	Comp Dollars	Pd OT Hours	Pd OT Dollars	Total Hrs	Total Dollars
1	ACCIDENTS	8:00:00	\$196.48	18:00:00	\$ 743.22	2:00	\$ 939.70
2	ACCT/FISCAL	0:00:00	\$0.00	0:00:00	\$ -	0:00	\$ -
3	ADMIN	0:00:00	\$0.00	8:00:00	\$ 188.32	8:00	\$ 188.32
4	ADMIN SUPPRT	0:00:00	\$0.00	5:00:00	\$ 185.00	5:00	\$ 185.00
5	BACKLOG REDU	0:00:00	\$0.00	44:00:00	\$ 1,542.12	20:00	\$ 1,542.12
6	BUDGET PREP	0:00:00	\$0.00	83:00:00	\$ 4,806.49	11:00	\$ 4,806.49
10	COURT	0:00:00	\$0.00	10:00:00	\$ 347.51	10:00	\$ 347.51
11	COVER-AL/MIL	684:25:00	\$19,857.15	28497:38	\$ 1,270,857.61	29182:03	\$ 1,290,714.76
12	COVER-24 HR	0:00:00	\$0.00	8:00:00	\$ 205.36	8:00	\$ 205.36
13	COVER-HOL/WK	4479:00:00	\$123,899.90	18604:50	\$ 517,748.77	23083:50	\$ 641,648.67
14	COVER-INJURY	0:00:00	\$0.00	0:00:00	\$ -	0:00	\$ -
15	COVER-SICK	24:00:00	\$943.38	983:56:00	\$ 55,015.54	23:56	\$ 55,958.92
16	COVER-TRAIN	0:00:00	\$0.00	0:35:00	\$ 38.29	0:35	\$ 38.29
17	COVER-VACANT	58:30:00	\$1,522.03	1867:48:00	\$ 102,263.52	6:18	\$ 103,785.55
18	EMERGENCIES	0:00:00	\$0.00	35:35:00	\$ 2,018.59	11:35	\$ 2,018.59
19	INVESTIGATE	1:30:00	\$67.85	79:15:00	\$ 4,809.89	8:45	\$ 4,877.74
20	MEETINGS	0:00:00	\$0.00	2:50:00	\$ 110.21	2:50	\$ 110.21
21	OFFICE SPRT	18:00:00	\$609.65	20:05:00	\$ 895.06	14:05	\$ 1,504.71
22	PERSONNEL	0:00:00	\$0.00	6:30:00	\$ 260.60	6:30	\$ 260.60
23	PROGRAM DEAD	23:15:00	\$888.90	167:45:00	\$ 10,022.37	23:00	\$ 10,911.27
24	SITE REPAIR	50:15:00	\$1,263.20	296:15:00	\$ 14,545.10	10:30	\$ 15,808.30
25	SPECIAL EVNT	6:00:00	\$150.30	9:30:00	\$ 487.49	15:30	\$ 637.79
26	STAFF MEET	0:00:00	\$0.00	0:00:00	\$ -	0:00	\$ -
27	TRAINING	21:45:00	\$532.08	256:12:00	\$ 12,141.63	13:57	\$ 12,673.71
28	TRAIN-PERSON	0:00:00	\$0.00	0:00:00	\$ -	0:00	\$ -
29	TRAVEL	26:45:00	\$656.98	87:00:00	\$ 3,986.10	17:45	\$ 4,643.08
30	WORKLOAD	192:50:00	\$5,438.51	2873:30:00	\$ 131,712.52	18:20	\$ 137,151.03
31	WORKSHOPS	0:00:00	\$0.00	54:20:00	\$ 2,980.20	6:20	\$ 2,980.20
32/33	COVID-19	1312:33:00	\$35,665.22	64:00:00	\$ 2,180,082.01	16:00	\$ 2,215,747.23
53	AGNCY DEFINE	0:00:00	\$0.00	5:30:00	\$ 221.10	5:30	\$ 221.10
55	AGNCY DEFINE	0:00:00	\$0.00	199:28:00	\$ 8,924.73	7:28	\$ 8,924.73
56	AGNCY DEFINE	23:15:00	\$667.83	886:33:00	\$ 40,149.49	21:48	\$ 40,817.32
58	AGNCY DEFINE	3:45:00	\$134.63	51:00:00	\$ 3,021.86	6:45	\$ 3,156.49
59	AGNCY DEFINE	24:00:00	\$592.80	489:15:00	\$ 23,908.90	9:15	\$ 24,501.70
63	AGNCY DEFINE	183:30:00	\$5,225.56	23653:34	\$ 979,901.82	23837:04	\$ 985,127.38
64	AGNCY DEFINE	46:08:00	\$1,251.17	2793:44:00	\$ 114,709.24	7:52	\$ 115,960.41
66	AGNCY DEFINE	0:00:00	\$0.00	34:15:00	\$ 1,715.96	10:15	\$ 1,715.96
67	AGNCY DEFINE	16:08:00	\$304.27	79:30:00	\$ 2,975.13	23:38	\$ 3,279.40
81	AGNCY DEFINE	0:00:00	\$0.00	238:00:00	\$ 9,982.73	22:00	\$ 9,982.73
85	AGNCY DEFINE	0:00:00	\$0.00	2:00:00	\$ 157.82	2:00	\$ 157.82
86	AGNCY DEFINE	0:00:00	\$0.00	52:15:00	\$ 3,280.54	4:15	\$ 3,280.54
89	AGNCY DEFINE	0:00:00	\$0.00	84:00:00	\$ 3,846.32	12:00	\$ 3,846.32
99	AGNCY DEFINE	0:00:00	\$0.00	48:20:00	\$ 1,766.12	0:20	\$ 1,766.12

7203:34:00 \$199,867.89 130834:35 \$5,512,555.28 138038:09 \$5,712,423.17

32 UNDEFINED	0:00:00	\$0.00	64:00:00	\$ 3,146.15	16:00	\$ 3,146.15
33 COVID-19	1312:33:00	\$35,665.22	48133:37	\$ 2,176,935.86	49446:10	\$ 2,212,601.08
	1312:33:00	855965:16:48	64:00:00	52321968:14:24	64:00:00	53177933:31:12

Highest 4 Causes of Overtime by Event Code								
1	32/33	COVID-19	1312:33:00	\$ 35,665.22	64:00:00	\$ 2,180,082.01	64:00:00	\$ 2,215,747.23
2	11	COVER-AL/MIL	684:25:00	\$ 19,857.15	28497:38	\$ 1,270,857.61	29182:03	\$ 1,290,714.76
3	63	HOSPITAL COVERAGE	183:30:00	\$ 5,225.56	23653:34	\$ 979,901.82	23837:04	\$ 985,127.38
4	13	FIRE TIME	4479:00:00	\$ 123,899.90	18604:50	\$ 517,748.77	23083:50	\$ 641,648.67
							\$ 5,133,238.04	89.9%

Overtime Analysis by Event Date
 Overtime Analysis Settings
 Agency: ALL
 DHHS Pivot 21Q3

DEPT OF HEALTH AND HUMAN SERV

Row Labels	Sum of Dollars12
DETR	\$ 2,015,433.66
COVER-24 HR	\$ 578,017.98
COVER-VACANT	\$ 389,492.23
COVID-19	\$ 345,961.45
COVER-HOL/WK	\$ 330,965.77
Client Acuity	\$ 245,311.60
WORKLOAD	\$ 99,723.68
COVER-SICK	\$ 77,137.25
COVER-AL/MIL	\$ 53,343.66
CLIENT SVCS	\$ 43,871.45
INVESTIGATE	\$ 27,552.60
PROGRAM DEAD	\$ 25,376.90
EMERGENCIES	\$ 25,207.59
TRAINING	\$ 25,151.10
AGNCY DEFINE	\$ 25,100.73
BUDGET PREP	\$ 18,919.13
Tx team	\$ 12,771.22
TRAVEL	\$ 11,035.54
BACKLOG REDU	\$ 7,786.43
SPECIAL EVNT	\$ 5,493.82
TRAIN-PERSON	\$ 5,209.49
SITE REPAIR	\$ 5,073.36
MEETINGS	\$ 5,004.29
COVER-INJURY	\$ 2,909.90
WORKSHOPS	\$ 2,581.52
ADMIN SUPPRT	\$ 2,568.99
ADMIN	\$ 2,548.83
ACCIDENTS	\$ 2,256.75
CLIENT MEET	\$ 1,569.27
COVID	\$ 1,506.13
STAFF MEET	\$ 1,488.51
PERSONNEL	\$ 1,433.79
ACCT/FISCAL	\$ 1,198.50
OFFICE SPPRT	\$ 1,185.68
UNDEFINED	\$ 1,182.89
COVER-TRAIN	\$ 1,160.13
Treatment Plan Meetings	\$ 1,087.92
Shift duties	\$ 932.50
COURT	\$ 266.22
CONFERENCES	\$ 227.36
Hospital Coverage	\$ 23.94
(blank)	
Grand Total	\$ 4,405,069.76

1 DETR	2,015,433.66
2 COVER-24 HR	578,017.98
3 COVER-VACANT	389,492.23
4 COVID-19	345,961.45
	3,328,905.32
	75.6%

Row Labels	Sum of Dollars5
406	\$ 1,022,692.02
HR-SO NEV ADULT MENTAL HEALTH	\$ 493,564.05
HR-FAC FOR MENTAL OFFENDER	\$ 319,846.46
HR-NNV ADULT MENTAL HEALTH SVC	\$ 44,616.33
HR-OFF OF STATE HEALTH ADMIN	\$ 30,415.75
HR-IMMUNIZATION PROGRAM	\$ 28,797.58
HR-HEALTH CARE FACILITY REG	\$ 24,562.61
HR-HHS HD BIOSTATS & EPIDMILG	\$ 21,711.74
HR-COMMUNITY HEALTH SERVICES	\$ 17,080.70
HR-HEALTH ALERT NETWORK	\$ 13,345.50
HR-CHRONIC DISEASE	\$ 9,620.25
HR-MATERNAL CHILD HEALTH SRVC	\$ 6,962.51
HR-EMERGENCY MEDICAL SERVICES	\$ 4,397.77
HR-RADIATION CONTROL PROGRAM	\$ 3,402.10
HR-COMMUNICABLE DISEASES	\$ 2,492.31
HR-CHILD CARE SERVICES	\$ 916.32
HR-HHS DPBH RURAL CLINICS	\$ 582.39
HR-BEHAVIORAL HEALTH PREV & TR	\$ 350.70
HR-HEALTH STATISTICS&PLANNING	\$ 26.95
HR-WIC FOOD SUPPLEMENT	\$ -
HR-BEHAVIORAL HEALTH ADMINSTR	\$ -
(blank)	\$ -
HR-BEHAVIORAL HLTH INFO SYSTM	\$ -
HR- MARIJUANA HEALTH REGISTRY	\$ -
HR- MED MARIJUANA ESTABLISHMEN	\$ -
HR-OFFICE OF MINORITY HEALTH	\$ -
HR-ENVIRONMENTAL HEALTH SRVCS	\$ -
HR-EARLY INTERVENTION SVCS	\$ -
HR-CANCER CONTROL REGISTRY	\$ -
409	\$ 812,189.10
HR-NEVADA YOUTH TRAINING CTR	\$ 201,753.74
HR-SUMMIT VIEW YOUTH CENTER	\$ 158,530.20
HR-SO NEV CHILD & ADLSCNT SVCS	\$ 151,159.69
HR-CALIENTE YOUTH CENTER	\$ 105,456.49
HR-NO NEV CHILD & ADLSCNT SVCS	\$ 86,160.08
HR-RURAL CHILD WELFARE	\$ 67,727.08
HR-CHILDREN/YOUTH/FAMILY ADMIN	\$ 30,304.54
HR-YOUTH PAROLE SERVICES	\$ 7,438.47
HR-INFORMATION SERVICES	\$ 2,491.45
HR-COMMUNITY JUV JUSTICE PRG	\$ 1,167.36
(blank)	\$ -
HR-VICTIMS OF CRIME	\$ -
HR-CHILD CARE SERVICES	\$ -
402	\$ 506,242.92
HR-DESERT REGIONAL CENTER	\$ 492,145.72
HR-COMMUNITY BASED SERVICES	\$ 8,746.78
HR-AGING FEDERAL PROG & ADMIN	\$ 3,047.09
HR-AUTISM TREATMENT PROGRAM	\$ 1,236.42
HR-EARLY INTERVENTION SVCS	\$ 1,066.91
HR-HR HOME MAKER	\$ -
HR-TOBACCO SETTLEMENT PROGRAM	\$ -
HR-SIERRA REGIONAL CENTER	\$ -
HR-SR CITIZEN PROP TAX ASSIST	\$ -
(blank)	\$ -
HR-HOME&COMMUNITY BASED PROG	\$ -
HR-SENIOR RX AND DISABILITY RX	\$ -
HR-COMMUNICATION ACCESS SRVCS	\$ -
HR-RURAL REGIONAL CENTER	\$ -
407	\$ 2,034,648.84
HR-WELFARE FIELD SERVICES	\$ 1,696,832.78
HR-WELFARE ADMINISTRATION	\$ 313,879.49
HR-ENERGY ASSISTANCE - WELFARE	\$ 15,020.87
HR-CHILD SPPRT ENFORCEMNT PROG	\$ 8,915.70
(blank)	\$ -
HR-CHILD CARE ASSIST & DEVEL	\$ -
403	\$ 20,766.79
HR-HEALTH CARE FIN & POLICY	\$ 20,766.79
(blank)	\$ -
HR-NEVADA MEDICAID	\$ -
HR-NEVADA CHECK-UP PROGRAM	\$ -
400	\$ 8,530.09
HR-IDEA PART C COMPLIANCE	\$ 8,530.09
HR-INDIAN COMMISSION	\$ -
HR-DISABILITY SERVICES	\$ -
HR-ADMINISTRATION	\$ -
HR-PUBLIC DEFENDER	\$ -
HR-DEVELOPMENTAL DISABILITIES	\$ -
HR- HEALTHY NV FUND ADMIN	\$ -
HR-GRANTS MANAGEMENT UNIT	\$ -
(blank)	\$ -
HR-CONSUMER HEALTH ASSISTANCE	\$ -
(blank)	\$ -
(blank)	\$ -
Grand Total	\$ 4,405,069.76

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2021 SUMMARY (QTR 3)
NEVADA DEPARTMENT OF ADMINISTRATION

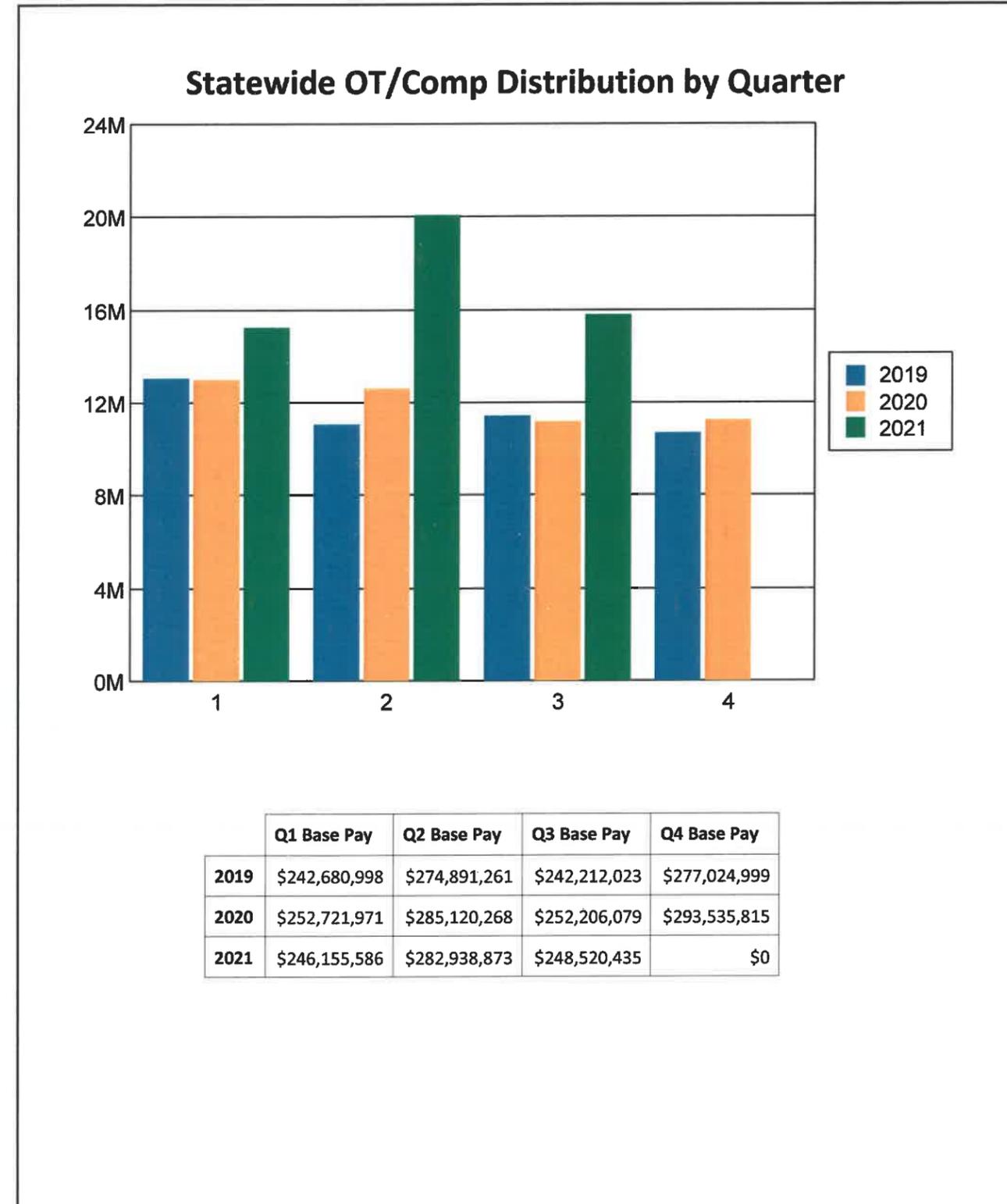


Tuesday, June 8, 2021

CUMULATIVE STATEWIDE TOTALS (QTR 3)			
	2019	2020	2021
BASE PAY	\$759,784,281	\$790,048,318	\$777,614,895
OVERTIME PAY + ACCRUED COMP	\$35,567,823	\$36,793,886	\$51,078,968
TOTAL PAY	\$795,352,104	\$826,842,204	\$828,693,862
OT/COMP AS A SHARE OF TOTAL PAY	4.47%	4.45%	6.16%

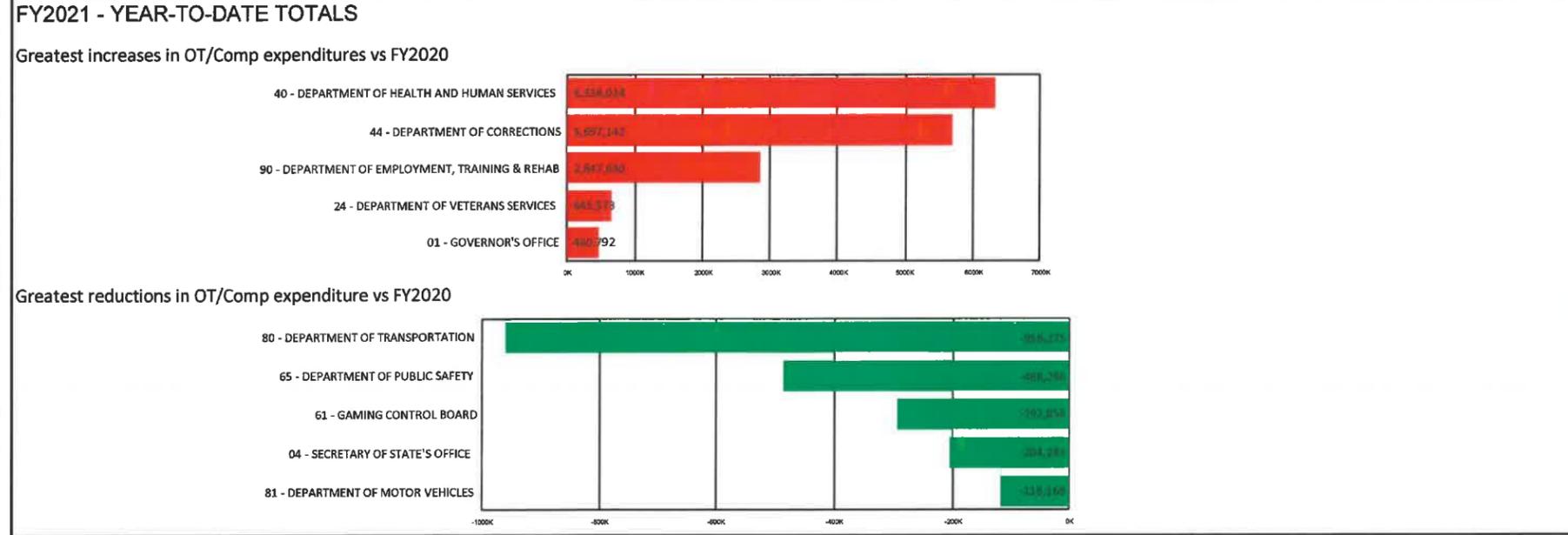
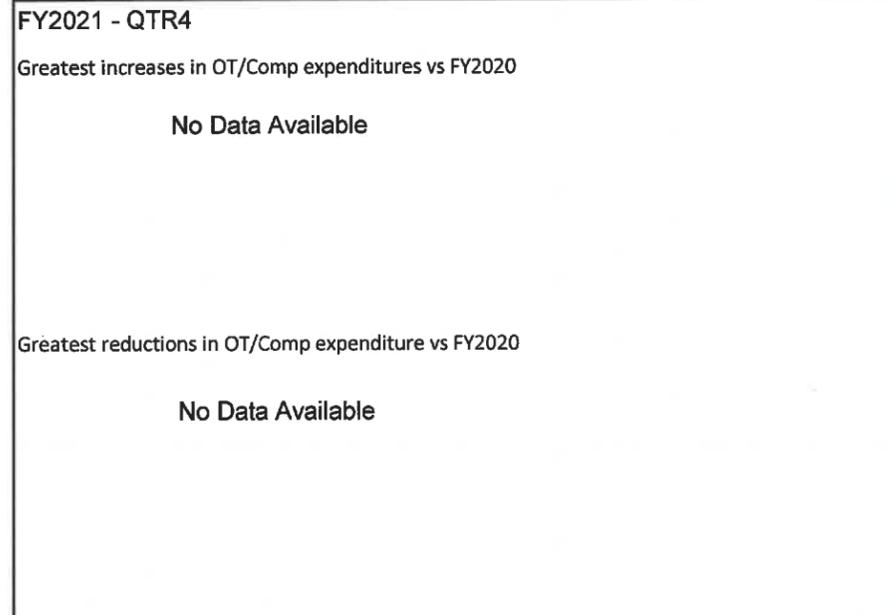
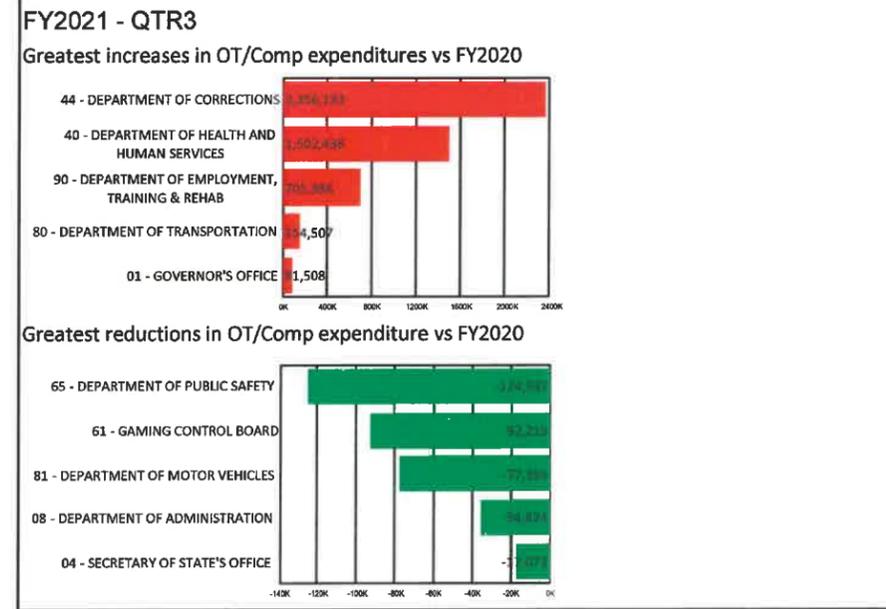
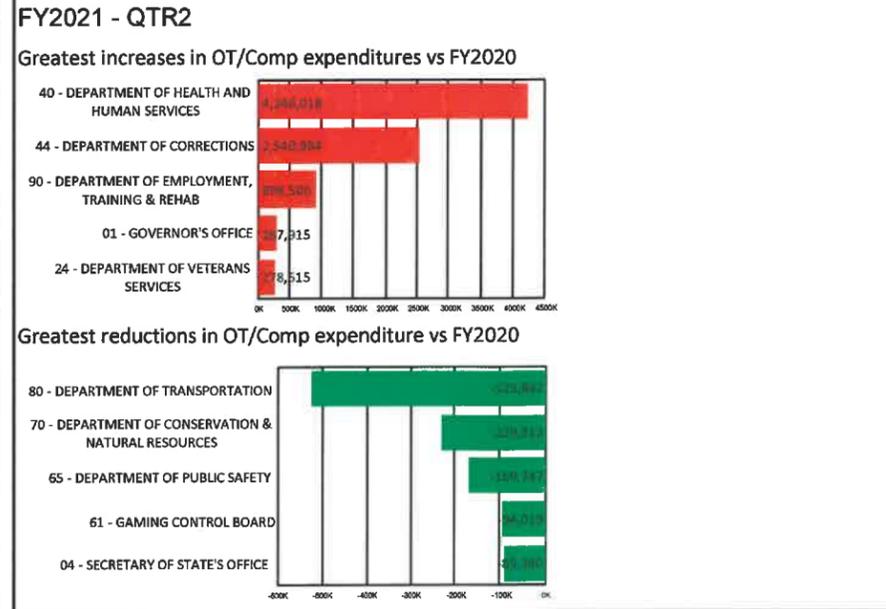
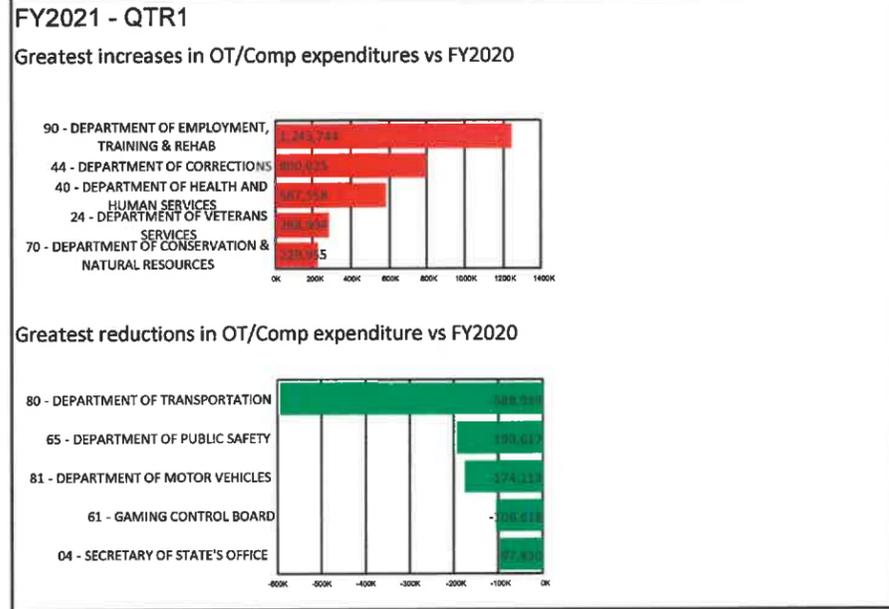
Highest OT/Comp expenditures in dollars			
Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
44	DEPARTMENT OF CORRECTIONS	\$5,712,423	14.40%
40	DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$4,405,070	5.81%
65	DEPARTMENT OF PUBLIC SAFETY	\$1,895,774	8.89%
80	DEPARTMENT OF TRANSPORTATION	\$1,355,030	5.18%
90	DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$1,061,609	8.10%

Highest percentages of OT/Comp as a share of Total Pay			
Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
44	DEPARTMENT OF CORRECTIONS	\$5,712,423	14.40%
24	DEPARTMENT OF VETERANS SERVICE	\$450,764	14.23%
65	DEPARTMENT OF PUBLIC SAFETY	\$1,895,774	8.89%
90	DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$1,061,609	8.10%
27	CANNABIS COMPLIANCE BOARD	\$51,029	7.54%



OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2021 QUARTERLY ANALYSIS vs FY2020
 NEVADA DEPARTMENT OF ADMINISTRATION
 Tuesday, June 8, 2021



OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2021 QUARTERLY DETAILED ANALYSIS

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, June 8, 2021



	FY2021QTR1				FY2021QTR2				FY2021QTR3				FY2021 QTR1-QTR3			
	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2020	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2020	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2020	Overtime Pay and Accrued Comp (YTD)	Total Pay (YTD)	OT/Comp as a Share of Total Pay (YTD)	Difference in OT Pay/Comp versus FY2020 (YTD)
01 - GOVERNOR'S OFFICE	\$105,408	\$2,030,329	5.19%	\$91,370	\$301,563	\$2,776,166	10.86%	\$287,915	\$94,753	\$2,302,594	4.12%	\$81,508	\$501,724.06	\$7,109,089.50	7.06%	\$460,792
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$77,801	0.00%	\$0	\$0	\$95,140	0.00%	\$0	\$0	\$75,896	0.00%	\$0	\$0.00	\$248,836.89	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$52,161	\$6,581,785	0.79%	\$16,781	\$65,637	\$7,897,248	0.83%	\$47,948	\$16,827	\$6,753,931	0.25%	\$-13,263	\$134,624.98	\$21,232,963.46	0.63%	\$51,465
04 - SECRETARY OF STATE'S OFFICE	\$219	\$1,566,401	0.01%	\$-97,830	\$8,339	\$1,865,859	0.45%	\$-89,380	\$2,155	\$1,646,436	0.13%	\$-17,073	\$10,713.34	\$5,078,696.18	0.21%	\$-204,283
05 - TREASURER'S OFFICE	\$2,686	\$648,749	0.41%	\$1,287	\$1,368	\$774,098	0.18%	\$-32	\$142	\$675,185	0.02%	\$-3,904	\$4,196.05	\$2,098,031.17	0.20%	\$-2,649
06 - CONTROLLER'S OFFICE	\$20,460	\$647,366	3.16%	\$17,089	\$58,613	\$792,776	7.39%	\$17,116	\$15,762	\$607,639	2.59%	\$9,345	\$94,835.31	\$2,047,779.97	4.63%	\$43,550
08 - DEPARTMENT OF ADMINISTRATION	\$123,328	\$7,561,114	1.63%	\$21,222	\$84,141	\$8,988,059	0.94%	\$-25,373	\$97,311	\$7,640,326	1.27%	\$-34,824	\$304,779.56	\$24,189,499.65	1.26%	\$-38,974
09 - JUDICIAL BRANCH	\$413	\$6,590,064	0.01%	\$413	\$627	\$8,277,657	0.01%	\$-1,058	\$1,423	\$6,831,331	0.02%	\$-1,409	\$2,463.37	\$21,699,051.56	0.01%	\$-2,053
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$6,131	\$1,005,336	0.61%	\$-3,381	\$4,693	\$1,342,265	0.35%	\$-11,241	\$604	\$1,223,154	0.05%	\$-5,357	\$11,427.76	\$3,570,754.95	0.32%	\$-19,978
11 - DEPARTMENT OF INDIGENT DEFENSE SERVICES	\$0	\$395,113	0.00%	\$0	\$0	\$482,089	0.00%	\$0	\$0	\$413,320	0.00%	\$0	\$0.00	\$1,290,521.66	0.00%	\$0
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$641,744	0.00%	\$0	\$0	\$785,757	0.00%	\$0	\$120	\$672,014	0.02%	\$120	\$120.00	\$2,099,515.71	0.01%	\$120
13 - DEPARTMENT OF TAXATION	\$17,633	\$4,439,866	0.40%	\$-25,519	\$30,352	\$5,211,211	0.58%	\$5,041	\$37,928	\$4,372,234	0.87%	\$-3,296	\$85,913.12	\$14,023,311.01	0.61%	\$-23,774
15 - COMMISSION ON ETHICS	\$0	\$103,605	0.00%	\$0	\$0	\$137,329	0.00%	\$0	\$0	\$104,846	0.00%	\$0	\$0.00	\$345,780.40	0.00%	\$0
16 - DEPARTMENT OF SENTENCING POLICY	\$0	\$38,183	0.00%	\$0	\$0	\$62,861	0.00%	\$0	\$0	\$65,523	0.00%	\$0	\$0.00	\$166,566.56	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$103,970	0.00%	\$0	\$0	\$124,594	0.00%	\$0	\$0	\$106,795	0.00%	\$0	\$0.00	\$335,359.36	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$0	\$195,651	0.00%	\$-53	\$833	\$243,648	0.34%	\$501	\$0	\$232,779	0.00%	\$-128	\$832.95	\$672,077.61	0.12%	\$321
24 - DEPARTMENT OF VETERANS SERVICES	\$551,241	\$3,176,309	17.35%	\$288,904	\$573,263	\$3,667,906	15.63%	\$278,515	\$450,764	\$3,167,624	14.23%	\$78,154	\$1,575,267.68	\$10,011,839.66	15.73%	\$645,573
27 - CANNABIS COMPLIANCE BOARD	\$31,551	\$507,017	6.22%	\$31,551	\$59,562	\$721,325	8.26%	\$59,562	\$51,029	\$676,715	7.54%	\$51,029	\$142,142.36	\$1,905,057.50	7.46%	\$142,142
30 - DEPARTMENT OF EDUCATION	\$59,090	\$2,698,045	2.19%	\$25,017	\$21,140	\$3,214,278	0.66%	\$1,984	\$14,609	\$2,715,977	0.54%	\$3,342	\$94,838.73	\$8,628,299.78	1.10%	\$30,343
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$10,576	\$350,134	3.02%	\$3,831	\$9,479	\$424,250	2.23%	\$-2,650	\$11,071	\$370,236	2.99%	\$-5,828	\$31,126.07	\$1,144,618.79	2.72%	\$-4,647
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$3,285,909	\$74,410,128	4.42%	\$587,558	\$6,973,448	\$88,578,483	7.87%	\$4,246,018	\$4,405,070	\$75,784,868	5.81%	\$1,502,438	\$14,664,426.79	\$38,773,478.90	6.14%	\$6,336,014
43 - ADJUTANT GENERAL	\$88,361	\$1,386,170	6.37%	\$26,692	\$75,426	\$1,391,152	5.42%	\$944	\$56,821	\$1,411,474	4.03%	\$11,215	\$220,607.75	\$4,188,795.17	5.27%	\$38,852
44 - DEPARTMENT OF CORRECTIONS	\$4,630,408	\$38,389,792	12.06%	\$800,025	\$6,912,264	\$47,061,464	14.69%	\$2,540,984	\$5,712,423	\$39,677,278	14.40%	\$2,356,133	\$17,255,095.78	\$25,128,534.49	13.79%	\$5,697,142
50 - COMMISSION ON MINERAL RESOURCES	\$4,500	\$189,133	2.38%	\$-11,895	\$0	\$212,911	0.00%	\$-357	\$3,013	\$190,953	1.58%	\$-2,611	\$7,513.37	\$592,996.12	1.27%	\$-14,862
55 - DEPARTMENT OF AGRICULTURE	\$33,799	\$1,877,306	1.80%	\$6,088	\$8,022	\$2,232,351	0.36%	\$-5,082	\$4,455	\$1,948,166	0.23%	\$-15,196	\$46,275.17	\$6,057,823.69	0.76%	\$-14,191
58 - PUBLIC UTILITIES COMMISSION	\$0	\$1,790,143	0.00%	\$0	\$0	\$2,165,431	0.00%	\$0	\$0	\$1,871,412	0.00%	\$0	\$0.00	\$5,826,986.39	0.00%	\$0
61 - GAMING CONTROL BOARD	\$75,256	\$5,813,257	1.29%	\$-106,618	\$89,013	\$6,903,981	1.29%	\$-94,019	\$65,123	\$5,863,992	1.11%	\$-92,219	\$229,392.63	\$18,581,230.38	1.23%	\$-292,856
65 - DEPARTMENT OF PUBLIC SAFETY	\$2,197,624	\$21,189,177	10.37%	\$-193,617	\$2,006,141	\$24,739,940	8.11%	\$-169,747	\$1,895,774	\$21,323,500	8.89%	\$-124,932	\$6,099,539.10	\$67,252,617.45	9.07%	\$-488,296
69 - COLORADO RIVER COMMISSION	\$2,321	\$672,755	0.34%	\$476	\$1,523	\$793,189	0.19%	\$-1,832	\$541	\$671,380	0.08%	\$541	\$4,384.76	\$2,137,323.85	0.21%	\$-816
70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,517,366	\$12,120,316	12.52%	\$229,955	\$198,908	\$11,598,952	1.71%	\$-229,313	\$79,009	\$9,983,380	0.79%	\$4,166	\$1,795,282.77	\$33,702,647.73	5.33%	\$4,809
72 - DEPARTMENT OF WILDLIFE	\$80,290	\$3,456,010	2.32%	\$-26,545	\$67,442	\$4,068,689	1.66%	\$426	\$70,024	\$3,512,718	1.99%	\$-13,403	\$217,756.01	\$11,037,417.20	1.97%	\$-39,522
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$128,058	\$8,335,304	1.54%	\$93,353	\$104,281	\$9,822,932	1.06%	\$63,604	\$75,968	\$8,591,349	0.88%	\$43,538	\$308,306.94	\$26,749,585.37	1.15%	\$200,496
80 - DEPARTMENT OF TRANSPORTATION	\$727,679	\$26,217,644	2.78%	\$-588,939	\$1,010,349	\$26,276,078	3.85%	\$-523,842	\$1,355,030	\$26,150,491	5.18%	\$154,507	\$3,093,058.74	\$78,644,212.75	3.93%	\$-958,275
81 - DEPARTMENT OF MOTOR VEHICLES	\$80,187	\$12,801,617	0.63%	\$-174,113	\$424,654	\$15,407,551	2.76%	\$133,304	\$182,805	\$12,831,038	1.42%	\$-77,359	\$687,646.25	\$41,040,206.86	1.68%	\$-118,168
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$1,398,101	\$12,692,472	11.02%	\$1,243,744	\$984,477	\$13,023,156	7.56%	\$898,500	\$1,061,609	\$13,104,531	8.10%	\$705,386	\$3,444,187.98	\$38,820,159.15	8.87%	\$2,847,630
95 - PUBLIC EMPLOYEES BENEFITS PROGRAM	\$0	\$377,649	0.00%	\$0	\$0	\$452,547	0.00%	\$0	\$0	\$417,727	0.00%	\$-329	\$0.00	\$1,247,922.21	0.00%	\$-329
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$1,806	\$310,695	0.58%	\$1,806	\$4,824	\$405,936	1.19%	\$4,824	\$3,858	\$297,643	1.30%	\$2,876	\$10,488.31	\$1,014,273.35	1.03%	\$9,506
Total	\$15,232,563	\$261,388,149	5.83%	\$2,258,653	\$20,080,385	\$303,019,258	6.63%	\$7,433,260	\$15,766,020	\$264,286,455	5.97%	\$4,593,168	\$51,078,968	\$828,693,862	6.16%	\$14,285,081

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2021 COMPARATIVE YEAR-TO_DATE ANALYSIS (QTR1-QTR3) VS FY2019-FY2020

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, June 8, 2021



	FY 2019 QTR1-QTR3				FY 2020 QTR1-QTR3				FY 2021 QTR1-QTR3			
	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year
01 - GOVERNOR'S OFFICE	\$300,663	\$5,100,501	5.89%	\$299,991	\$40,932	\$5,813,790	0.70%	\$-259,731	\$501,724	\$7,109,090	7.06%	\$460,792
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$239,609	0.00%	\$0	\$0	\$242,618	0.00%	\$0	\$0	\$248,837	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$67,593	\$19,682,061	0.34%	\$-34,591	\$83,160	\$20,634,873	0.40%	\$15,567	\$134,625	\$21,232,963	0.63%	\$51,465
04 - SECRETARY OF STATE'S OFFICE	\$47,186	\$5,356,483	0.88%	\$42,356	\$214,997	\$5,672,000	3.79%	\$167,811	\$10,713	\$5,078,696	0.21%	\$-204,283
05 - TREASURER'S OFFICE	\$4,129	\$1,921,527	0.21%	\$-1,260	\$6,845	\$2,077,414	0.33%	\$2,716	\$4,196	\$2,098,031	0.20%	\$-2,649
06 - CONTROLLER'S OFFICE	\$69,490	\$2,142,388	3.24%	\$19,524	\$51,286	\$2,132,813	2.40%	\$-18,204	\$94,835	\$2,047,780	4.63%	\$43,550
08 - DEPARTMENT OF ADMINISTRATION	\$414,813	\$24,638,073	1.68%	\$-8,212	\$343,753	\$24,802,156	1.39%	\$-71,059	\$304,780	\$24,189,500	1.26%	\$-38,974
09 - JUDICIAL BRANCH	\$7,643	\$21,687,806	0.04%	\$-15,957	\$4,516	\$21,849,067	0.02%	\$-3,127	\$2,463	\$21,699,052	0.01%	\$-2,053
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$26,197	\$4,799,298	0.55%	\$704	\$31,406	\$4,861,149	0.65%	\$5,209	\$11,428	\$3,570,755	0.32%	\$-19,978
11 - DEPARTMENT OF INDIGENT DEFENSE SERVICES	\$0	\$0	0.00%	\$0	\$0	\$987,157	0.00%	\$0	\$0	\$1,290,522	0.00%	\$0
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$2,148,881	0.00%	\$0	\$0	\$2,135,181	0.00%	\$0	\$120	\$2,099,516	0.01%	\$120
13 - DEPARTMENT OF TAXATION	\$164,313	\$15,494,317	1.06%	\$63,234	\$109,687	\$14,513,919	0.76%	\$-54,626	\$85,913	\$14,023,311	0.61%	\$-23,774
15 - COMMISSION ON ETHICS	\$0	\$349,077	0.00%	\$0	\$0	\$369,860	0.00%	\$0	\$0	\$345,780	0.00%	\$0
16 - DEPARTMENT OF SENTENCING POLICY	\$0	\$0	0.00%	\$0	\$0	\$40,674	0.00%	\$0	\$0	\$166,567	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$311,258	0.00%	\$0	\$0	\$320,182	0.00%	\$0	\$0	\$335,359	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$1,023	\$712,196	0.14%	\$150	\$512	\$714,804	0.07%	\$-510	\$833	\$672,078	0.12%	\$321
24 - DEPARTMENT OF VETERANS SERVICES	\$617,356	\$8,883,105	6.95%	\$-94,874	\$929,695	\$9,282,689	10.02%	\$312,339	\$1,575,268	\$10,011,840	15.73%	\$645,573
27 - CANNABIS COMPLIANCE BOARD	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0	\$142,142	\$1,905,058	7.46%	\$142,142
30 - DEPARTMENT OF EDUCATION	\$179,486	\$8,152,941	2.20%	\$19,905	\$64,495	\$8,337,087	0.77%	\$-114,991	\$94,839	\$8,628,300	1.10%	\$30,343
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$17,550	\$881,852	1.99%	\$16,024	\$35,773	\$1,016,791	3.52%	\$18,223	\$31,126	\$1,144,619	2.72%	\$-4,647
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$9,161,417	\$226,815,448	4.04%	\$553,159	\$8,328,413	\$236,776,726	3.52%	\$-833,004	\$14,664,427	\$238,773,479	6.14%	\$6,336,014
43 - ADJUTANT GENERAL	\$222,213	\$3,825,093	5.81%	\$52,748	\$181,756	\$3,869,610	4.70%	\$-40,457	\$220,608	\$4,188,795	5.27%	\$38,852
44 - DEPARTMENT OF CORRECTIONS	\$9,080,199	\$114,950,509	7.90%	\$-4,259,087	\$11,557,954	\$122,533,486	9.43%	\$2,477,755	\$17,255,096	\$125,128,534	13.79%	\$5,697,142
50 - COMMISSION ON MINERAL RESOURCES	\$21,187	\$592,934	3.57%	\$-5,677	\$22,376	\$644,660	3.47%	\$1,188	\$7,513	\$592,996	1.27%	\$-14,862
55 - DEPARTMENT OF AGRICULTURE	\$69,554	\$5,517,852	1.26%	\$12,687	\$60,466	\$5,944,803	1.02%	\$-9,088	\$46,275	\$6,057,824	0.76%	\$-14,191
58 - PUBLIC UTILITIES COMMISSION	\$0	\$5,911,031	0.00%	\$0	\$0	\$6,108,193	0.00%	\$0	\$0	\$5,826,986	0.00%	\$0
61 - GAMING CONTROL BOARD	\$481,479	\$19,091,953	2.52%	\$23,935	\$522,249	\$19,701,494	2.65%	\$40,770	\$229,393	\$18,581,230	1.23%	\$-292,856
65 - DEPARTMENT OF PUBLIC SAFETY	\$5,955,916	\$67,111,328	8.87%	\$431,304	\$6,587,835	\$69,335,102	9.50%	\$631,919	\$6,099,539	\$67,252,617	9.07%	\$-488,296
69 - COLORADO RIVER COMMISSION	\$12,843	\$2,176,344	0.59%	\$7,436	\$5,201	\$2,258,490	0.23%	\$-7,643	\$4,385	\$2,137,324	0.21%	\$-816
70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$2,629,279	\$33,499,291	7.85%	\$-44,246	\$1,790,474	\$33,892,937	5.28%	\$-838,805	\$1,795,283	\$33,702,648	5.33%	\$4,809
72 - DEPARTMENT OF WILDLIFE	\$215,979	\$11,311,752	1.91%	\$-4,142	\$257,278	\$11,788,068	2.18%	\$41,299	\$217,756	\$11,037,417	1.97%	\$-39,522
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$146,052	\$27,251,239	0.54%	\$-27,972	\$107,811	\$27,502,338	0.39%	\$-38,241	\$308,307	\$26,749,585	1.15%	\$200,496
80 - DEPARTMENT OF TRANSPORTATION	\$4,671,812	\$79,178,974	5.90%	\$699,664	\$4,051,333	\$82,334,456	4.92%	\$-620,479	\$3,093,059	\$78,644,213	3.93%	\$-958,275
81 - DEPARTMENT OF MOTOR VEHICLES	\$553,219	\$40,752,501	1.36%	\$84,689	\$805,815	\$42,795,049	1.88%	\$252,596	\$687,646	\$41,040,207	1.68%	\$-118,168
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$428,491	\$32,800,417	1.31%	\$71,081	\$596,558	\$33,358,758	1.79%	\$168,067	\$3,444,188	\$38,820,159	8.87%	\$2,847,630
95 - EMPLOYEES' BENEFITS DIVISION	\$742	\$1,375,136	0.05%	\$742	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0
95 - PUBLIC EMPLOYEES BENEFITS PROGRAM	\$0	\$0	0.00%	\$0	\$329	\$1,311,369	0.03%	\$-413	\$0	\$1,247,922	0.00%	\$-329
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$0	\$688,929	0.00%	\$0	\$982	\$882,442	0.11%	\$982	\$10,488	\$1,014,273	1.03%	\$9,506
Total	\$35,567,823	795,352,104.23	4.47%	\$-2,096,686	\$36,793,886	826,842,204.22	4.45%	\$1,226,063	\$51,078,968	828,693,862.43	6.16%	\$14,285,081