

Governor Steve Sisolak  
*Chairman*

Susan Brown  
*Clerk of the Board*



Attorney General Aaron D. Ford  
*Member*

Secretary of State Barbara K. Cegavske  
*Member*

## STATE OF NEVADA BOARD OF EXAMINERS

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

### PUBLIC MEETING NOTICE AND AGENDA

- Date and Time:** August 10, 2021, 10:00 AM
- Location:** Old Assembly Chambers of the Capitol Building  
101 North Carson Street  
Carson City, Nevada 89701
- Video Conference Location:** Grant Sawyer Building  
555 East Washington Avenue, Suite 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 July 13, 2021 Meeting Minutes** (For possible action)

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

Pursuant to NRS 333.705, subsection 4, the Department of Health and Human Services, Division of Child and Family Services seeks a favorable recommendation regarding the department's determination to use the emergency provision to contract with former employee David Blake through Master Service Agreement #23211 Reliable Health Care Services of Southern Nevada, Inc., to enable the agency to meet the higher staffing ratio required to adequately serve a recently admitted youth that requires a higher level of care.

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

**A. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, the Nevada Department of Transportation requests authority to contract with former employee Donald Gillespie, now employed by HDR, Inc., who is proposing to utilize Mr. Gillespie to fill a roadway construction inspector position in the Full Administration of District II Betterment projects.

**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 Lance Hussey to perform uniformed security guard duties for various agencies through Master Service Agreement #19049 with Universal Protection Service LLP, dba Allied Universal Security.

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

**A. Department of Conservation and Natural Resources – Division of Water Resources**

Pursuant to NRS 532.230, the Division requests a recommendation to the Interim Finance Committee for \$250,000 from the Contingency Account to replenish the Channel Clearance budget account.

**B. Nevada State Controller’s Office**

Pursuant to NRS 353.268, the Controller’s Office requests a recommendation to the Interim Finance Committee for \$51,680 from the Contingency Account to fund a contractor to help reconcile bank statements resulting from the Department of Taxation refunds.

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

Pursuant to NRS 41.950 and NRS 41.970, the Governor’s Finance Office requests the Board of Examiners to approve a payment of \$1,980,900 from the Statutory Contingency Account to Frank LaPena representing compensation for his wrongful conviction.

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

The 2019 Nevada Legislature, through Assembly Bill 542, section 3, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State’s respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor’s Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

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

	<b>BUDGET ACCOUNT NAME</b>	<b>GENERAL FUND ADJUSTMENT</b>
<b>Department of Agriculture</b>		
4540	Plant Health & Quarantine Services	\$2,121
4557	Livestock Enforcement	\$5,396
	Total	\$7,517

	<b>BUDGET ACCOUNT NAME</b>	<b>GENERAL FUND ADJUSTMENT</b>
<b>Nevada System of Higher Education</b>		
2980	University of Nevada, Reno	\$3,149,393
2982	University of Nevada, Reno - School of Medicine	\$487,396
2983	University of Nevada, Reno - Intercollegiate Athletics	\$25,329
2985	University of Nevada, Reno - Statewide Programs	\$81,308
2987	University of Nevada, Las Vegas	\$2,470,225
2989	University of Nevada, Reno - Agricultural Experiment Station	\$79,159
2990	Cooperative Extension Service	\$89,220
2992	University of Nevada, Las Vegas - Law School	\$208,548
2994	Great Basin College	\$272,588
3001	University of Nevada, Las Vegas - Statewide Programs	\$29,770
3002	University of Nevada, Las Vegas - Dental School	\$292,959
3003	Business Center North	\$33,841
3004	Business Center South	\$29,568
3005	Nevada State College at Henderson	\$275,800
3010	Desert Research Institute	\$110,896
3011	College of Southern Nevada	\$1,504,915
3012	Western Nevada College	\$239,077
3014	University of Nevada, Las Vegas - School of Medicine	\$403,275
3018	Truckee Meadows Community College	\$631,471
3221	Laboratory and Research	\$26,952
	<b>Total</b>	<b>\$10,441,690</b>

9. [Approval of Proposed Leases](#) (For possible action)
10. [Approval of Proposed Contracts](#) (For possible action)
11. [Approval of Proposed Work Plan](#) (For possible action)
12. [Approval of Proposed Master Service Agreements](#) (For possible action)

### **13. Information Item – Clerk of the Board Contracts**

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$50,000. Per direction from the August 13, 2013 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$49,999). Attached is a list of all applicable approvals for contracts and amendments approved from June 22, 2021 through July 20, 2021.

### **14. Information Item Reports**

#### **A. Governor’s Finance Office – Stale Claims Account, Emergency Account, Statutory Contingency Account and General Fund Balance**

Pursuant to NRS Chapter 353, the Governor’s Finance Office, Budget Division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of July 19, 2021.

Tort Claim Fund	\$ 3,925,713.49
Statutory Contingency Account	\$ 14,306,039.96
Stale Claims Account	\$ 3,636,590.73
Emergency Account	\$ 354,763.00
Disaster Relief Account	\$ 5,958,510.95
IFC Unrestricted Contingency Fund General Fund	\$ 24,257,367.35
IFC Unrestricted Contingency Highway Fund	\$ 1,638,068.35
IFC Restricted Contingency Fund General Fund	\$ 16,674,723.00
IFC Restricted Contingency Highway Fund	\$ 2,921,846.00

#### **B. Department of Motor Vehicles – Complete Streets**

Pursuant to NRS 482.1825, subsection 2, the Department of Motor Vehicles shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents and that the money has been distributed as provided in statute. This is the 4th quarter of State Fiscal Year 2021 report for the period beginning April 1, 2021 and ending June 30, 2021.

**15. 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.)

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

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

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### MEETING MINUTES

**Date and Time:** July 13, 2021, 10:00 AM

**Location:** Old Assembly Chambers of the Capitol Building  
101 North Carson Street  
Carson City, Nevada 89701

**Video Conference Location:** Grant Sawyer Building  
555 East Washington Avenue, Suite 5100  
Las Vegas, Nevada 89101

#### **MEMBERS PRESENT:**

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

#### **STAFF PRESENT:**

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

#### **OTHERS PRESENT:**

Andrew Clinger, Nevada System of Higher Education, Chief Financial Officer

### 1. Call to Order / Roll Call

**Governor:** I would like to call to order today's meeting for July 13th, 2021 of the State Nevada Board of Examiners. Could I ask the Clerk to take the roll, please?

**Board Secretary:** Governor Sisolak?

**Governor:** Here.

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

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

**Board Secretary:** Attorney General Ford?

**Attorney General:** Here.

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

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

**Governor:** Thank you. Moving on to item number two, *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 any public comment in Southern Nevada?

**Attorney General:** No.

**Governor:** Do we have any public comment up north?

**Board Secretary:** No.

**Governor:** Are there any phone calls?

**Board Secretary:** No.

**Governor:** Thank you. I'll close public comment.

**3. Approval of the May 19, 2021, May 25, 2021 and June 8, 2021 Meeting Minutes** (For possible action)

**Governor:** I'll move on to item number three, *Approval of the May 19, 2021, May 25, 2021 and June 8, 2021 Meeting Minutes*.

**Attorney General:** I move approval.

**Governor:** We have a motion for approval on all three sets of minutes. Is there any discussion on the motion? Hearing and seeing none. All in favor signify by saying aye. The motion passes.



**4. State Vehicle Purchases/Leases** (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.

**State Vehicle Purchases**

<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT TO EXCEED:</b>
Board for the Regulation of Liquefied Petroleum Gas	1	\$20,000
<b>Total</b>	<b>1</b>	<b>\$20,000</b>
<b>State Vehicle Leases</b>		
<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT TO EXCEED:</b>
Department of Public Safety – Highway Patrol – Highway Safety Grant Account	5	\$68,357
<b>Total</b>	<b>5</b>	<b>\$68,357</b>

**Governor:** Moving on to Agenda Item 4, *State Vehicle Purchases and Leases*.

**Clerk of the Board:** Good morning. There are two requests for vehicles in this agenda item. The first request is from the Board for the Regulation of Liquefied Petroleum Gas to purchase one replacement vehicle for \$20,000. The vehicle that is being replaced meets the age requirements in the State Administrative Manual and the Liquid Petroleum Gas Board is self-funded.

The second request is from the Motor Carrier Safety Assistance Program to lease five vehicles at a cost of \$68,357 per year. The term of the lease is three years and there is a mileage requirement on these vehicles.

Are there any questions on these items?

**Attorney General:** I do have one.

**Governor:** We have a question from General Ford.

**Attorney General:** Just curious about the Highway Patrol vehicle that's going to be used by commercial vehicle inspectors. I understand it's going to be a lease from the Carson City Toyota. My only concern is whether the state using this might exceed the yearly mileage allocations of the lease, which I believe could involve additional costs to the state. I wonder if anybody could speak to that.

**Clerk of the Board:** Yes, the current lease is expired so, they've returned those vehicles and it is my understanding that none of those vehicles have met that mileage requirement.

**Attorney General:** We have precedent that we should be able to stay under the mileage limitations – is what I'm hearing you say?

**Clerk of the Board:** That is correct.

**Attorney General:** Very good. I have no further questions.

**Governor:** Thank you.

Obviously, we've run an analysis on leasing versus purchasing vehicles, correct?

**Clerk of the Board:** We are looking into that for this agency. The preference would be for them to purchase the vehicles or to lease from the Fleet Services Division. Fleet Services Division, at this time, does not have vehicles available for long-term lease and would have to purchase those vehicles. Due to the funding source, if the agency were to purchase these, there would be additional steps that would take several months to go through the process, is my understanding.

**Governor:** Alright, do I have a motion on Agenda Item 4 for the two agencies' purchase and leases of vehicles.

**Attorney General:** I move approval.

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

## **5. Request to Pay a Cash Settlement** (For possible action)

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

### **Department of Transportation**

The Department requests settlement approval in the total amount of \$18,500,000 to fully and finally settle a matter that began with a complaint in inverse condemnation filed by First Presbyterian Church of Las Vegas, dba Grace Presbyterian in the Eighth Judicial district Court on July 17, 2018 and which was set to go to a jury trial on May 24, 2021 had the matter not been settled.

**Governor:** Agenda Item 5, *Request to Pay a Cash Settlement*.

**Clerk of the Board:** Item number five is a request from the Department of Transportation for approval of a settlement agreement between First Presbyterian Church of Las Vegas, Nevada doing business as Grace Presbyterian Church and the State of Nevada in the amount of \$18.5 million. This cost would be paid from the Highway Fund and reimbursement will be sought from the Federal Highway Administration. There are representatives from the Department of Transportation here today to answer any questions.

**Governor:** I appreciate it, Director Brown. You gave me a great briefing on this one, so I'm fully aware of this one and think it's in our best interest so, I don't have any questions.

**Secretary of State:** I have a statement, Governor. I'd like to make a disclosure. While I personally don't have an interest in the matter under consideration in Agenda Item 5, I must disclose that one of my staff is a member of the Grace Lutheran Church and sits on their board of directors. I do not feel I can be impartial in this vote and therefore, will abstain from this vote. Thank you.

**Governor:** Thank you very much for that disclosure. Any questions, General Ford?

**Attorney General:** I just want to get clarification, if I could? Secretary Cegavske, you mentioned Grace Lutheran. I just want to be certain that you knew this was Grace Presbyterian. Does your conflict still apply?

**Secretary of State:** Yes, it does. If I gave the wrong name on my disclosure, I apologize for that.

**Attorney General:** Very good.

I move approval.

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

Aye.

**Attorney General:** Aye.

**Governor:** All abstaining?

**Secretary of State:** Abstain.

**Governor:** Secretary Cegavske abstained. The motion passes.

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

The 2019 Legislature, through Assembly Bill 542, Section 3, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State’s respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor’s Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

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

	<b>BUDGET ACCOUNT NAME</b>	<b>GENERAL FUND ADJUSTMENT</b>
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2983	Intercollegiate Athletics UNR	\$25,329
2985	Statewide Programs – UNR	\$81,308
2987	University of Nevada Las Vegas	\$2,470,225
2989	Agricultural Experiment Station	\$79,159
2990	Cooperative Extension Service	\$89,220
2992	UNLV Law School	\$208,548
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3003	Business Center North	\$33,841
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3014	UNLV School of Medicine	\$403,275
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3221	Laboratory and Research	\$26,952
	<b>Total</b>	<b>\$10,441,690</b>

**Governor:** Agenda Item 6, *Requests for the Allocation and Disbursement of Funds for Salary Adjustments.*

**Clerk of the Board:** Sections 4, 5, 6, and 7 of Assembly Bill 542 from the 2019 Legislative Session appropriated Salary Adjustment Funds to the Board of Examiners to cover a 3% cost-of-living adjustment (COLA) that was effective July 1st of 2019. These funds were not included in agency budgets. An agency whose actual salaries exceed their budgeted amount due to these COLAs is allowed to request salary adjustment dollars from the Board of Examiners. This item requests access to these funds by the various institutions and accounts within the Nevada System of Higher Education (NSHE) in the amount of \$10,441,690 in General Funds. The balance in the General Fund Salary Adjustment account, if these requests are approved, would be approximately \$20.3 million, and representatives from NSHE are available to answer any questions.

**Governor:** We do have some questions on this one. How is it that University of Nevada, Reno (UNR) is \$700,000 higher than University of Nevada, Las Vegas (UNLV) when it's smaller? Is it because the salaries are higher because the faculty are more seasoned? Also, why is College of Southern Nevada the lowest when it's, by far, the biggest school?

**Andrew Clinger:** Good morning, Governor. To answer your question, the methodology that's used for each of these is the same and essentially it depends on the vacancies that they may have at each of the institutions. I'm assuming that UNLV had more vacancies and thus, could justify less of the dollars because we look at what the total budgeted payroll was. We compare that to what their actual payroll was, then that's adjusted for vacancies, as well as the state share of funding.

**Governor:** I can appreciate that but if the difference in the adjustment is \$700,000, how much vacancy could they possibly have that it is that high? Do I have the Chancellor or President Whitfield on the phone?

**Andrew Clinger:** No, Governor, I think it's just me today. To maybe give you a run-through, the legislatively approved budget for payroll for UNLV was \$237 million. Then, \$19.5 million came off for budget reductions; \$2.8 million came off for furloughs; and a little over a million came off for the Public Employees Benefits Program (PEBP) premium holiday; and then, as you look at the projected payroll, the total salary adjustment eligible after making those adjustments was \$213 million. Then, excluded costs, which would be items that were not eligible, brought that down. So, the eligible personnel costs were \$218 million and the projections or the actuals, came in at \$123.9 million. I know that's a lot of numbers and I apologize. I think the simple answer is the number of vacancies at each of the institutions varies. The methodology is exactly the same for each of the institutions and certainly, your staff does a great job of going through and verifying the numbers.

**Governor:** Okay, Mr. Clinger, I appreciate it but I spent 10 years at that System so, I understand how they try to work things sometimes. Give me the side-by-side comparison of UNR to UNLV and explain to me the \$700,000 difference, please? What is the eligible salary at UNLV versus UNR?

**Andrew Clinger:** The eligible number for UNR at the 64% is \$3.1 million and their request is \$3.1 million. For UNLV, their total eligible amount is \$4.1 and their request is \$2.4 million or the justified request.

**Governor:** There is a difference between 'justified' and 'eligible' because I've never seen one of the institutions be eligible for \$4.1 and only request \$2.4.

**Andrew Clinger:** I appreciate the question, Governor and UNLV would certainly love to have all of the Salary Adjustment Funds but based on the methodology, it just didn't amount to that.

**Governor:** Is there time sensitivity to this item?

**Clerk of the Board:** The time sensitivity would be in closing the budgets for the fiscal year. If this were not approved today, we would have an opportunity to bring it back to the August meeting and that would give us sufficient time to close out the fiscal year.

**Andrew Clinger:** Governor, I would be happy to come back in August and I can give you a more detailed answer to your question.

**Governor:** I'm going to hold this for the next meeting because I have a concern that I want the money to follow the students and I don't know if that's happening here. There's a reporting variance between the institutions. They should be eligible for the same per-student amount of money, depending on the faculty salaries. Now, are the salaries that much higher at UNR?

**Andrew Clinger:** No and I don't know without doing a more detailed analysis that it's the level of the salaries. Again, I think it has more to do with the vacancies but certainly would appreciate the opportunity to go back and review it and give you better answers to your questions.

**Governor:** Unless there's an objection by one of the Members, I'm going to bring this item back to the next meeting. Secretary, are you alright with that?

**Secretary of State:** I am, Governor.

**Governor:** Thank you very much. I appreciate it. We'll bring that back, Mr. Clinger and I'd like a simple explanation on this without your throwing all of those numbers in there and complicating it. I want to know why UNLV, UNR, and CSN don't seem to align with the student ratios.

**Andrew Clinger:** Will do, Governor.

**Governor:** Thank you very much. I appreciate it.

## **7. Approval of Proposed Leases** (For possible action)

**Governor:** Moving on to Agenda Item 7, *Approval of Proposed Leases*.

**Clerk of the Board:** There are 6 leases under Agenda Item 7 today for approval by the Board. Are there any questions on any of these items?

**Governor:** I do not have any questions. Does anybody have any questions?

**Attorney General:** I don't.

**Governor:** Secretary?

**Secretary of State:** I don't have any but I would like to, again, thank your staff for answering our questions and giving us information in talking with my staff. So, again, they're doing a great job. Thank you.

**Governor:** They are and I appreciate that, thank you. Do we have a motion on item number seven?

**Attorney General:** Move for approval.

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

## **8. Approval of Proposed Contracts** (For possible action)

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

**Clerk of the Board:** There are 59 contracts in Agenda Item 8 today for approval by the Board. Are there any questions on any of these items?

**Governor:** I do not have any questions on the contract summary. Secretary Cegavske, do you have any?

**Secretary of State:** I have none, Governor.

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

**Attorney General:** Move approval.

**Governor:** We have a motion for approval on Agenda Item 8, *Approval of Proposed Contracts*. Is there any discussion? Hearing and seeing none. All in favor signify by saying aye. Is anybody opposed? The motion passes.

## **9. Approval of Work Plan** (For possible action)

**Governor:** Agenda Item 9, *Approval of Work Plan*.

**Clerk of the Board:** There is one work plan under this item for approval by the Board this morning. Are there any questions on this item?

**Governor:** I do not have any questions on this and I want to echo what Secretary Cegavske said, that I really appreciate your taking the time to work with us ahead of time on our questions so that we can facilitate these and get through a lot quicker. So, thank you for that. Do we have any questions on the work plan?

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

**Governor:** We have a motion for approval. Is there any discussion? All in favor signify by saying aye. The motion passes.

## **10. Approval of Proposed Master Service Agreements** (For possible action)

**Governor:** Item number 10, *Approval of Proposed Master Service Agreements*.

**Clerk of the Board:** There are 7 master service agreements under Agenda Item 10 for approval by the Board. Are there any questions on these items?

**Governor:** I do not have any questions on this again. I'm just going to ask for clarification in case somebody asks. Item 6, Thrive Wellness of Reno, that has nothing to do with the cannabis dispensary, does it?

**Clerk of the Board:** Thrive Wellness of Reno is for ongoing mental health services. This is for behavioral and community-based health services.

**Governor:** Kyle just brought up information on it and my concern is satisfied.

**Secretary of State:** That would have been a red flag for me.

I did want to make a comment on seven.

**Governor:** Go ahead on seven.

**Secretary of State:** I would just like to thank Department of Public Safety, Capitol Police. I talked to my criminal investigators about what they went through and what's been going on over the last few years and have a better understanding of that amount of money that was allocated and that they didn't realize the increases. I understand and I will approve these master service agreements. I just wanted to thank the Capitol Police for all they've done, the training, all that they put themselves through here in Nevada. Thank you, Governor.



**Governor:** Do I have a motion for approval on item number 10?

**Attorney General:** So moved.

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

## **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 May 18, 2021 through June 21, 2021.

**Governor:** *Information item – Clerk of the Board Contracts.*

**Clerk of the Board:** There are 75 contracts under the \$50,000 threshold that were approved by the Clerk of the Board between May 18th, 2021 and June 21st, 2021. I would note that contract number 74 says that it is with the Board of Examiners, Statutory Contingency Account. That is incorrect and that contract is, in fact, with the Attorney General's Office and it is between the Attorney General's Office and Weinberg Wheeler Hudgins Dunn and Dial, LLC. I just wanted to put that on the record. Are there any questions?

**Governor:** Do we have any questions? No, we do not.

That completes Agenda Items 1 - 11.

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

**Governor:** Moving on to Agenda Item 12, *Public Comment*. This is the second time set aside for public comment. Anyone wishing to address the Board on any item, please step forward, identify yourself for the record, and comments will be limited to three minutes. Do we have anybody in Las Vegas for public comment?

**Attorney General:** None.

**Governor:** Anybody in Carson City for public comment?

**Clerk of the Board:** Not seeing anyone in the room.

**Governor:** Do we have anybody on the phone? None. Hearing and seeing none.

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

**Governor:** 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, Suite 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: July 19, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: David Lenzner, Executive Branch Budget Officer   
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF CHILD AND  
FAMILY SERVICES**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 4, the Department of Health and Human Services, Division of Child and Family Services (DCFS) seeks a favorable recommendation regarding the Department's determination to use the emergency provision to contract with former employee David Blake through Master Service Agreement #23211 Reliable Health Care Services of Southern Nevada, Inc., to enable the agency to meet the higher staffing ratio required to adequately serve a recently admitted youth that requires a higher level of care

Additional Information:

Mr. Blake retired from the Department of Health and Human Services, Division of Child and Family Services (DCFS) as a Mental Health Technician 3 on March 15, 2021 and is currently receiving PERS benefits. Mr. Blake is currently working for Reliable Health Care Services of Southern Nevada, Inc; this former employee is being hired due to his specialized knowledge of the policies and procedures and overall functioning of the daily operations of the Desert Willow Treatment Center. In addition of enabling the agency to adequately serve a youth who requires a higher level of care, Mr. Blake will train staff of a forensic unit on how to work with the population to meet the required standards for The Joint Commission and licensing. The emergency contract is effective from July 09, 2021

through November 09, 2021.

Statutory Authority:

NRS 333.705 (4)

REVIEWED: 7/19/21

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

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**  
Division of Child and Family Services  
*Helping people. It's who we are and what we do.*



Ross Armstrong  
Administrator

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MEMORANDUM

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**To:** David Lenzner, Executive Branch Budget Officer I

**Through:** Richard Whitley, Director, DHHS

**From:** Katrina Nielsen, Administrative Services Officer 4, Division of Child and Family Services  
*Katrina Nielsen*

**Subject:** BOE Notification of an Emergency Situation Necessitating a Contract with a Former Employee

**Date:** July 9, 2021

This Division requests your favorable approval for an emergency contract with Reliable Temporary Services to temporarily employ a former state employee, David Blake, who retired from the Division of Child and Family Services on March 15, 2021 as a Mental Health Technician 3. The emergency contract is effective from July 9, 2021 through November 9, 2021. The Division intends to submit a follow up BOE Request for Authorization to continue contracting with Mr. Blake beyond the emergency period.

This emergency contract was necessary due to the admittance of an acute youth requiring a higher level of care. Contracting with Mr. Blake will enable the agency to meet the higher staffing ratio to adequately serve the more intensive needs of this youth.

Mr. Blake has been hired because of his specialized knowledge of the policies and procedures and overall functioning of the daily operations of the Desert Willow Treatment Center (DWTC). The DWTC is tasked with implementing evidenced based programming to meet the needs of patients referred by the Juvenile Justice System. His specialized knowledge of working on a forensic unit will aid in training the staff on how to work with this population, which will meet the required standards for The Joint Commission and licensing. This position will create the training curriculum, train staff on paperwork required to help patients move through each phase of the curriculum. The consequences of not filling this position could result in the hospital being out of compliance with The Joint Commission as it relates to educating and providing training to increase staff daily use of evidenced based interventions.

Thank you for your consideration.



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

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

**Authorization to Contract with a Former Employee**

<b>Employee Information</b>				
<b>Former Employee Name:</b>	David Blake			
<b>Former Employee ID Number:</b>	04447			
<b>Former Job Title:</b>	Mental Health Technician 3			
<b>Former Employee Agency:</b>	SNCAS/Desert Willow Treatment Center			
<b>Former Class and Grade:</b>	<b>Class:</b>	10.346	<b>Grade:</b>	27
<b>Former Employment Dates:</b>	<b>From:</b>	03/26/1990	<b>To:</b>	03/15/2021
<b>Requesting Agency:</b>	Division of Child and Family Services			
<b>Vendor:</b>	Reliable			

<b>Please mark which of the following applies and complete Sections 'A' through 'M' below:</b>	
<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<p><b>Summarize scope of contract work.</b></p> <p>This position will be responsible for training new and current employees in evidenced based practices specifically developed to work with youth involved in the juvenile justice system. Training will focus on implementing person centered treatment planning required by The Joint Commission (TJC), enhancements to the Positive Behavior Interventions and Support (PBIS) evidenced based programming by implementing logical behavioral specific interventions to the level system. This position will also be responsible for making recommendations regarding treatment planning, assists in the development of treatment plans to develop long and short-term goals, implements patient monitoring plans, makes observations regarding the behavior of patients and effectiveness of planned program activities and makes recommendation for change, monitor patients precisely and thoroughly at designated intervals, management of unmanageable and violent patients and provide training on appropriate seclusion/restraint procedures, provide training on skills and knowledge on monitoring suicidal/homicidal, and potential runaway plotting by patients from the juvenile justice system. This position will monitor ongoing child/family interventions, work with University of Nevada Reno, Positive Behavior Interventions and Supports (PBIS) consultant to collect current pre-implementation data of behavioral programming, data at implementation and aggregate quarterly. Findings from data collection will allow for enhancements in patient delivery of services and better outcomes in treatment interventions. Ongoing training for current staff and new hires will allow for an identified trainer of trainers to sustain new treatment interventions over time as this will maximize knowledge base within the hospital.</p>

B	<p><b>Document former job description.</b></p> <p>Mental Health Technicians (MHT) supplement the work of mental health professionals, health specialists, and nursing staff including participation in the formulation and implementation of treatment plans for clients in a mental health facility. Employees work in environments such as psychiatric hospitals, treatment centers, psychological evaluation service units, sexual offender units, rural clinics, and related treatment areas where they may be exposed to verbal and physical assault by clients. Assist in observing client behavior on an ongoing basis to monitor the effectiveness of treatment plans; assist in documenting progress in client charts; and assist in reporting significant behavioral and/or medical problems to the interdisciplinary team leader, nurses, or other professional clinical staff. Participate in interdisciplinary team meetings as assigned; discuss client behavior and provide input and recommendations on changes to the treatment plan in order to optimize client care.</p>
C	<p><b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b></p> <p>Yes, the employee is being hired because of his specialized knowledge of the policies and procedures and overall functioning of the daily operations of Desert Willow Treatment Center (DWTC). DWTC is tasked with implementing evidenced based programming to meet the needs of patients referred by the juvenile justice system. His specialized knowledge of working on a forensic unit will train the staff on how to work with this population which will meet the required standards for The Joint Commission and licensing. This position will create the training curriculum, train staff on paperwork required to help patients move through each phase of the curriculum.</p>
D	<p><b>Explain why existing State employees within your agency cannot perform this function.</b></p> <p>Current state employees do not have the specialized training required to implement this curriculum. We have several vacant positions causing workloads of current staff to be overloaded.</p>
E	<p><b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b></p> <p>No, the CPMII will oversee this contract and is not related to the person receiving the contract.</p>
F	<p><b>List contractors' hourly rate.</b></p> <p>\$25.67</p>
G	<p><b>List the range of comparable State employee rates.</b></p> <p>This is comparable to the Mental Health Technician III (10.346)</p>
H	<p><b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b></p> <p>N/A-this rate does not exceed the maximum employee/employer rate for comparable state position.</p>
I	<p><b>Document justification for hiring contractor.</b></p> <p>Legislative session downsized DWTC and several MHT positions were lost. In addition, there are several vacant positions at the hospital and the hospital must continue daily operations to remain in compliance and provide evidenced based programming for this specialized population. The hospital needs immediate staffing and support in order to meet the needs of patients and train new and current staff.</p>
J	<p><b>Will the employee be collecting PERS at any time during the contract?</b></p> <p>Yes</p>
K	<p><b>What is the duration of the contract with the former employee? (Include start and end date)</b></p> <p>July 9, 2021 – November 9, 2021</p>

L	Will the former employee be working full time or part time? If part time, how many hours?
	Up to 40 hours per week.
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No.

Comments – Provide any additional comments:

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

Mandi Sade 7/9/21  
 Signature of Agency Head Authorizing Request Date

Kevin D. Doty 7/9/21  
 Purchasing Administrator Signature (if a Statewide Contract) Date

Janice 7/19/21  
 Budget Analyst Signature Date

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





**DIVISION OF CHILD AND FAMILY SERVICES**



**Temporary Employment Requisition**

Please allow a minimum of 2-3 weeks processing

**TYPE OF REQUEST:**  New  Renewal  Rate Increase

**PLEASE INDICATE:** Healthcare Related:  Reliable

Clerical/Fiscal position:  Manpower  
 Marathon  
 Acro

Date: 7/1/2021

Authorization for the temp to work and/or be paid will be terminated if the contract is not extended prior to the expiration date. If you do not receive a notice to extend the contract by one week prior to expiration, please contact DCF5 HR at 775-684-2754 immediately.

**A. SUPERVISOR/ MANAGER TO COMPLETE:**

1. Work needed/impacted area:	Desert Willow Treatment Center Acute & Residential Units
2. Hours/days needed:	8am-5pm M-F
3. Work location/ address:	Desert Willow Treatment Center 6171 Charleston Blvd. Bldg. #17 Las Vegas, Nv 89146
4. Bill to Address:	ap@dcfs.nv.gov; Wendy Brown, 1350 S. Jones Blvd, Ste 230, Las Vegas, NV 89146
5. Point of contact (Supervisor):	Jacqueline Wade, PhD., LCSW
6. Phone #:	702-486-8911
7. Contractor Title:	Mental Health Technician 3, 10.346 (Children's Mental Health Support Technician 3)
8. Start Date Needed:	7/9/2021
9. Anticipated End Date, if unknown give estimated duration of assignment:	11/9/2021
10. Budget/Program	3646/Desert Willow Treatment Center

11. Aware of an individual who would meet the objectives of this position.  YES (include resume)  NO

12. Did DCFS recruit the position?  YES  NO

13. Proposed Employee Name:	David Blake
14. Former State Employee? If so, date separated:	Yes, 3/15/2021
15. Address:	2331 Roan Road, Henderson, Nv 89002
16. Phone:	702-497-2751
17. Email:	Dewthedo30@yahoo.com

18. This position is critical to:  Public Safety  Client Care  Essential Service

19. List all prior period of temporary employment with this person and job title:

Start Date:	N/A	End Date:	N/A	Title:	N/A
Start Date:		End Date:		Title:	
Start Date:		End Date:		Title:	
Start Date:		End Date:		Title:	

Start Date:	End Date:	Title:
Start Date:	End Date:	Title:

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

N/A
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21. Reason for Urgency to fill and /or consequences of not filling this position:

The employee is being hired because of his specialized knowledge of the policies and procedures and overall functioning of the daily operations of Desert Willow Treatment Center (DWTC). DWTC is tasked with implementing evidenced based programming to meet the needs of patients referred by the juvenile justice system. His specialized knowledge of working on a forensic unit will train the staff on how to work with this population which will meet the required standards for The Joint Commission and licensing. This position will create the training curriculum, train staff on paperwork required to help patients move through each phase of the curriculum. The consequences of not filling this position could result in the hospital being out of compliance with The Joint Commission as it relates to educating and providing training to increase staff daily use of evidenced based interventions.

22. Specify what duties this position will be performing and what deliverables are expected at the end of the employment period, (i.e. grant submission, report filed, ongoing child/family services, etc.):

This position will be responsible for training new and current employees in evidenced based practices specifically developed to work with youth involved in the juvenile justice system. Training will focus on implementing person centered treatment planning required by The Joint Commission (TJC), enhancements to the Positive Behavior Interventions and Support (PBIS) evidenced based programming by implementing logical behavioral specific interventions to the level system. This position will also be responsible for making recommendations regarding treatment planning, assists in the development of treatment plans to develop long and short-term goals, implements patient monitoring plans, makes observations regarding the behavior of patients and effectiveness of planned program activities and makes recommendation for change, monitor patients precisely and thoroughly at designated intervals, management of unmanageable and violent patients and provide training on appropriate seclusion/restraint procedures, provide training on skills and knowledge on monitoring suicidal/homicidal, and potential runaway plotting by patients from the juvenile justice system. This position will monitor ongoing child/family interventions, work with University of Nevada Reno, Positive Behavior Interventions and Supports (PBIS) consultant to collect current pre-implementation data of behavioral programming, data at implementation and aggregate quarterly. Findings from data collection will allow for enhancements in patient delivery of services and better outcomes in treatment interventions. Ongoing training for current staff and new hires will allow for an identified trainer of trainers to sustain new treatment interventions over time as this will maximize knowledge base within the hospital.

23. If the assignment is anticipated to be longer than 6 months, please explain why:

This assignment will be longer than 6 months to provide ongoing training to new hires and to ensure that the curriculum is being implemented to fidelity which will maintain regulatory standards. This position will monitor ongoing child/family interventions, work with University of Nevada Reno, Positive Behavior Interventions and Supports (PBIS) consultant to collect current pre-implementation data of behavioral programming, data at implementation and aggregate quarterly. Findings from data collection will allow for enhancements in patient delivery of services and better outcomes in treatment interventions. Ongoing training for current staff and new hires will allow for an identified trainer of trainers to sustain new treatment interventions over time as this will maximize knowledge base within the hospital.

24. If travel rate is different than normal rate, please fill out this section:

\*\* Hourly travel wage paid to employee: \$0

\*\*excluding per diem; per diem is paid at a flat rate, see SAM Manual Regarding submitting travel claims)

Travel bill rate to agency: \$25.67

25. Was this position approved in the Division's Budget as a contract position?  Yes  No

26. If yes, indicate the period of time approved for, if the contract is not replacing a vacant position, explain why a state position was not requested in the Division's Budget or reason requested position was not authorized:

Signature of Manager (not requestor): Jacques Date: 7/9/2021

**B. HUMAN RESOURCES TO COMPLETE:**

State of NV Job Title and Grade that most closely corresponds to the duties to be performed by this individual (Review other positions doing same work; consult with Division Personnel Officer):

1. Would this individual meet the minimum qualifications of the State of NV Job Class?  Yes  No (See attached Minimum Qualifications for classification above)  
a. If No, Please Explain:

2. State of NV Hourly Salary Range (employee/employer paid retirement) – Attach Calculator Print Out

GRADE	STEP 1	STEP 5	STEP 10
27	17.62	20.76	25.67

3. Is the individual approved at higher than a Step 5?  YES  NO

4. If the hourly salary is above a step 5, please explain the basis of the request:

Mr. Blake retired at Grade 27, Step 10 and we would like to compensate him at that rate for his level of experience. He will also be creating the training curriculum and training staff.

5. EXPECTED HOURS/WK: up to 40 Hourly wage paid to employee: \$ 25.67

6. Is the individual suggested a current employee of the State of Nevada?  YES  NO

7. Is the individual a former employee of the State of NV or retiree?  YES  NO

8. If yes, to any of the above two questions:

Agency	DCFS	Class Title	10.346	Mental Health Tech 3	Number of Hours/week	40
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9. Is the candidate related to or in a dating relationship with anyone in Department of Health and Human Services (refer to NAC 284.375)?  YES  NO

10. If yes, please provide the following information: (Use separate sheet of paper if needed.)

RELATIVE'S NAME	RELATIONSHIP	JOB TITLE	DIVISION

11. Does the individual currently work for a business that provides similar service?  YES  NO

12. If yes, explain why you are not contracting with the business entity.


13. Special Certifications, licensing, etc. required:  Yes  No; if yes, list and attach a copy:


14. Is a valid Driver's License Required:  Yes  No; if yes, attach a copy:

15. Is this contract replacing a vacant state position?  Yes  No

16. If yes, indicate the following:

Budget Account	Position Control #	Class Title

17. Date Position became vacant: \_\_\_\_\_

18. How did the position become vacant? \_\_\_\_\_

19. Indicate the status of filling the position? \_\_\_\_\_

Human Resources: Sherrin Vondrak Sherrin Vondrak Date: 6/7/21  
 PRINT NAME SIGNATURE

**C. FISCAL (ASO or designee for Budget Account responsible for paying)**

1. Proposed Rate for the Temporary Employee:	\$25.67	Bill Rate to the Agency:	\$ 31.68
2. Proposed Hours/FTE	40	Monthly Rate to the Agency:	\$ 5,647.49
3. Budget Account:	3646	Category:	08

4. Is there sufficient categorical authority for this action? Yes

5. If not, will there be a work program generated for this? \_\_\_\_\_, if so, when? \_\_\_\_\_

6. What is the funding source?

General Funds:	<u>48%</u>	Other Funding:	_____ %
Federal Funds:	<u>52%</u>	Other Funding:	_____ %
Fees:	_____ %	Total:	100 %

Fiscal Services: Patrick Rassier Patrick Rassier Date: 7/1/2021  
 PRINT NAME SIGNATURE

D. GMU Approval (if 100% Federal Funds): \_\_\_\_\_ PRINT NAME SIGNATURE Date: \_\_\_\_\_

E. ADMINISTRATOR

Department Director's signature not required

Administrator/Designee: \_\_\_\_\_  
SIGNATURE

Date: 7/1/21

Approved for Hire  Not Approved for Hire

F. DEPARTMENT DIRECTOR

MUST BE SIGNED BY THE DIRECTOR, ONLY IF THE FOLLOWING CIRCUMSTANCES EXIST (Please check all that apply):

Salary Requested  Current State Employee  Former State Employee (Last 12 Months)

Length of employment in Temp Capacity  Attached memo, if IFC approval is required

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

Director/Designee: \_\_\_\_\_  
SIGNATURE

Date: 7/1/2007

Approved for Hire  Not Approved for Hire

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: July 6, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Bridgette Mackey-Garrison, Executive Branch Budget Officer  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, likely belonging to Bridgette Mackey-Garrison.

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

**DEPARTMENT OF TRANSPORTATION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Nevada Department of Transportation (NDOT) requests authority to contract with former employee Donald Gillespie, now employed by HDR, Inc., who is proposing to utilize Mr. Gillespie to fill a Roadway construction Inspector position in the Full Administration of District II Betterment projects.

Additional Information:

Mr. Gillespie retired from the Department of Transportation as a Supervisor II within the Materials Division in the Certification Section on December 21, 2019. His specialized knowledge of the contractor operations and understanding the importance of making sure a contractor follows the NDOT construction specifications are needed to ensure the construction of the District II Betterment projects are accomplished in conformance with the plans, specifications, and all other contract documents.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: 
ACTION ITEM: _____



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

## **MEMORANDUM**

**June 16, 2021**

**To: State of Nevada Board of Examiners**  
**From: Kristina L. Swallow, Director**  
**Subject: Authorization to Contract with a Former Employee – Donald Gillespie**

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### **SUMMARY**

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Mr. Donald Gillespie. Mr. Gillespie retired from state service in December 2019. He is now employed by HDR, Inc., who is proposing to utilize Mr. Gillespie to fill an Inspector position in the Full Administration of District II Betterment projects on NDOT Agreement P539-19-040.

### **BACKGROUND**

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

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

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

### **RECOMMENDATION**

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

Steve Sisolak  
Governor



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

Deonne E. Contine  
Director

Kevin D. Doty  
Acting Administrator

RECEIVED

JUL 02 2021

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

**Authorization to Contract with a Former Employee**

**Employee Information**

**Former Employee Name:** Donald Gillespie  
**Former Employee ID Number:** 10098  
**Former Job Title:** Supervisor II  
**Former Employee Agency:** Nevada Department of Transportation  
**Former Class and Grade:** Grade 38, Step 10  
**Former Employment Dates:** July 23, 1996 through December 21, 2019  
**Contracting Agency:** HDR Incorporated, Engineering

**Please check which of the following applies:**

- X Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee. Please complete steps a-1 below.
- Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services. Please complete all steps a-1 below.
  - a. Summarize scope of contract work.**

Mr. Gillespie will be a roadway construction inspector on an NDOT Construction Contract.

**b. Document former job description.**

Supervisor II in NDOT Materials Division in the Certification Section. Mr. Gillespie prepared certifications for the Chief Materials Engineer that all NDOT construction projects were constructed according to the NDOT/FHWA requirements.

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

Yes, the former employee has specialized knowledge of the contractor operations and understands the importance of making sure a contractor follows the NDOT construction specifications. No, there is no clause in this contract to transfer knowledge to the contracting agency.

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

Manpower shortage due to the increasing size of the NDOT work program and the NDOT's inability to hire enough inspectors to complete their work.



- e. Document if the individual overseeing or establishing the contract is related to the contractor – if so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.**

N/A – no relationship exists.

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

\$35.00

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

\$15-\$25

- h. Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent. Additionally, has the contract term been limited as a result?**

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

- i. Document justification for hiring contractor.**

Limited quantity of staff available, familiarity with the problem that needs to be repaired, consultant has expertise that the state does not.

- j. Will the employee be collecting PERS at any time during the contract?**

Yes.

- k. What is the duration of the contract with the former employee? (include start and end date)**

1 1/2 years.

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

Part Time

**Comments:**

DocuSigned by:

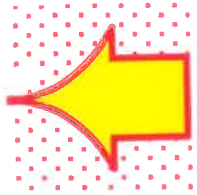
*Kristina Swallow*

**Contracting Agency Head's Signature and Date**

*Gidgette Harrison*

**Budget Analyst Signature and Date**

**Clerk of the Board of Examiners Signature and Date**



Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director

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

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Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: June 21, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Shauna Tilley, Executive Branch Budget Officer  
Governor's Finance Office *ST*  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

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

Additional Information:

Mr. Hussey retired from the Department of Corrections as a Correctional Officer on May 17, 2021 and is receiving pension benefits. His training and experience is needed to perform security services at various locations and agencies as required.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: <i>ST</i>
ACTION ITEM: _____



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

June 21, 2021

**MEMORANDUM**

**To:** Shauna Tilley  
**From:** Annette Morfin, Purchasing Officer  
**Subject:** CETS Contract 19049 - Allied Universal Security Services  
RFP 3455 - Uniformed Security Guards

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

Lance has left state service and is within the two (2) year window. He will be receiving benefits from PERS.

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



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Former Employee**

<b>Employee Information</b>				
<b>Former Employee Name:</b>	Lance Hussey			
<b>Former Employee ID Number:</b>	23777			
<b>Former Job Title:</b>	Correctional Officer			
<b>Former Employee Agency:</b>	Department of Corrections			
<b>Former Class and Grade:</b>	<b>Class:</b>	classified	<b>Grade:</b>	34
<b>Former Employment Dates:</b>	<b>From:</b>	2-2001	<b>To:</b>	5-2021
<b>Contracting Agency:</b>	Various			

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

	Capitol Police does not have the resources to perform this service for all agencies needing this type of service.
<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b> No
<b>F</b>	<b>List contractors' hourly rate.</b> \$17.25
<b>G</b>	<b>List the range of comparable State employee rates.</b> \$23.03-\$34.25 per hour
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b> Not Applicable
<b>I</b>	<b>Document justification for hiring contractor.</b> There are a limited number of individuals available with the appropriate law enforcement experience
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b> yes
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b> Upon approval – May 31, 2023
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b> Full time
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b> NO

**Comments – Provide any additional comments:**

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

Kevin D. Ostig 6/21/21  
Contracting Agency Head's Signature Date

Sharon Tully 6-21-21  
Budget Analyst Signature Date

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

Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director

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

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

Date: July 8, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Lynnette Aaron, 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 CONSERVATION AND NATURAL RESOURCES –  
DIVISION OF WATER RESOURCES**

Agenda Item Write-up:

Pursuant to NRS 532.230, the Division requests a recommendation to the Interim Finance Committee for \$250,000 from the Contingency Account to replenish the Channel Clearance budget account.

Additional Information:

NRS 532.220, was enacted in 1973, establishing a Channel Clearance, Maintenance, Restoration, Surveying and Monumenting Program. This program aids local governments in the clearance, maintenance, restoration, surveying and monumenting of navigable rivers. Any incorporated city, county or other political subdivision may apply to the State Engineer for a grant under this program in the incorporated city, county, or other political subdivision requesting the money agrees to match the state grant equally. NRS 532.230 provides that if the balance in the account is below \$250,000, the State Engineer may request an allocation from the Contingency Account.

The Carson Valley Conservation District applied for a grant in the amount of \$250,000 for the Carson River Maintenance and Restoration project. The project is to be completed within the next year. Currently there is a balance of \$122,825 in the budget account, all of which is committed to the Carson Valley Conservation District. After the above-referenced commitment has been paid, there will be a zero-balance left in the budget account. Relates to work program C55334.



Statutory Authority:

BOE approval is required pursuant to NRS 353.268.

REVIEWED: <u>LA</u>
ACTION ITEM: _____

STEVE SISOLAK  
*Governor*

**STATE OF NEVADA**

BRADLEY CROWELL  
*Director*



ADAM SULLIVAN, P.E.  
*Acting State Engineer*

**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
DIVISION OF WATER RESOURCES**

**901 South Stewart Street, Suite 2002**

**Carson City, Nevada 89701-5250**

**(775) 684-2800 • Fax (775) 684-2811**

**<http://water.nv.gov>**

June 30, 2021

Susan Brown, Director  
Governor's Finance Office  
209 East Musser Street, Room 200  
Carson City, Nevada 89701-4298

Re: Channel Clearance, Maintenance, Restoration, Surveying and Monumenting  
Program B/A 4222

Dear Ms. Brown,

Nevada Revised Statute § 532.220, was enacted in 1973, establishing a Channel Clearance, Maintenance, Restoration, Surveying and Monumenting Program. This program is to aid local governments in this state in the clearance, maintenance, restoration, surveying and monumenting of navigable rivers. Any incorporated city, county or other political subdivision of this state may apply to the State Engineer for a grant under this program if the incorporated city, county or other political subdivision requesting the money agrees to match the state grant equally.

Nevada Revised Statute § 532.230 provides that if the balance in the account is below \$250,000.00, the State Engineer may request an allocation from the Contingency Account pursuant to NRS 353.266, 353.268 and 353.269. It also provides that if the balance in the account is not sufficient to provide a grant of money to an incorporated city, a county or a political subdivision of this state, the State Engineer shall request an allocation from the Contingency Account.

Currently there is a balance of \$122,825 in the account all of which is committed to the Carson Valley Conservation District for a channel clearance, maintenance, and restoration project on the Carson River. The project is to be completed within the next year.

After the above-referenced commitment has been paid, there will be a zero balance left in the account. We currently have a request from the Carson Valley Conservation District for

Susan Brown, Director

Re: Channel Clearance, Maintenance, Restoration, Surveying and Monumenting Program B/A 4222

June 30, 2021

Page 2

additional funding under this program in the amount of approximately \$127,175 for channel clearance, maintenance, and restoration of the Carson River.

In the event of an emergency the availability of this money would be needed without delay. These funds are useful to mitigate potential flood problems and help local jurisdictions.

Therefore, it is respectfully requested that the account for the Channel Clearance, Maintenance, Restoration, Surveying and Monumenting Program be restored from the Contingency Account per statute in the amount not to exceed \$250,000.00.

Sincerely,

A handwritten signature in black ink, appearing to read "Adam Sullivan", written in a cursive style.

Adam Sullivan, P.E.  
Acting State Engineer



Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director

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

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

Date: July 15, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Darlene Baughn, 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.

**NEVADA STATE CONTROLLER'S OFFICE**

Agenda Item Write-up:

Pursuant to NRS 353.268, the Controller's Office requests a recommendation to the Interim Finance Committee for \$51,680 from the Contingency Account to fund a contractor to help reconcile bank statements resulting from the Department of Taxation refunds.

Additional Information:

The Department of Taxation will be using Wells Fargo Bank to process approximately 37,000 refunds due to the Supreme Court decision regarding Modified Business Tax collected in fiscal years 2020 and 2021. Since the additional transactions will not flow through the State's financial system, additional procedures and processes will be created and followed to ensure the State's bank account is reconciled timely.

The Controller's Office is requesting contractor assistance from August 30, 2021, through June 30, 2022. Payments clearing or needing re-issuance will affect the State's bank account up to 180 days after issuance of the payment.

Statutory Authority:

BOE approval is required pursuant to NRS 353.268.

REVIEWED: <u>CB</u>
ACTION ITEM: _____

**CATHERINE BYRNE, CPA**  
*Controller*

**STATE OF NEVADA**

**LORI HOOVER, CPA**  
*Chief Deputy Controller*



**OFFICE OF THE  
STATE CONTROLLER**

July 13, 2021

Susan Brown, Director  
Governor's Finance Office  
209 East Musser Room 200  
Nevada Street, 89701-4298

**RE: Request for IFC Contingency Funds**

Ms. Brown,

The Controller's Office is requesting \$51,680 for one contracted position and associated costs to assist with the reconciliation of the State's bank account. The Controller's Office is responsible for completing the monthly State bank reconciliation. Due to the Supreme Court decision that MBT payroll taxes collected by the Department of Taxation in fiscal years 2020 and 2021 must be refunded, there will be a large amount of transactions flowing through the State bank account increasing the time needed to reconcile the account.

One contracted position is requested to assist with the reconciliation of the State bank account due to the additional transactions and procedures. Taxation estimates they have approximately 37,000 refunds. While some of these payments might be combined to pay the same individual, at this time, the agencies have not been able to estimate the reduction of the number of individual payments.

Taxation will be using Wells Fargo, the State's contracted financial institution, to issue payments as the Controller's Office does not have the labor or equipment resources to issue the payments within the timeframe the agency requested. The additional transactions will not flow through the State's financial system and this will require different and additional procedures and processes created and followed to ensure the State's bank account is reconciled timely.

The reconciliation of the State's bank account is part of the Annual Comprehensive Financial Report (ACFR) of the Single Audit process. If the bank reconciliations are not

completed timely, it could affect the opinion in the ACFR which could affect the State's bond rating. In addition, issues with the bank reconciliations could result in a finding in the Single Audit. The Single Audit is relied upon by the Federal government to determine the amount of federal assistance is received by Nevada.

We are requesting contractor assistance from August 30, 2021 through June 30, 2022. Payments clearing or needing re-issuance will affect the State's bank account until 180 days after issuance of the payment. At 181 days, any payments not cleared through Wells Fargo will be reversed by Wells Fargo and the outstanding payments will be sent to Unclaimed Property by the Controller's Office. Controller's Office will no longer need to track and reconcile these transactions for the State's bank reconciliation process. We are requesting to continue with the contractor for three months after the 180 days to ensure the reconciliation of the final bank statement affected by these transactions is and the reconciliation of the amounts sent to Unclaimed Property have been completed.





Steve Sisolak  
Governor

Susan Brown  
Director




Tiffany Greenameyer  
Deputy Director

STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division

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

Date: July 9, 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.

**GOVERNOR'S FINANCE OFFICE**

Agenda Item Write-up:

Pursuant to NRS 41.950 and NRS 41.970, the Governor's Finance Office requests the Board of Examiners to approve a payment of \$1,980,900 from the Statutory Contingency Account, to Frank LaPena representing compensation for his wrongful conviction.

Additional Information:


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

On June 30, 2021, a Certificate of Innocence as well as an Order Granting Monetary Relief was granted to Frank LaPena by the Eighth Judicial District Court. Per NRS 41.950(1)(a)(2) Mr. LaPena is entitled to an award of \$1,500,000 for 20 years of wrongful incarceration, \$375,000 for 15 years of Parole (NRS41.950(1)(b)), \$25,000 for reasonable attorney fees (NRS 41.950(2)(a)), \$12,500 representing a lump sum payment for five years of Medicare premiums, and \$68,400 representing a lump sum payment for five years of housing assistance.

In exchange for the above payments and reimbursements, Mr. LaPena agrees to waive any future damages, reimbursements, or relief pursuant to NRS 41.900 *et seq.*

Statutory Authority:

BOE approval is required pursuant to NRS 41.970

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

*Nevada Licensed*  
Kristina Wildeveld, Esq.  
Lisa A. Rasmussen, Esq.  
Dayvid J. Figler, Esq.  
Caitlyn McAmis, Esq.,

THE LAW OFFICES OF  
**KRISTINA WILDEVELD ASSOCIATES**  
*Criminal Defense, Complex Criminal and Civil Litigation, Lobbying Appeals, Pardons, Post-Conviction, Juvenile*

*California Licensed*  
Kristina Wildeveld, Esq.  
Lisa A. Rasmussen, Esq.  
Caitlyn McAmis, Esq.

---

June 30, 2021

Jennifer Cooper  
Executive Branch Budget Officer  
Governor's Finance Office

Via Email: [jcooper@finance.nv.gov](mailto:jcooper@finance.nv.gov)

Re: Frank LaPena, Wrongful Conviction claim submission  
Potential Litigation

Dear Ms. Cooper:

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

On April 9, 1977, a jury found Mr. LaPena guilty of first-degree murder and robbery with use of a weapon in commission of the crime. On May 19, 1977, Mr. LaPena was sentenced to life without parole, plus other concurrent sentences totaling 30 years. Mr. LaPena appealed his conviction, and his conviction was reversed on April 21, 1982.

Mr. LaPena was retried and convicted by a jury in May 1989, and he returned to prison of his own accord on June 29, 1989, with the same life without parole sentence having been reimposed.

Mr. LaPena was temporarily successful in his post-conviction litigation and was released from custody in June of 1997 only to have the Nevada Supreme Court reverse the district court's order compelling his return to custody in December 1998.

In 2003, Mr. LaPena sought a sentence commutation giving him an opportunity for parole. His sentence was commuted to life with parole, and he was paroled and released from NDOC custody in December 2003.

In November 2019, Ms. Wildeveld represented Mr. LaPena before the Nevada Pardons Board where she obtained a full pardon for Mr. LaPena based on his actual innocence. This effort was the result of years of efforts by Mr. LaPena to clear his name for

*Nevada Location*  
550 East Charleston Blvd, Suite A  
Las Vegas, Nevada 89104  
(702) 222-0007 | fax: (702) 222-0001

*Se Habla Español*

*California Location*  
8721 West Sunset Blvd, Suite 103  
Los Angeles, California 90069  
[www.VeldLaw.com](http://www.VeldLaw.com)

Re: BOE Claim for Frank LaPena

Date: June 30, 2021

Page 2

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these offenses. Along the way, Mr. LaPena was supported for former Nevada Supreme Court Justice Gunderson and current Supreme Court Justice Abbi Silver. His full pardon based on actual innocence was unanimously granted in November 2019.

On March 6, 2020, Mr. LaPena filed a Complaint seeking damages and other relief for his wrongful conviction and imprisonment. [In re: Wrongful Conviction of Frank LaPena, A-20-811882-C, Eighth Judicial District Court.] The state of Nevada, by and through the Attorney General's Office, agreed to file a Joint Motion for Orders Relating to and Approving Settlement Agreement. (See attached). On today's date (June 30, 2021), District Court Judge Gloria Sturman approved the settlement and issued a Certificate of Innocence (attached) and an Order granting Monetary Relief (also attached). The court ordered that the state pay Mr. LaPena \$1,500,000 in damages for the time that he was wrongfully incarcerated due to his wrongful conviction (20 years computed at \$75,000 per year); \$375,000 for the time that he was on parole (15 years computed at \$25,000 per year); \$12,500 as a lump sum total settlement payment for health insurance premiums (computed at \$2,500 per year for a total of five years); and housing assistance totaling \$68,400 as a lump sum total settlement payment (computed at \$1140 per month for 60 months). In exchange for the latter two items (health care insurance and housing assistance), Mr. LaPena's resolution of all statutory entitlements and issues is complete and the parties agree that this represents Mr. LaPena's total award with no future entitlements. Additionally, the court order authorizes payment of attorney's fees totaling \$25,000. Together, these figures total \$1,980,900.

In addition to the Court orders and a copy of the joint motion for orders pertaining to settlement that are attached, I have also attached both original judgments of conviction and Mr. LaPena's 2019 Full Pardon. A copy of the claim form is also included in this email to you. I will mail the original claim form to you today via United States mail. If you have any questions or need any additional documents, please do not hesitate to contact me.

Sincerely,

*Lisa A. Rasmussen*

Lisa A. Rasmussen, Esq.

*Nevada Location*  
Location  
550 East Charleston Blvd, Suite A  
Suite 103  
Las Vegas, Nevada 89104  
California 90069  
(702) 222-0007 | fax: (702) 222-0001  
www.VeldLaw.com

*Se Habla Español*

*California*  
8721 West Sunset Blvd,  
Los Angeles,

# CERTIFICATE OF INNOCENCE

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

1  
2  
3 IN THE MATTER OF THE WRONGFUL Case No.: A-20-811882-C  
4 CONVICTION OF:  
5 FRANK LAPENA Dept: No: XXVI

6  
7 **CERTIFICATE OF INNOCENCE AND ORDER**

8 Petitioner Frank LaPena (LaPena) timely filed this action for relief on March 6, 2020, pursuant  
9 to 2019 Assembly Bill 267 (AB 267), sections 2 to 8.5, codified at Chapter 41 of NRS, inclusive,  
10 providing for the compensation of certain persons who were wrongfully convicted and imprisoned. The  
11 Court finds and orders as follows:

12 1. On April 9, 1977, a jury empaneled in the State of Nevada in Clark County convicted  
13 LaPena of First-Degree Murder and Robbery, Use of Weapon in Commission of a Crime in *State v.*  
14 *LaPena*, Eighth Judicial District Court Case No. 29339, for the murder and robbery of Hilda Krause.  
15 This Court sentenced LaPena to life without parole.

16 2. The Nevada Supreme Court overturned LaPena's first conviction. In May 1989, a jury  
17 empaneled in the State of Nevada in Clark County again convicted LaPena of Murder of the First-  
18 Degree and Robbery with Use of a Deadly Weapon in *State v. LaPena*, Eighth Judicial District Court  
19 Case No. 82C059791. This Court again sentenced LaPena to life without parole.

20 3. Following a 1995 multi-day evidentiary hearing, this Court granted LaPena's post-  
21 conviction petition for writ of habeas corpus and vacated his second conviction and sentence. On  
22 appeal, the Nevada Supreme Court reversed and reinstated LaPena's second conviction and sentence.

23 4. In 2003, LaPena sought a sentence commutation from the Nevada Board of Pardons  
24 Commissioners (Pardons Board). On December 12, 2003, the Pardons Board commuted LaPena's  
25 sentence from life without parole to life with parole. The Nevada Board of Parole Commissioners  
26 subsequently granted LaPena parole and the Nevada Department of Corrections (NDOC) released him  
27 from custody on February 8, 2005.

1           5. Pursuant to his two convictions, LaPena was imprisoned in the NDOC for three distinct  
2 time periods: (1) April 9, 1977 to May 20, 1982; (2) from June 29, 1989 to June 6, 1997; and (3) from  
3 December 15, 1998 to February 8, 2005.

4           6. LaPena was on parole from February 8, 2005 until November 6, 2019.

5           7. In 2019, LaPena filed another application with the Pardons Board seeking a pardon  
6 based on his actual innocence. The Pardons Board considered the record in both of LaPena's cases as  
7 well as the recommendations of Parole and Probation's investigator, important letters and testimony,  
8 and additional evidence revealed over the years. The Pardons Board granted LaPena a full pardon on  
9 the basis of actual innocence on November 6, 2019.

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

13           NOW, THEREFORE,

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

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

20          C. This Court finds that LaPena did not commit or suborn perjury, fabricate evidence, or by  
21 his own conduct cause or bring about the conviction.

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

24          E. This Court finds that LaPena was pardoned by the Nevada State Board of Pardons  
25 Commissioners on the grounds that he was actually innocent.

26          F. The State of Nevada agrees LaPena is entitled to relief pursuant to NRS 41.900 *et seq.*

27          ...

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IT IS THEREFORE ORDERED as follows:

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

ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

Dated this 30th day of June, 2021



\_\_\_\_\_  
The Honorable Gloria Sturman  
District Court Judge **098 144 1BC7 1F87**  
**Gloria Sturman**  
**District Court Judge**

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**CSERV**

DISTRICT COURT  
CLARK COUNTY, NEVADA

Frank LaPena, Plaintiff(s)

CASE NO: A-20-811882-C

vs.

DEPT. NO. Department 26

State of Nevada, Defendant(s)

**AUTOMATED CERTIFICATE OF SERVICE**

This automated certificate of service was generated by the Eighth Judicial District Court. The foregoing Order was served via the court's electronic eFile system to all recipients registered for e-Service on the above entitled case as listed below:

Service Date: 6/30/2021

Heather Procter	hprocter@ag.nv.gov
Marsha Landreth	mlandreth@ag.nv.gov
Laurie Sparman	lsparman@ag.nv.gov
Rikki Garate	rgarate@ag.nv.gov
Jaimie Stilz	jstilz@ag.nv.gov
Cheryl Martinez	cjmartinez@ag.nv.gov
Krisinta Wildeveld	Kristina@veldlaw.com
Sheryl Serreze	sserreze@ag.nv.gov
Lisa Rasmussen	Lisa@veldlaw.com
Yvette Gonzalez	paralegal2@veldlaw.com

**ORDER ON MONETARY AND OTHER  
COMPENSATION**

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

1  
2  
3  
4 IN THE MATTER OF THE WRONGFUL Case No.: A-20-811882-C  
5 CONVICTION OF: Dept: No: XXVI  
6 FRANK LAPENA

7  
8 **ORDER GRANTING MONETARY RELIEF**

9 This matter came before the Court on the 30 day of June, 2021 by  
10 stipulation of the Parties. This Court has reviewed all pleadings, documents and exhibits on file in the  
11 above-entitled matter. The Court has simultaneously herewith issued a Certificate of Innocence.

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

14 **IT IS HEREBY ORDERED:**

- 15 1) Petitioner Frank LaPena is granted monetary compensation of one million five hundred  
16 thousand dollars (**\$1,500,000.00**) pursuant to NRS 41.950(1)(a)(2), calculated at \$75,000 per  
17 year of imprisonment for 20 years.<sup>1</sup>  
18 2) LaPena is also granted monetary compensation of three hundred seventy-five thousand  
19 (**\$375,000**) pursuant to NRS 41.950(1)(b), calculated at \$25,000 per year of parole for 15  
20 years.<sup>2</sup>

21  
22 <sup>1</sup> LaPena was initially convicted on April 9, 1977, and the Parties agree that after the Nevada  
23 Supreme Court reversed his first conviction, he was remanded to local (pretrial) custody on May 20,  
24 1982. LaPena's second period of wrongful incarceration commenced on June 29, 1989 and ended on  
25 June 6, 1997, when he was released on bond during his post-conviction proceedings. LaPena's third  
26 period of incarceration began on December 15, 1998, after the Nevada Supreme Court reversed this  
27 Court's grant of his post-conviction writ, and ended on February 8, 2005, when LaPena was paroled.  
Pursuant to NRS 41.950(3), "[a]ny award of damages issued pursuant to subsection 1 must be rounded  
up to the nearest half year." Here, the first period of incarceration ran five years, one month and 11  
days, rounded up to 5.5 years. The second period of incarceration ran seven years, 11 months and eight  
days, rounded up to 8 years. The third period of incarceration ran six years, one month and 24 days,  
rounded up to 6.5 years. The total period of incarceration for the purpose of NRS 41.950(3) is thus 20  
years.

28 <sup>2</sup> LaPena was on parole from February 8, 2005 until November 6, 2019, a total of 14 years, 8  
months, and 29 days. This time period is also rounded up to the nearest half year pursuant to NRS  
41.950(3).

- 1           3) LaPena is awarded reasonable attorney's fees of **\$25,000** pursuant to NRS 41.950(2)(a).
- 2           4) LaPena is awarded the following additional payments and reimbursements pursuant to NRS
- 3           41.950(2), all to be paid from the Reserve for Statutory Contingency Account and which
- 4           will be paid upon LaPena's submission of a claim(s) to the State Board of Examiners:
- 5                   a) Payment for the cost of participating in a Nevada state health care program
- 6                   pursuant to NRS 41.950(2)(b)(2). LaPena is awarded a lump sum to cover his
- 7                   future health care premiums, administered through Medicare, computed at
- 8                   \$2,500 per year for five years for a total of **\$12,500**.
- 9                   b) Payment for the cost of housing assistance pursuant to NRS 41.950(2)(d).
- 10                  LaPena is awarded a lump sum to cover housing assistant costs, at a rate
- 11                  equal to the current national average monthly mortgage payment of \$1,140
- 12                  per month, covering five years, for a total of **\$68,400**.
- 13           5) In exchange for the above payments and reimbursements, LaPena agrees that he waives his
- 14           right to seek any additional or future damages, reimbursements, or further relief pursuant to
- 15           NRS 41.900 *et seq.*

16           **IT IS FURTHER ORDERED**, in accordance with NRS 41.960(3), that if after entry of this

17 Order, LaPena subsequently receives a civil settlement or award related to this same wrongful

18 conviction, LaPena shall reimburse the State for the sum of the money paid pursuant to this judgment

19 pursuant to NRS 41.950(1)(a) for damages, less any sums paid to attorneys and for the costs in

20 litigating the other civil action or obtaining the settlement agreement. LaPena shall not be required to

21 pay any interest. LaPena shall not be required to reimburse the State for attorney's fees or payments

22 made by the State pursuant to sections 3 and 4 *supra*. Furthermore, any reimbursement required

23 pursuant to this Order shall not exceed the amount of the monetary award LaPena wins for damages in

24 the other civil action or the amount received pursuant to the settlement agreement, less any sums paid to

25 attorneys by contract or court-awarded attorney's fees and for costs in litigating the other civil action or

26 obtaining the settlement agreement. The Parties expressly reserve jurisdiction in this Court to resolve

27 any future disputes regarding this issue.

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

ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

Dated this 30th day of June, 2021



The Honorable Gloria Sturman  
District Court Judge **979 E60 F13A F33D**  
**Gloria Sturman**  
**District Court Judge**

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**CSERV**

DISTRICT COURT  
CLARK COUNTY, NEVADA

Frank LaPena, Plaintiff(s)  
vs.  
State of Nevada, Defendant(s)

CASE NO: A-20-811882-C  
DEPT. NO. Department 26

**AUTOMATED CERTIFICATE OF SERVICE**

This automated certificate of service was generated by the Eighth Judicial District Court. The foregoing Order Granting was served via the court's electronic eFile system to all recipients registered for e-Service on the above entitled case as listed below:

Service Date: 6/30/2021

- |                    |                        |
|--------------------|------------------------|
| Heather Procter    | hprocter@ag.nv.gov     |
| Marsha Landreth    | mlandreth@ag.nv.gov    |
| Laurie Sparman     | lsparman@ag.nv.gov     |
| Rikki Garate       | rgarate@ag.nv.gov      |
| Jaimie Stilz       | jstilz@ag.nv.gov       |
| Cheryl Martinez    | cjmartinez@ag.nv.gov   |
| Krisinta Wildeveld | Kristina@veldlaw.com   |
| Sheryl Serreze     | sserdeze@ag.nv.gov     |
| Lisa Rasmussen     | Lisa@veldlaw.com       |
| Yvette Gonzalez    | paralegal2@veldlaw.com |

## REQUESTS FOR THE ALLOCATION AND DISBURSEMENT OF FUNDS FOR SALARY ADJUSTMENTS

The 2019 Legislature, through Assembly Bill 542, Section 3, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State's respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor's Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

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

<b>BA#</b>	<b>BUDGET ACCOUNT NAME</b>	<b>GENERAL FUND ADJUSTMENT</b>
4540	Plant Health & Quarantine Services	\$2,121
4557	Livestock Enforcement	\$5,396
	<b>Total</b>	<b>\$7,517</b>



STEVE SISOLAK  
Governor

Las Vegas Office:  
2300 East St. Louis Ave.  
Las Vegas, NV 89104  
Telephone (702) 668-4590  
Fax (702) 668-4567



JENNIFER OTT  
Director

Elko Office:  
4780 East Idaho St.  
Elko, NV 89801-4672  
Telephone (775) 738-8076  
Fax (775) 738-2693

STATE OF NEVADA  
DEPARTMENT OF AGRICULTURE

405 South 21<sup>st</sup> St.  
Sparks, Nevada 89431-5557  
Telephone (775) 353-3601 Fax (775) 353-3661  
[agri.nv.gov](http://agri.nv.gov)

To: Catherine Bartlett, Nevada Executive Budget Officer 2

From Katie Jameson, NDA Fiscal Administrator

Subject: Fiscal Year 2021 Salary Adjustment Funds Budget Account 4557

Pursuant to Assembly Bill 542, Section 3, of the 2019 Legislature, the Nevada Department of Agriculture respectfully requests \$5,396 in salary adjustment funds to cover a General Fund shortfall for Fiscal Year 2021.

Thank you for your consideration.

Regards,

Katie  
Jameson

Digitally signed by Katie Jameson  
DN: cn=Katie Jameson, o=Nevada  
Department of Agriculture,  
ou=Administration,  
email=kjameson@agri.nv.gov, c=US  
Date: 2021.07.30 13:43:53 -07'00'

Katie Jameson  
Fiscal Administrator

Cc: Michele Lynn, Governor's Finance Office



**Department of Agriculture  
BA 4557 Livestock Enforcement  
SFY 2021 Position Fund Map**

FUND TYPE JOB #	PCN#/CAT	DESCRIPTION	WP Amount	50%			AGENFOR Trans BA 4545	
				AGENFOR General Funds	AGENFOR Trans BA 4546	AGENFOR Trans BA 4545		
01		PERSONNEL	10,787	2511	4669	4699	1,321	10,786
		<b>SubTotal</b>		5,396	4,070	1,321	1,321	10,786
	000012	AGRICULTURL ENFORCEMENT OFCR 3	2,890	1,446	1,444	-	-	2,890
	000020	AGRICULTURL ENFORCEMENT OFCR 2	2,652	1,326	1,326	-	-	2,652
	000021	AGRICULTURL ENFORCEMENT OFCR 2 (VACANT)	-	-	-	-	-	-
	000022	AGRICULTURL ENFORCEMENT OFCR 2	2,602	1,302	1,300	-	-	2,602
	000023	AGRICULTURL ENFORCEMENT OFCR 2	2,643	1,322	1,300	1,321	1,321	2,643
		<b>SubTotal</b>	10,787	5,396	4,070	1,321	1,321	10,787

	5100	5610	5620	5630	5640	5650	Total Salaries and Leaves	Forecast	Expended
	SALARIES	SICK LEAVES	ANNUAL LEAVES	HOLIDAY LEAVES	COMP TIME LEAVES	OTHER LEAVES		Adjustments	
	Expended	Expended	Expended	Expended	Expended	Expended	Expended		Expended
7/1/2020	-	-	-	-	-	-	7,421.72	-	-
7/24/2020	6,852.11	-	424.97	-	144.64	-	7,421.72	-	7,421.72
8/7/2020	9,402.40	-	-	-	-	-	9,402.40	-	9,402.40
8/21/2020	7,894.62	-	1,307.38	-	200.40	-	9,402.40	-	9,402.40
9/4/2020	7,928.82	261.90	1,257.28	-	-	-	9,448.00	-	9,448.00
9/18/2020	9,365.96	-	127.64	-	-	-	9,493.60	-	9,493.60
10/2/2020	8,725.57	-	453.04	-	314.99	-	9,493.60	-	9,493.60
10/16/2020	6,791.62	523.80	610.88	-	-	1,567.30	9,493.60	-	9,493.60
10/29/2020	8,455.63	-	782.69	-	255.28	-	9,493.60	-	9,493.60
11/13/2020	9,231.74	261.90	7.98	-	247.30	-	9,748.92	-	9,748.92
11/25/2020	9,185.94	-	307.66	-	-	-	9,493.60	-	9,493.60
12/1/2020	8,008.30	403.02	1,337.60	-	-	-	9,748.92	-	9,748.92
12/24/2020	9,493.60	-	-	-	-	-	9,493.60	-	9,493.60
1/8/2021	8,783.20	-	838.08	-	127.64	-	9,748.92	-	9,748.92
1/22/2021	7,994.52	-	1,448.96	-	-	-	9,443.48	-	9,443.48
2/5/2021	9,360.28	-	-	-	-	-	9,360.28	-	9,360.28
2/19/2021	9,085.60	152.72	-	-	255.28	-	9,493.60	-	9,493.60
3/5/2021	8,997.99	362.29	-	-	-	-	9,360.28	-	9,360.28
3/19/2021	8,322.00	-	610.88	-	-	-	8,932.88	-	8,932.88
4/2/2021	8,957.96	-	-	-	127.64	-	9,085.60	-	9,085.60
4/16/2021	8,569.32	-	-	-	382.92	-	8,952.24	-	8,952.24
4/30/2021	7,641.02	576.18	311.12	-	710.00	-	9,238.32	-	9,238.32
5/14/2021	7,502.36	-	1,221.00	-	-	-	8,723.36	-	8,723.36
5/28/2021	8,542.03	257.49	-	-	-	-	8,799.52	-	8,799.52
6/11/2021	8,301.08	523.80	390.24	-	-	-	9,215.12	-	9,215.12
6/25/2021	8,497.26	114.54	133.60	-	-	-	9,050.84	-	9,050.84
7/9/2021	9,110.08	-	662.72	-	305.44	-	9,772.80	-	9,772.80
7/23/2021	-	581.42	195.12	-	-	-	776.54	-	776.54
12/31/2021	221,001.01	4,019.06	12,428.84	-	3,071.53	1,567.30	242,087.74	-	242,087.74

If cells A39 and A40 are not equal, possibly missing GL code in row 1

355,081.69

Total Expended

355,081.69

3.68 Total Forecast

355,085.37 Total

437,406.00 Current Budget

General Fund Salary Adjustment (entered as a negative number)

WP Amount WP Name

(87,311.00) Budget Reduction

(3,509.00) Furlough Projection

(2,287.00) Insurance Projection

344,299.00 Revised Budget

(10,786.37) Under (Over) Budget

-3.13% Percent Under/Over Budget

STEVE SISOLAK  
Governor

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STATE OF NEVADA  
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Sparks, Nevada 89431-5557  
Telephone (775) 353-3601 Fax (775) 353-3661  
[agri.nv.gov](http://agri.nv.gov)

To: Catherine Bartlett, Nevada Executive Budget Officer 2

From Katie Jameson, NDA Fiscal Administrator

Subject: Fiscal Year 2021 Salary Adjustment Funds Budget Account 4540

Pursuant to Assembly Bill 542, Section 3, of the 2019 Legislature, the Nevada Department of Agriculture respectively requests \$2,121 in salary adjustment funds to cover a General Fund shortfall for Fiscal Year 2021.

Thank you for your consideration.

Regards,

Katie  
Jameson

Digitally signed by Katie Jameson  
DN: cn=Katie Jameson, o=Nevada  
Department of Agriculture,  
ou=Administration,  
email=kjameson@agri.nv.gov, c=US  
Date: 2021.07.30 11:58:49 -07'00'

Katie Jameson  
Fiscal Administrator

Cc: Michele Lynn, Governor's Finance Office





## REQUESTS FOR THE ALLOCATION AND DISBURSEMENT OF FUNDS FOR SALARY ADJUSTMENTS

The 2019 Legislature, through Assembly Bill 542, Section 3, made appropriations from the General Fund and the Highway Fund to the Board of Examiners to meet salary deficiencies that may be created between the appropriated money of the State's respective departments, commissions, and agencies and the salary requirements for the personnel of those departments, commissions, and agencies. The Board of Examiners, upon recommendation of the Director of the Governor's Finance Office, may allocate and disburse amounts, from the appropriate fund, to the departments, commissions and agencies of the State for the purpose of paying personnel salary deficiencies.

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

<b>BA#</b>	<b>BUDGET ACCOUNT NAME</b>	<b>GENERAL FUND ADJUSTMENT</b>	<b>HWY FUND ADJUSTMENT</b>
2980	University of Nevada Reno	\$3,149,393	
2982	UNR School of Medicine	\$487,396	
2983	Intercollegiate Athletics UNR	\$25,329	
2985	Statewide Programs – UNR	\$81,308	
2987	University of Nevada Las Vegas	\$2,470,225	
2989	Agricultural Experiment Station	\$79,159	
2990	Cooperative Extension Service	\$89,220	
2992	UNLV Law School	\$208,548	
2994	Great Basin College	\$272,588	
3001	Statewide Programs - UNLV	\$29,770	
3002	UNLV Dental School	\$292,959	
3003	Business Center North	\$33,841	
3004	Business Center South	\$29,568	
3005	NV State College at Henderson	\$275,800	
3010	Desert Research Institute	\$110,896	
3011	College of Southern Nevada	\$1,504,915	
3012	Western Nevada College	\$239,077	
3014	UNLV School of Medicine	\$403,275	
3018	Truckee Meadows Community College	\$631,471	
3221	Laboratory and Research	\$26,952	
	<b>Total</b>	<b>\$10,441,690</b>	



# Nevada System of Higher Education

System Administration  
4300 South Maryland Parkway  
Las Vegas, NV 89119-7530  
Phone: 702-889-8426  
Fax: 702-889-8492



System Administration  
2601 Enterprise Road  
Reno, NV 89512-1666  
Phone: 775-784-4901  
Fax: 775-784-1127

June 14, 2021

## MEMORANDUM

To: Catherine Bartlett, Executive Budget Officer II  
Darlene Baughn, Executive Budget Officer  
Governor's Finance Office, Budget Division

From: Julia Teska, Budget Director, NSHE

A handwritten signature in blue ink, appearing to read 'Julia', is placed to the right of the 'From:' line.

Subject: Request for Salary Adjustment Funds (FY 2021)

NSHE requests Salary Adjustment funds totaling \$10,441,690, for FY 2021. Attached is a summary document identifying the amount requested for each budget account. Also attached are templates completed for each budget account to demonstrate the requested Salary Adjustment funds.

If you have any questions regarding these requests, please let us know.

**General Fund Salary Adjustment for NSHE  
Fiscal Years 2020 and 2021**

<b>Div</b>	<b>Division Description</b>	<b>Budget</b>	<b>Budget Account Name</b>	<b>FY 2020</b>	<b>FY 2021</b>
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	2977	NSHE - SPECIAL PROJECTS	\$ 11,585	\$ 11,567
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	2980	NSHE - UNIVERSITY OF NEVADA, RENO	\$ 3,141,625	\$ 3,149,393
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	2982	NSHE - UNR SCHOOL OF MEDICINE	\$ 485,778	\$ 487,396
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	2983	NSHE - INTERCOLLEGIATE ATHLETICS - UNR	\$ 25,141	\$ 25,329
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	2985	NSHE - STATEWIDE PROGRAMS - UNR	\$ 81,283	\$ 81,308
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	2986	NSHE - SYSTEM ADMINISTRATION	\$ 72,602	\$ 72,577
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	2987	NSHE - UNIVERSITY OF NEVADA, LAS VEGAS	\$ 4,166,672	\$ 4,177,250
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	2988	NSHE - INTERCOLLEGIATE ATHLETICS - UNLV	\$ 28,772	\$ 28,670
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	2989	NSHE - AGRICULTURAL EXPERIMENT STATION	\$ 79,080	\$ 79,159
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	2990	NSHE - COOPERATIVE EXTENSION SERVICE	\$ 89,034	\$ 89,220
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	2991	NSHE - SYSTEM COMPUTING CENTER	\$ 204,990	\$ 204,959
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	2992	NSHE - UNLV LAW SCHOOL	\$ 208,087	\$ 208,548
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	2994	NSHE - GREAT BASIN COLLEGE	\$ 271,926	\$ 272,588
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	2996	NSHE - UNIVERSITY PRESS	\$ 7,241	\$ 7,210
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	3001	NSHE - STATEWIDE PROGRAMS - UNLV	\$ 29,810	\$ 29,770
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	3002	NSHE - UNLV DENTAL SCHOOL	\$ 291,543	\$ 292,959
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	3003	NSHE - BUSINESS CENTER NORTH	\$ 34,601	\$ 34,945
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	3004	NSHE - BUSINESS CENTER SOUTH	\$ 29,257	\$ 29,568
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	3005	NSHE - NEVADA STATE COLLEGE	\$ 281,115	\$ 281,516
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	3010	NSHE - DESERT RESEARCH INSTITUTE	\$ 110,472	\$ 110,896
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	3011	NSHE - COLLEGE OF SOUTHERN NEVADA	\$ 1,787,790	\$ 1,792,558
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	3012	NSHE - WESTERN NEVADA COLLEGE	\$ 238,416	\$ 239,077
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	3014	NSHE - UNLV SCHOOL OF MEDICINE	\$ 403,037	\$ 403,275
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	3018	NSHE - TRUCKEE MEADOWS COMMUNITY COLLEGE	\$ 630,568	\$ 631,471
350	NSHE - NEVADA SYSTEM OF HIGHER EDUCATION	3221	NSHE - HEALTH LABORATORY AND RESEARCH	\$ 26,863	\$ 26,952
<b>Total COLA</b>				<b>\$ 12,737,286</b>	<b>\$ 12,768,162</b>

Leg Approved FY 2021  
BA 2980 - UNR

Appropriation	104,838,780.00
Performance Funds	26,209,695.00
Total GF	131,048,475.00
Registration Fees	84,225,152.00
Misc Program Fees	359,512.00
Admin Fees	399,007.00
Non-resident Tuition	34,595,336.00
Misc Revenue	55,597.00
Total Non-general fund	119,634,604.00
Total Revenue	250,683,079.00
General Fund %	52.28%

Leg Approved Cat 01	
5000 - PERSONNEL SERVICES	-4,325,471
5100 - SALARIES	24,869,607
5101 - NSHE UNIVERSITY SALARIES	111,716,218
5102 - LETTER OF APPOINTMENT	5,079,529
5105 - NSHE WAGES	2,962,854
5140 - NSHE GRADUATE ASSISTANTS	10,495,729
5190 - SUPPLEMENTAL PAY/STIPEND	1,345,757
5195 - NSHE FRINGE BENEFITS	0
5196 - NSHE PROFESSIONAL FRINGE BENEFITS	-300,000
5199 - NSHE WAGES FRINGE	0
5200 - WORKERS COMPENSATION	979,186
5300 - RETIREMENT	22,242,614
5400 - PERSONNEL ASSESSMENT	133,287
5500 - GROUP INSURANCE	16,382,508
5750 - RETIRED EMPLOYEES GROUP INSURANCE	3,722,865
5800 - UNEMPLOYMENT COMPENSATION	177,452
5840 - MEDICARE	1,913,432
5841 - SOCIAL SECURITY	0
5904 - VACANCY SAVINGS	-2,435,270
Total	194,960,297.00

Exclude 19,583,869.00

Leg Approved Cat 01 (less exclusions) 175,376,428.00

Leg Approved less exclusions	175,376,428.00
Less GF Budget Reductions	(18,362,935.00)
Less Furlough Reductions	(2,202,802.00)
Less PEBP Holiday Reductions	(787,460.00)
Budget for determining Salary Adjustment	154,023,231.00
Times GF Percentage	80,518,037.00

Total Projected State Supported Personnel Costs	195,081,235.68
Excluded Costs (excluded plus wages)	33,928,138.45
Eligible Personnel Costs	161,153,097.23
GF%	52.28%
GF Eligible Personnel Costs	84,245,286.00
Difference	3,727,249.00
Maximum Salary Adjustment Funds	3,149,393.00
Proposed Request	3,149,393.00

Leg Approved FY 2021

BA 2982 - UNR Med

Appropriation	37,632,115.00
Total GF	37,632,115.00
3601 - LICENSES AND FEES	42,000.00
3700 - REGISTRATION FEES	6,283,616.00
3722 - MISCELLANEOUS PROGRAM FEES	4,331.00
3759 - NON-RESIDENT TUITION	644,398.00
Total Non-general fund	6,974,345.00
Total Revenue	44,606,460.00

General Fund % 84.36%

Leg Approved Cat 01

5000 - PERSONNEL SERVICES	(587,680.00)
5100 - SALARIES	3,804,513.00
5101 - NSHE UNIVERSITY SALARIES	17,394,885.00
5102 - LETTER OF APPOINTMENT	1,369,566.00
5105 - NSHE WAGES	290,824.00
5140 - NSHE GRADUATE ASSISTANTS	194,530.00
5180 - NSHE RESIDENT PHYSICIANS	424,933.00
5190 - SUPPLEMENTAL PAY/STIPEND	724,757.00
5195 - NSHE FRINGE BENEFITS	-
5196 - NSHE PROFESSIONAL FRINGE BENEF	-
5199 - NSHE WAGES FRINGE	-
5200 - WORKERS COMPENSATION	157,901.00
5300 - RETIREMENT	3,436,858.00
5400 - PERSONNEL ASSESSMENT	20,959.00
5500 - GROUP INSURANCE	2,087,834.00
5750 - RETIRED EMPLOYEES GROUP INSUR,	574,139.00
5800 - UNEMPLOYMENT COMPENSATION	27,392.00
5840 - MEDICARE	291,455.00
5841 - SOCIAL SECURITY	1,590.00
5904 - VACANCY SAVINGS	(356,111.00)
Total	29,858,345.00

Exclude 3,004,610.00

Leg Approved Cat 01 (less exclusions) 26,853,735.00

Leg Approved less exclusions	26,853,735.00
Less GF Budget Reductions	(4,157,233.00)
Less Furlough Reductions	(326,454.40)
Less PEBP Holiday Reductions	(179,683.00)
Budget for determining Salary Adjustment	22,190,364.60
Times GF Percentage	18,720,839.00

Total Projected State Supported Personnel	26,178,280.65
Excluded Costs (excluded plus wages)	1,724,962.09
Eligible Personnel Costs	24,453,318.56
GF%	84.36%
GF Eligible Personnel Costs	20,629,974.00
Difference	1,909,135.00
Maximum Salary Adjustment Funds	487,396.00
Proposed Request	487,396.00

Leg Approved FY 2021  
BA 2983 - UNR ICA

Appropriation	5,481,111.00
	-
Total GF	5,481,111.00
Total Non-general fund	-
Total Revenue	5,481,111.00
General Fund %	100.00%

Leg Approved Cat 01	
5000 - PERSONNEL SERVICES	(388,596.00)
5100 - SALARIES	369,874.00
5101 - NSHE UNIVERSITY SALARIES	732,432.00
5102 - LETTER OF APPOINTMENT	6,083.00
5105 - NSHE WAGES	410.00
5140 - NSHE GRADUATE ASSISTANTS	17,000.00
5190 - SUPPLEMENTAL PAY/STIPEND	4,938.00
5196 - NSHE PROFESSIONAL FRINGE BENEF	-
5200 - WORKERS COMPENSATION	10,828.00
5300 - RETIREMENT	172,906.00
5400 - PERSONNEL ASSESSMENT	2,420.00
5500 - GROUP INSURANCE	183,676.00
5750 - RETIRED EMPLOYEES GROUP INSUR,	30,094.00
5800 - UNEMPLOYMENT COMPENSATION	1,454.00
5840 - MEDICARE	15,985.00
Total	1,159,504.00

Exclude 28,431.00

Leg Approved Cat 01 (less exclusions) 1,131,073.00

Leg Approved less exclusions	1,131,073.00
Less GF Budget Reductions	(165,730.00)
Less Furlough Reductions	(17,035.00)
Less PEBP Holiday Reductions	(17,814.00)
Budget for determining Salary Adjustment	930,494.00
Times GF Percentage	930,494.00

Total Projected State Supported Personnel	1,512,383.74
Excluded Costs (excluded plus wages)	249,600.75
Eligible Personnel Costs	1,262,782.99
GF%	100.00%
GF Eligible Personnel Costs	1,262,783.00
Difference	332,289.00
Maximum Salary Adjustment Funds	25,329.00
Proposed Request	25,329.00

Leg Approved FY 2021

BA 2985 - UNR SW

Appropriation	8,461,957.00
	-
Total GF	8,461,957.00
Total Non-general fund	-
Total Revenue	8,461,957.00
General Fund %	100.00%

Leg Approved Cat 01

5000 - PERSONNEL SERVICES	218,796.00
5100 - SALARIES	489,816.00
5101 - NSHE UNIVERSITY SALARIES	3,026,445.00
5102 - LETTER OF APPOINTMENT	19,166.00
5105 - NSHE WAGES	22,983.00
5140 - NSHE GRADUATE ASSISTANTS	164,012.00
5190 - SUPPLEMENTAL PAY/STIPEND	31,614.00
5195 - NSHE FRINGE BENEFITS	-
5196 - NSHE PROFESSIONAL FRINGE BENEF	-
5199 - NSHE WAGES FRINGE	-
5200 - WORKERS COMPENSATION	29,501.00
5300 - RETIREMENT	579,446.00
5400 - PERSONNEL ASSESSMENT	2,504.00
5500 - GROUP INSURANCE	378,726.00
5750 - RETIRED EMPLOYEES GROUP INSUR	95,995.00
5800 - UNEMPLOYMENT COMPENSATION	4,552.00
5840 - MEDICARE	49,924.00
5904 - VACANCY SAVINGS	(31,941.00)
Total	5,081,539.00

Exclude 237,775.00

Leg Approved Cat 01 (less exclusions) 4,843,764.00

Leg Approved less exclusions	4,843,764.00
Less GF Budget Reductions	(658,232.00)
Less Furlough Reductions	(54,219.00)
Less PEBP Holiday Reductions	(39,560.00)
Budget for determining Salary Adjustment	4,091,753.00
Times GF Percentage	4,091,753.00

Total Projected State Supported Personnel	5,362,114.88
Excluded Costs (excluded plus wages)	933,579.38
Eligible Personnel Costs	4,428,535.50
GF%	100.00%
GF Eligible Personnel Costs	4,428,536.00
Difference	336,783.00
Maximum Salary Adjustment Funds	81,308.00
Proposed Request	81,308.00

Leg Approved FY 2021  
BA 2989 - UNR AG

Appropriation	5,584,863.00
Performance Funds	-
Total GF	5,584,863.00
3500 - FEDERAL RECEIPTS	1,710,261.00
Total Non-general fund	1,710,261.00
Total Revenue	7,295,124.00
General Fund %	76.56%

Leg Approved Cat 01	
5000 - PERSONNEL SERVICES	569,250.00
5100 - SALARIES	437,951.00
5101 - NSHE UNIVERSITY SALARIES	2,981,012.00
5102 - LETTER OF APPOINTMENT	84,748.00
5105 - NSHE WAGES	137,687.00
5140 - NSHE GRADUATE ASSISTANTS	460,775.00
5190 - SUPPLEMENTAL PAY/STIPEND	35,611.00
5195 - NSHE FRINGE BENEFITS	-
5196 - NSHE PROFESSIONAL FRINGE BENEF	-
5199 - NSHE WAGES FRINGE	-
5200 - WORKERS COMPENSATION	38,201.00
5300 - RETIREMENT	556,856.00
5400 - PERSONNEL ASSESSMENT	2,273.00
5500 - GROUP INSURANCE	332,290.00
5750 - RETIRED EMPLOYEES GROUP INSUR.	93,340.00
5800 - UNEMPLOYMENT COMPENSATION	4,336.00
5840 - MEDICARE	43,842.00
5904 - VACANCY SAVINGS	(33,448.00)
Total	5,744,724.00
Exclude	718,821.00
Leg Approved Cat 01 (less exclusions)	5,025,903.00
Leg Approved less exclusions	5,025,903.00
Less GF Budget Reductions	(973,778.56)
Less Furlough Reductions	(52,876.00)
Less PEBP Holiday Reductions	(25,538.00)
Budget for determining Salary Adjustment	3,973,710.44
Times GF Percentage	3,042,118.00
Total Projected State Supported Personnel	5,043,127.40
Excluded Costs (excluded plus wages)	947,977.00
Eligible Personnel Costs	4,095,150.40
GF%	76.56%
GF Eligible Personnel Costs	3,135,088.00
Difference	92,970.00
Maximum Salary Adjustment Funds	79,159.00
Proposed Request	79,159.00

Leg Approved FY 2021  
BA 2990 - UNR COOP

Appropriation	3,882,367.00
Performance Funds	-
Total GF	3,882,367.00
3500 - FEDERAL RECEIPTS	1,285,102.00
4104 - COUNTY FEES	602,976.00
Total Non-general fund	1,888,078.00
Total Revenue	5,770,445.00
General Fund %	67.28%

Leg Approved Cat 01	
5000 - PERSONNEL SERVICES	(169,813.00)
5100 - SALARIES	688,879.00
5101 - NSHE UNIVERSITY SALARIES	3,172,403.00
5102 - LETTER OF APPOINTMENT	25,908.00
5105 - NSHE WAGES	26,652.00
5140 - NSHE GRADUATE ASSISTANTS	15,700.00
5190 - SUPPLEMENTAL PAY/STIPEND	56,001.00
5196 - NSHE PROFESSIONAL FRINGE BENEF	-
5200 - WORKERS COMPENSATION	32,185.00
5300 - RETIREMENT	627,213.00
5400 - PERSONNEL ASSESSMENT	3,623.00
5500 - GROUP INSURANCE	436,912.00
5750 - RETIRED EMPLOYEES GROUP INSUR	105,410.00
5800 - UNEMPLOYMENT COMPENSATION	5,007.00
5840 - MEDICARE	55,213.00
5904 - VACANCY SAVINGS	(33,969.00)
Total	5,047,324.00

Exclude 124,261.00

Leg Approved Cat 01 (less exclusions) 4,923,063.00

Leg Approved less exclusions	4,923,063.00
Less GF Budget Reductions	(763,814.00)
Less Furlough Reductions	(59,564.00)
Less PEBP Holiday Reductions	(28,020.00)
Budget for determining Salary Adjustment	4,071,665.00
Times GF Percentage	2,739,424.00

Total Projected State Supported Personnel	4,304,828.30
Excluded Costs (excluded plus wages)	49,851.56
Eligible Personnel Costs	4,254,976.74
GF%	67.28%
GF Eligible Personnel Costs	2,862,757.00
Difference	123,333.00
Maximum Salary Adjustment Funds	89,220.00
Proposed Request	89,220.00



Leg Approved FY 2021  
BA 2987 - UNLV

Appropriation	145,306,109.00
Performance Funds	36,326,527.00
Total GF	181,632,636.00
3700 - REGISTRATION FEES	106,238,086.00
3722 - MISCELLANEOUS PROGRAM FEES	1,092,553.00
3750 - ADMINISTRATION FEE	540,000.00
3759 - NON-RESIDENT TUITION	30,118,475.00
Total Non-general fund	137,989,114.00
Total Revenue	319,621,750.00

General Fund % 56.83%

Leg Approved Cat 01

5000 - PERSONNEL SERVICES	0
5100 - SALARIES	30,058,080
5101 - NSHE UNIVERSITY SALARIES	151,437,591
5102 - LETTER OF APPOINTMENT	10,665,519
5105 - NSHE WAGES	1,582,735
5140 - NSHE GRADUATE ASSISTANTS	12,920,952
5195 - NSHE FRINGE BENEFITS	0
5196 - NSHE PROFESSIONAL FRINGE BENEFITS	0
5199 - NSHE WAGES FRINGE	0
5200 - WORKERS COMPENSATION	1,192,244
5300 - RETIREMENT	29,093,549
5400 - PERSONNEL ASSESSMENT	168,931
5500 - GROUP INSURANCE	20,654,244
5750 - RETIRED EMPLOYEES GROUP INSURANCE	4,954,855
5800 - UNEMPLOYMENT COMPENSATION	232,121
5840 - MEDICARE	2,541,710
5841 - SOCIAL SECURITY	0
5904 - VACANCY SAVINGS	-3,160,477
Total	262,342,054.00

Exclude 25,169,206.00

Leg Approved Cat 01 (less exclusions) 237,172,848.00

Leg Approved less exclusions	237,172,848.00
Less GF Budget Reductions	(19,505,530.00)
Less Furlough Reductions	(2,792,253.00)
Less PEBP Holiday Reductions	(1,088,387.00)
Budget for determining Salary Adjustment	213,786,678.00
Times GF Percentage	121,489,348.00

Total Projected State Supported Personnel Costs	261,164,769.44
Excluded Costs (excluded plus wages)	43,031,197.81
Eligible Personnel Costs	218,133,571.63
GF%	56.83%
GF Eligible Personnel Costs	123,959,573.00
Difference	2,470,225.00
Maximum Salary Adjustment Funds	4,177,250.00
Proposed Request	2,470,225.00

Leg Approved FY 2021

BA 2992 - UNLV Law

Appropriation	10,456,418.00
	-
Total GF	10,456,418.00
3700 - REGISTRATION FEES	4,414,526.00
3722 - MISCELLANEOUS PROGRAM FEES	32,000.00
3759 - NON-RESIDENT TUITION	315,350.00
Total Non-general fund	4,761,876.00
Total Revenue	15,218,294.00
General Fund %	68.71%

Leg Approved Cat 01

5000 - PERSONNEL SERVICES	-
5100 - SALARIES	975,148.00
5101 - NSHE UNIVERSITY SALARIES	8,123,324.00
5102 - LETTER OF APPOINTMENT	136,878.00
5105 - NSHE WAGES	155,030.00
5196 - NSHE PROFESSIONAL FRINGE BENEF	-
5199 - NSHE WAGES FRINGE	-
5200 - WORKERS COMPENSATION	42,310.00
5300 - RETIREMENT	1,412,223.00
5400 - PERSONNEL ASSESSMENT	5,379.00
5500 - GROUP INSURANCE	733,200.00
5750 - RETIRED EMPLOYEES GROUP INSUR.	248,387.00
5800 - UNEMPLOYMENT COMPENSATION	11,337.00
5840 - MEDICARE	131,924.00
5904 - VACANCY SAVINGS	(43,817.00)
Total	11,931,323.00
Exclude	291,908.00

Leg Approved Cat 01 (less exclusions) 11,639,415.00

Leg Approved less exclusions	11,639,415.00
Less GF Budget Reductions	(638,666.00)
Less Furlough Reductions	(139,831.00)
Less PEBP Holiday Reductions	(52,351.00)
Budget for determining Salary Adjustment	10,808,567.00
Times GF Percentage	7,426,515.00

Total Projected State Supported Personnel	12,485,240.61
Excluded Costs (excluded plus wages)	1,154,709.72
Eligible Personnel Costs	11,330,530.89
GF%	68.71%
GF Eligible Personnel Costs	7,785,154.00
Difference	358,639.00
Maximum Salary Adjustment Funds	208,548.00
Proposed Request	208,548.00

Leg Approved FY 2021  
BA 2994 - GBC

Appropriation	10,619,367
Performance Funds	2,654,842.00
Total GF	13,274,209.00
3700 - REGISTRATION FEES	3,540,951.00
3722 - MISCELLANEOUS PROGRAM FEES	68,000.00
3750 - ADMINISTRATION FEE	8,276.00
3759 - NON-RESIDENT TUITION	197,000.00
Total Non-general fund	3,814,227.00
Total Revenue	17,088,436.00
General Fund %	77.68%

Leg Approved Cat 01	
5000 - PERSONNEL SERVICES	-2,333,022
5100 - SALARIES	2,386,713
5101 - NSHE UNIVERSITY SALARIES	9,317,584
5102 - LETTER OF APPOINTMENT	217,309
5105 - NSHE WAGES	62,246
5190 - SUPPLEMENTAL PAY/STIPEND	655,402
5196 - NSHE PROFESSIONAL FRINGE BENEFITS	0
5199 - NSHE WAGES FRINGE	0
5200 - WORKERS COMPENSATION	101,070
5300 - RETIREMENT	2,036,813
5400 - PERSONNEL ASSESSMENT	14,747
5500 - GROUP INSURANCE	1,682,224
5750 - RETIRED EMPLOYEES GROUP INSURANCE	319,522
5800 - UNEMPLOYMENT COMPENSATION	15,597
5840 - MEDICARE	165,373
5841 - SOCIAL SECURITY	0
5904 - VACANCY SAVINGS	-139,593
Total	14,501,985.00

Exclude 934,957.00

Leg Approved Cat 01 (less exclusions) 13,567,028.00

Leg Approved less exclusions	13,567,028.00
Less GF Budget Reductions	(847,595.00)
Less Furlough Reductions	(180,600.00)
Less PEBP Holiday Reductions	(121,773.00)
Budget for determining Salary Adjustment	12,417,060.00
Times GF Percentage	9,645,508.00

Total Projected State Supported Personnel Costs	14,665,718.19
Excluded Costs (excluded plus wages)	1,184,763.66
Eligible Personnel Costs	13,480,954.53
GF%	77.68%
GF Eligible Personnel Costs	10,471,936.00
Difference	826,428.00
Maximum Salary Adjustment Funds	272,588.00
Proposed Request	272,588.00

Leg Approved FY 2021  
BA 3001 - UNLV SW

Appropriation	3,818,417.00
	-
Total GF	3,818,417.00
Total Non-general fund	-
Total Revenue	3,818,417.00
General Fund %	100.00%

Leg Approved Cat 01

5100 - SALARIES	52,232.00
5101 - NSHE UNIVERSITY SALARIES	1,239,752.00
5105 - NSHE WAGES	11,813.00
5196 - NSHE PROFESSIONAL FRINGE BENEF	-
5199 - NSHE WAGES FRINGE	-
5200 - WORKERS COMPENSATION	7,019.00
5300 - RETIREMENT	208,654.00
5400 - PERSONNEL ASSESSMENT	269.00
5500 - GROUP INSURANCE	113,458.00
5750 - RETIRED EMPLOYEES GROUP INSUR.	35,271.00
5800 - UNEMPLOYMENT COMPENSATION	1,597.00
5840 - MEDICARE	18,732.00
Total	1,688,797.00

Exclude 11,813.00

Leg Approved Cat 01 (less exclusions) 1,676,984.00

Leg Approved less exclusions	1,676,984.00
Less GF Budget Reductions	(72,718.00)
Less Furlough Reductions	(19,865.00)
Less PEBP Holiday Reductions	(12,394.00)
Budget for determining Salary Adjustment	1,572,007.00
Times GF Percentage	1,572,007.00

Total Projected State Supported Personnel	1,668,558.02
Excluded Costs (excluded plus wages)	39,552.52
Eligible Personnel Costs	1,629,005.50
GF%	100.00%
GF Eligible Personnel Costs	1,629,005.00
Difference	56,998.00
Maximum Salary Adjustment Funds	29,770.00
Proposed Request	29,770.00

Leg Approved FY 2021  
BA 3002 - UNLV Dental

Appropriation	9,806,394
Total GF	9,806,394.00
3700 - REGISTRATION FEES	8,125,876.00
3722 - MISCELLANEOUS PROGRAM FEES	85,500.00
3759 - NON-RESIDENT TUITION	794,700.00
Total Non-general fund	9,006,076.00
Total Revenue	18,812,470.00
General Fund %	52.13%

Leg Approved Cat 01

5000 - PERSONNEL SERVICES	0
5100 - SALARIES	3,918,041
5101 - NSHE UNIVERSITY SALARIES	8,790,835
5102 - LETTER OF APPOINTMENT	20,630
5105 - NSHE WAGES	15,265
5196 - NSHE PROFESSIONAL FRINGE BENEFITS	0
5200 - WORKERS COMPENSATION	83,143
5300 - RETIREMENT	2,058,627
5400 - PERSONNEL ASSESSMENT	21,167
5500 - GROUP INSURANCE	1,319,196
5750 - RETIRED EMPLOYEES GROUP INSURANCE	346,960
5800 - UNEMPLOYMENT COMPENSATION	16,774
5840 - MEDICARE	181,919
5904 - VACANCY SAVINGS	-168,881
Total	16,603,676.00

Exclude 35,895.00

Leg Approved Cat 01 (less exclusions) 16,567,781.00

Leg Approved less exclusions	16,567,781.00
Less GF Budget Reductions	(1,812,000.00)
Less Furlough Reductions	(195,614.40)
Less PEBP Holiday Reductions	(65,258.00)
Budget for determining Salary Adjustment	14,494,908.60
Times GF Percentage	7,555,775.00

Total Projected State Supported Personnel Costs	16,096,089.02
Excluded Costs (excluded plus wages)	810,742.14
Eligible Personnel Costs	15,285,346.88
GF%	52.13%
GF Eligible Personnel Costs	7,967,807.00
Difference	412,032.00
Maximum Salary Adjustment Funds	292,959.00
Proposed Request	292,959.00

Leg Approved FY 2021  
BA 3003 - BCN

Appropriation	2,154,095
	-
Total GF	2,154,095.00
Total Non-general fund	-
Total Revenue	2,154,095.00
General Fund %	100.00%

Leg Approved Cat 01	
5000 - PERSONNEL SERVICES	(119,496.00)
5100 - SALARIES	742,856.00
5101 - NSHE UNIVERSITY SALARIES	740,650.00
5102 - LETTER OF APPOINTMENT	-
5105 - NSHE WAGES	29,438.00
5190 - SUPPLEMENTAL PAY/STIPEND	2,083.00
5196 - NSHE PROFESSIONAL FRINGE BENEFITS	-
5199 - NSHE WAGES FRINGE	-
5200 - WORKERS COMPENSATION	12,878.00
5300 - RETIREMENT	278,603.00
5400 - PERSONNEL ASSESSMENT	3,405.00
5500 - GROUP INSURANCE	209,808.00
5750 - RETIRED EMPLOYEES GROUP INSURANCE	40,499.00
5800 - UNEMPLOYMENT COMPENSATION	2,116.00
5840 - MEDICARE	21,514.00
Total	1,964,354.00
Exclude	31,521.00
Leg Approved Cat 01 (less exclusions)	1,932,833.00
Leg Approved less exclusions	1,932,833.00
Less GF Budget Reductions	(361,558.00)
Less Furlough Reductions	(22,881.00)
Less PEBP Holiday Reductions	(20,859.00)
Budget for determining Salary Adjustment	1,527,535.00
Times GF Percentage	1,527,535.00
Total Projected State Supported Personnel Costs	1,565,977.52
Excluded Costs (excluded plus wages)	4,601.11
Eligible Personnel Costs	1,561,376.41
GF%	100.00%
GF Eligible Personnel Costs	1,561,376.00
Difference	33,841.00
Maximum Salary Adjustment Funds	34,945.00
Proposed Request	33,841.00

Leg Approved FY 2021  
BA 3004 - BCS

Appropriation	1,957,810
	-
Total GF	1,957,810.00
Total Non-general fund	-
Total Revenue	1,957,810.00
General Fund %	100.00%

Leg Approved Cat 01	
5000 - PERSONNEL SERVICES	(107,123.00)
5100 - SALARIES	611,407.00
5101 - NSHE UNIVERSITY SALARIES	642,953.00
5105 - NSHE WAGES	2,363.00
5196 - NSHE PROFESSIONAL FRINGE BENEFITS	-
5199 - NSHE WAGES FRINGE	-
5200 - WORKERS COMPENSATION	10,931.00
5300 - RETIREMENT	237,148.00
5400 - PERSONNEL ASSESSMENT	3,227.00
5500 - GROUP INSURANCE	188,000.00
5750 - RETIRED EMPLOYEES GROUP INSURANCE	34,244.00
5800 - UNEMPLOYMENT COMPENSATION	1,744.00
5840 - MEDICARE	18,186.00
Total	1,643,080.00

Exclude 2,363.00

Leg Approved Cat 01 (less exclusions) 1,640,717.00

Leg Approved less exclusions	1,640,717.00
Less GF Budget Reductions	(349,389.00)
Less Furlough Reductions	(19,352.00)
Less PEBP Holiday Reductions	(18,520.00)
Budget for determining Salary Adjustment	1,253,456.00
Times GF Percentage	1,253,456.00

Total Projected State Supported Personnel Costs	1,543,566.70
Excluded Costs (excluded plus wages)	208,477.09
Eligible Personnel Costs	1,335,089.61
GF%	100.00%
GF Eligible Personnel Costs	1,335,090.00
Difference	81,634.00
Maximum Salary Adjustment Funds	29,568.00
Proposed Request	29,568.00

Leg Approved FY 2021

BA 3005 - NSC

Appropriation	16,655,158.00
Performance Funds	4,163,789.00
Total GF	20,818,947.00
3700 - REGISTRATION FEES	11,613,150.00
3722 - MISCELLANEOUS PROGRAM FEES	104,816.00
3750 - ADMINISTRATION FEE	60,154.00
3759 - NON-RESIDENT TUITION	330,965.00
Total Non-general fund	12,109,085.00
Total Revenue	32,928,032.00

General Fund % 63.23%

Leg Approved Cat 01

5000 - PERSONNEL SERVICES	90,536
5100 - SALARIES	1,380,291
5101 - NSHE UNIVERSITY SALARIES	10,868,616
5102 - LETTER OF APPOINTMENT	3,087,905
5105 - NSHE WAGES	117,426
5196 - NSHE PROFESSIONAL FRINGE BENEFITS	0
5200 - WORKERS COMPENSATION	90,330
5300 - RETIREMENT	1,937,083
5400 - PERSONNEL ASSESSMENT	7,800
5500 - GROUP INSURANCE	1,556,640
5750 - RETIRED EMPLOYEES GROUP INSURANCE	334,409
5800 - UNEMPLOYMENT COMPENSATION	15,550
5840 - MEDICARE	177,614
5841 - SOCIAL SECURITY	0
5904 - VACANCY SAVINGS	-123,060
Total	19,541,140.00

Exclude 3,205,331.00

Leg Approved Cat 01 (less exclusions) 16,335,809.00

Leg Approved less exclusions	16,335,809.00
Less GF Budget Reductions	(1,871,110.00)
Less Furlough Reductions	(188,701.00)
Less PEBP Holiday Reductions	(91,401.00)
Budget for determining Salary Adjustment	14,184,597.00
Times GF Percentage	8,968,297.00

Total Projected State Supported Personnel Costs	22,189,314.62
Excluded Costs (excluded plus wages)	7,568,501.79
Eligible Personnel Costs	14,620,812.83
GF%	63.23%
GF Eligible Personnel Costs	9,244,097.00
Difference	275,800.00
Maximum Salary Adjustment Funds	281,516.00
Proposed Request	275,800.00



Leg Approved FY 2021

BA 3010 - DRI

Appropriation	7,666,365
	-
Total GF	7,666,365.00
3751 - ADMINISTRATION FEE-A	54,100
4254 - MISCELLANEOUS REVENUE	94,386
Total Non-general fund	148,486.00
Total Revenue	7,814,851.00
General Fund %	98.10%

Leg Approved Cat 01

5000 - PERSONNEL SERVICES	123,738.00
5100 - SALARIES	-
5101 - NSHE UNIVERSITY SALARIES	4,709,600.00
5102 - LETTER OF APPOINTMENT	12,480.00
5105 - NSHE WAGES	15,066.00
5196 - NSHE PROFESSIONAL FRINGE BENEFITS	-
5199 - NSHE WAGES FRINGE	-
5200 - WORKERS COMPENSATION	27,193.00
5300 - RETIREMENT	885,137.00
5400 - PERSONNEL ASSESSMENT	-
5500 - GROUP INSURANCE	465,112.00
5750 - RETIRED EMPLOYEES GROUP INSURANCE	128,575.00
5800 - UNEMPLOYMENT COMPENSATION	6,691.00
5840 - MEDICARE	68,291.00
5904 - VACANCY SAVINGS	(20,740.00)
Total	6,421,143.00

Exclude 27,546.00

Leg Approved Cat 01 (less exclusions) 6,393,597.00

Leg Approved less exclusions	6,393,597.00
Less GF Budget Reductions	(394,888.00)
Less Furlough Reductions	(72,483.00)
Less PEBP Holiday Reductions	(48,484.00)
Budget for determining Salary Adjustment	5,877,742.00
Times GF Percentage	5,766,062.00

Total Projected State Supported Personnel Costs	6,053,070.93
Excluded Costs (excluded plus wages)	27,373.37
Eligible Personnel Costs	6,025,697.56
GF%	98.10%
GF Eligible Personnel Costs	5,911,206.00
Difference	145,144.00
Maximum Salary Adjustment Funds	110,896.00
Proposed Request	110,896.00

Leg Approved FY 2021

A 3011 - CSN

Appropriation	82,579,803.00
Performance Funds	20,644,951.00
Total GF	103,224,754.00
3700 - REGISTRATION FEES	43,186,941.00
3722 - MISCELLANEOUS PROGRAM FEES	595,000.00
3750 - ADMINISTRATION FEE	120,000.00
3759 - NON-RESIDENT TUITION	6,505,958.00
Total Non-general fund	50,407,899.00
Total Revenue	153,632,653.00
General Fund %	67.19%

Leg Approved Cat 01

5000 - PERSONNEL SERVICES	-3,778,206
5100 - SALARIES	17,448,341
5101 - NSHE UNIVERSITY SALARIES	59,998,666
5102 - LETTER OF APPOINTMENT	11,801,513
5105 - NSHE WAGES	1,417,603
5196 - NSHE PROFESSIONAL FRINGE BENEFITS	0
5199 - NSHE WAGES FRINGE	0
5200 - WORKERS COMPENSATION	636,908
5300 - RETIREMENT	12,916,275
5400 - PERSONNEL ASSESSMENT	97,989
5500 - GROUP INSURANCE	11,030,242
5750 - RETIRED EMPLOYEES GROUP INSURANCE	2,114,316
5800 - UNEMPLOYMENT COMPENSATION	102,479
5840 - MEDICARE	1,109,494
5841 - SOCIAL SECURITY	0
5904 - VACANCY SAVINGS	-1,442,850

Total 113,452,770.00

Exclude 13,219,116.00

Leg Approved Cat 01 (less exclusions) 100,233,654.00

Leg Approved less exclusions	100,233,654.00
Less GF Budget Reductions	(3,472,105.00)
Less Furlough Reductions	(1,194,104.00)
Less PEBP Holiday Reductions	(679,135.00)
Budget for determining Salary Adjustment	94,888,310.00
Times GF Percentage	63,754,822.00

Total Projected State Supported Personnel Costs	109,680,739.55
Excluded Costs (excluded plus wages)	12,552,616.58
Eligible Personnel Costs	97,128,122.97
GF%	67.19%
GF Eligible Personnel Costs	65,259,737.00
Difference	1,504,915.00
Maximum Salary Adjustment Funds	1,792,558.00
Proposed Request	1,504,915.00

Leg Approved FY 2021

BA 3012 - WNC

Appropriation	11,691,965
Performance Funds	2,922,991.00
Total GF	14,614,956.00
3700 - REGISTRATION FEES	5,057,892.00
3722 - MISCELLANEOUS PROGRAM FEES	9,810.00
3750 - ADMINISTRATION FEE	44,435.00
3759 - NON-RESIDENT TUITION	260,100.00
Total Non-general fund	5,372,237.00
Total Revenue	19,987,193.00

General Fund % 73.12%

Leg Approved Cat 01

5000 - PERSONNEL SERVICES	0
5100 - SALARIES	2,152,694
5101 - NSHE UNIVERSITY SALARIES	8,059,237
5102 - LETTER OF APPOINTMENT	1,839,938
5105 - NSHE WAGES	330,382
5160 - NSHE TEACHING ASSISTANTS	0
5195 - NSHE FRINGE BENEFITS	0
5196 - NSHE PROFESSIONAL FRINGE BENEFITS	0
5199 - NSHE WAGES FRINGE	0
5200 - WORKERS COMPENSATION	85,625
5300 - RETIREMENT	1,840,876
5400 - PERSONNEL ASSESSMENT	12,614
5500 - GROUP INSURANCE	1,455,214
5750 - RETIRED EMPLOYEES GROUP INSURANCE	278,790
5800 - UNEMPLOYMENT COMPENSATION	13,682
5840 - MEDICARE	144,972
5841 - SOCIAL SECURITY	0
5904 - VACANCY SAVINGS	-129,371

Total 16,084,653.00

Exclude 2,170,320.00

Leg Approved Cat 01 (less exclusions) 13,914,333.00

Leg Approved less exclusions	13,914,333.00
Less GF Budget Reductions	(2,306,783.00)
Less Furlough Reductions	(184,608.00)
Less PEBP Holiday Reductions	(99,705.00)
Budget for determining Salary Adjustment	11,323,237.00
Times GF Percentage	8,279,732.00

Total Projected State Supported Personnel Costs	13,415,590.31
Excluded Costs (excluded plus wages)	1,236,186.63
Eligible Personnel Costs	12,179,403.68
GF%	73.12%
GF Eligible Personnel Costs	8,905,775.00
Difference	626,043.00
Maximum Salary Adjustment Funds	239,077.00
Proposed Request	239,077.00

Leg Approved FY 2021	
BA 3014 - UNLV Med	
Appropriation	41,464,109.00
Total GF	41,464,109.00
3601 - LICENSES AND FEES	-
3700 - REGISTRATION FEES	4,512,375.00
3722 - MISCELLANEOUS PROGRAM FEES	-
3759 - NON-RESIDENT TUITION	116,000
Total Non-general fund	4,628,375.00
Total Revenue	46,092,484.00

General Fund % 89.96%

Leg Approved Cat 01	
5000 - PERSONNEL SERVICES	-
5100 - SALARIES	1,521,955.00
5101 - NSHE UNIVERSITY SALARIES	16,033,890.00
5102 - LETTER OF APPOINTMENT	1,266,354.00
5105 - NSHE WAGES	228,801.00
5140 - NSHE GRADUATE ASSISTANTS	61,000.00
5196 - NSHE PROFESSIONAL FRINGE BENEF	-
5199 - NSHE WAGES FRINGE	-
5200 - WORKERS COMPENSATION	114,266.00
5300 - RETIREMENT	2,747,109.00
5400 - PERSONNEL ASSESSMENT	8,606.00
5500 - GROUP INSURANCE	1,259,506.00
5750 - RETIRED EMPLOYEES GROUP INSUR/	479,283.00
5800 - UNEMPLOYMENT COMPENSATION	21,825.00
5840 - MEDICARE	254,561.00
5904 - VACANCY SAVINGS	(136,333.00)
Total	23,860,823.00

Exclude 1,556,155.00

Leg Approved Cat 01 (less exclusions) 22,304,668.00

Leg Approved less exclusions	22,304,668.00
Less GF Budget Reductions	(4,007,849.00)
Less Furlough Reductions	(270,517.00)
Less PEBP Holiday Reductions	(127,511.00)
Budget for determining Salary Adjustment	17,898,791.00
Times GF Percentage	16,101,485.00

Total Projected State Supported Personnel	29,662,053.71
Excluded Costs (excluded plus wages)	5,715,579.29
Eligible Personnel Costs	23,946,474.42
GF%	89.96%
GF Eligible Personnel Costs	21,541,890.00
Difference	5,440,405.00
Maximum Salary Adjustment Funds	403,275.00
Proposed Request	403,275.00

Leg Approved FY 2021  
BA 3018 - TMCC

Appropriation	28,835,736.00
Performance Funds	7,208,934.00
Total GF	36,044,670.00
3700 - REGISTRATION FEES	12,556,471.00
3722 - MISCELLANEOUS PROGRAM FEES	52,210.00
3750 - ADMINISTRATION FEE	5,139.00
3759 - NON-RESIDENT TUITION	1,772,261.00
Total Non-general fund	14,386,081.00
Total Revenue	50,430,751.00

General Fund % 71.47%

Leg Approved Cat 01

5000 - PERSONNEL SERVICES	-1,297,374
5100 - SALARIES	5,847,088
5101 - NSHE UNIVERSITY SALARIES	21,322,779
5102 - LETTER OF APPOINTMENT	4,833,036
5105 - NSHE WAGES	824,105
5160 - NSHE TEACHING ASSISTANTS	0
5195 - NSHE FRINGE BENEFITS	0
5196 - NSHE PROFESSIONAL FRINGE BENEFITS	0
5199 - NSHE WAGES FRINGE	0
5200 - WORKERS COMPENSATION	223,516
5300 - RETIREMENT	4,666,201
5400 - PERSONNEL ASSESSMENT	33,331
5500 - GROUP INSURANCE	3,800,232
5750 - RETIRED EMPLOYEES GROUP INSURANCE	741,740
5800 - UNEMPLOYMENT COMPENSATION	35,570
5840 - MEDICARE	382,705
5841 - SOCIAL SECURITY	0
5904 - VACANCY SAVINGS	-507,988

Total 40,904,941.00

Exclude 5,657,141.00

Leg Approved Cat 01 (less exclusions) 35,247,800.00

Leg Approved less exclusions	35,247,800.00
Less GF Budget Reductions	(1,297,374.00)
Less Furlough Reductions	(418,821.00)
Less PEBP Holiday Reductions	(253,593.00)
Budget for determining Salary Adjustment	33,278,012.00
Times GF Percentage	23,784,991.00

Total Projected State Supported Personnel Costs	39,919,456.87
Excluded Costs (excluded plus wages)	5,474,217.90
Eligible Personnel Costs	34,445,238.97
GF%	71.47%
GF Eligible Personnel Costs	24,619,250.00
Difference	834,259.00
Maximum Salary Adjustment Funds	631,471.00
Proposed Request	631,471.00

Leg Approved FY 2021	
BA 3221 - UNR Health Lab	
Appropriation	1,785,810.00
Total GF	1,785,810.00
Total Non-general fund	-
Total Revenue	1,785,810.00

General Fund %	100.00%
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Leg Approved Cat 01	
5000 - PERSONNEL SERVICES	(202,628.00)
5100 - SALARIES	878,458.00
5101 - NSHE UNIVERSITY SALARIES	270,414.00
5196 - NSHE PROFESSIONAL FRINGE BENEFITS	-
5200 - WORKERS COMPENSATION	10,145.00
5300 - RETIREMENT	207,649.00
5400 - PERSONNEL ASSESSMENT	4,209.00
5500 - GROUP INSURANCE	169,670.00
5750 - RETIRED EMPLOYEES GROUP INSURANCE	31,367.00
5800 - UNEMPLOYMENT COMPENSATION	1,715.00
5840 - MEDICARE	16,664.00
Total	1,387,663.00

Exclude	-
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Leg Approved Cat 01 (less exclusions)	1,387,663.00
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Leg Approved less exclusions	1,387,663.00
Less GF Budget Reductions	(312,316.00)
Less Furlough Reductions	(17,755.52)
Less PEBP Holiday Reductions	(16,753.00)
Budget for determining Salary Adjustment	1,040,838.48
Times GF Percentage	1,040,838.00

Total Projected State Supported Personnel Costs	1,217,965.90
Excluded Costs (excluded plus wages)	22,668.27
Eligible Personnel Costs	1,195,297.63
GF%	100.00%
GF Eligible Personnel Costs	1,195,298.00
Difference	154,460.00
Maximum Salary Adjustment Funds	26,952.00
Proposed Request	26,952.00

# LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	DEPARTMENT OF PUBLIC SAFETY – DIVISION OF EMERGENCY MANAGEMENT	GLOBAL EXPERIENCE SPECIALISTS, INC.	\$510,233
	This is a new lease.		
		<b>Term of Lease:</b> <b>06/14/2021</b> – <b>12/31/2021</b>	<b>Located in Las Vegas</b>

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

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

### STATEWIDE SUBLEASE INFORMATION

1. Agency: Department of Public Safety  
Division of Emergency Management  
2478 Fairview Drive  
Carson City, Nevada 89701  
Judith Lyman  
T: 775.687.0324 E: jlyman@dps.state.nv.us

Remarks: This Sublease is for the storage of Personal Protective Equipment. June's rent has been prorated.

Exceptions/Special notes:

2. Name of Lessor: Global Experience Specialists, Inc

3. Address of Lessor: 7150 S. Tenaya Way Suite 100  
Las Vegas, Nevada 89113

4. Property contact: Kris Truscott  
T: 702.416.2999 E: ktruscott@ges.com

5. Address of Lease property: 7050 Lindell Road, Building B  
Las Vegas, Nevada 89118

a. Square Footage:  Rentable  Usable 101,310

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	improvement cost per square foot	Base Rent cost per square foot	Approx cost per square foot
\$ 77,700.46	17 days	\$ 44,030.34	June 14, 2021 - June 30, 2021	\$0.00	\$0.00	\$0.77
\$ 77,700.46	6	\$ 466,202.76	July 1, 2021 - December 31, 2021	\$0.00	\$0.00	\$0.77
		\$ -		\$0.00	\$0.00	

c. Total Lease Consideration: 6 \$ 510,233.10

d. Total Improvement Cost: \$0.00 \$0.00

e. Option to renew:  Yes  No Renewal terms: One prenegotiated renewal

f. Holdover notice: # of Days required 30 Holdover terms: 25% / 90

g. Term: 6 months 17 days

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

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

l. Comparable Area Market Rate Average: \$1.46

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

n. Lease will be paid for by Agency Budget Account Number: 3602

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: \$66,700 Furnishings: \$0.00 Data/Phones: \$0.00



**STATEWIDE LEASE INFORMATION**

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

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

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

054743

*[Signature]* 6/10/2021  
 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:	NV19831009024	Exp: 7/31/2021
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:	T29038861	
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

*[Signature]* 6/15/21  
 Authorized Signature Date  
 Public Works Division

For Board of Examiners  YES  NO

Steve Sisolak  
Governor



Laura Freed  
Director

Matthew Tuma  
Deputy Director

Ward D. Patrick, PE  
Administrator

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

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

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

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
Public Works Division

Las Vegas Offices:  
Public Works Section  
2300 McLeod Street  
Las Vegas, Nevada 89104-4314  
(702) 486-5115 | Fax (702) 486-5094

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

## MEMORANDUM

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Date: July 15, 2021

To: Natasha Kephart, Budget Analyst

From: Becky McCabe, Public Works Division, Leasing Services

[Becky.mccabe@admin.nv.gov](mailto:Becky.mccabe@admin.nv.gov)

Subject: Retroactive Memo for placement on the August Board of Examiners Meeting, for DPS,  
DEM month to month sublease for 7050 Lindell Road, Las Vegas, Nevada

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This memo is a clarification for a retroactive start date of June 14, 2021 for the lease referenced above, which houses the Department of Public Safety, Division of Emergency Management.

Due to an unanticipated delay in the certification of funding on the agencies side, and in the signature process, this created a delay for submittal to BOE prior to the June 14<sup>th</sup> start date.

This lease is for placement on the August Board of Examiners meeting.

Thank You,

Becky McCabe

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT ELECTION REFORM	GARTNER, INC.	FEDERAL	\$432,480	
	Contract Description:	This is a new contract to provide centralized voter registration and elections management.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 24601		
2.	050	TREASURER'S OFFICE	WELLS FARGO BANK	OTHER: EARNING CREDITS	\$2,592,053	
	Contract Description:	This is the third amendment to the original contract which provides depository, disbursement, lockbox, and reconciliation services to the State. This amendment increases the maximum amount from \$7,489,067.00 to \$10,081,120.40 due to revising the scope of services to include check outsourcing and digital payment services.				
		Term of Contract:	04/01/2013 - 02/28/2023	Contract # 13938		
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ADMINISTRATION	JBA CONSULTING ENGINEERS, INC., DBA NV5 CONSULTANTS	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing mechanical/electrical plan checking services for CIP Projects: SPWD Contract No. 114059.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24541		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ADMINISTRATION	LUMOS & ASSOCIATES	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspections services for CIP Projects: SPWD Contract No. 114170.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24527		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ADMINISTRATION	RSACX	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional third-party commissioning services for CIP Projects: SPWD Contract No. 114191.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24604		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - ADMINISTRATION	TMCX SOLUTIONS, LLC	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional third-party commissioning services for CIP Projects: SPWD Contract No. 114185.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24606		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	AINSWORTH ASSOCIATES MECHANICAL ENGINEERS	BONDS	\$34,900	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Ely State Prison - Boiler Replacement CIP project: CIP Project No. 19-M09; SPWD Contract No. 113179. This amendment increases the maximum amount from \$650,500 to \$685,400 due to additional design services needed to address a failing concrete floor in Building 10 mezzanine.				
		Term of Contract:	01/14/2020 - 06/30/2023	Contract # 22648		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	BCC MANAGEMENT, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional third-party commissioning services for CIP Projects: SPWD Contract No. 114194.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24608		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC	OTHER: AGENCY FUNDED CIP	\$172,780	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Desert Regional Center - Security Fencing and Shade Structure CIP project in Las Vegas, which includes schematic design, construction documents, bidding assistance, and construction administration for access controlled pedestrian gates, electrically operated vehicle gates and the design and construction of a shade structure: CIP Project No. 21-A021; SPWD Contract No. 114207.				
		Term of Contract:	Upon Approval - 09/30/2023	Contract # 24615		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	FINNEGAN ERICKSON ASSOCIATES DBA FEA CONSULTING ENGINEERS	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional third-party commissioning services for CIP Projects: SPWD Contract No. 113979.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24609		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	HERSHENOW & KLIPPENSTEIN ARCHITECT DBA H&K ARCHITECTS	OTHER: AGENCY FUNDED CIP	\$11,000	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides professional architectural/engineering services for the Nevada Army National Guard - Field Maintenance Shop 2 Tool Room Addition CIP project. CIP Project No. 20-A020; SPWD Contract No. 113471. This amendment increases the maximum amount from \$44,949.70 to \$55,949.70 due to the need for architectural and structural revisions.				
		Term of Contract:	06/05/2020 - 06/30/2024	Contract # 23144		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	RAGLEN SYSTEM BALANCE, INC.	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional third-party commissioning services for CIP Projects: SPWD Contract No. 114184.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24607		
13.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT - NEVADA MAIN STREET PROGRAM	NATIONAL MAIN STREET CENTER	GENERAL	\$50,200	Sole Source
	Contract Description:	This is a new contract to provide training, technical assistance and program facilitation for the Nevada Main Street Program.				
		Term of Contract:	Upon Approval - 09/15/2022	Contract # 24587		
14.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	COMMNET OF NEVADA, LLC	OTHER: REVENUE	\$59,553	
	Contract Description:	This is a new revenue contract to provide ongoing rack space at Prospect Peak in Eureka County.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24584		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	COMMNET OF NEVADA, LLC	OTHER: REVENUE	\$59,553	
	Contract Description:	This is a new revenue contract to provide rack space at Austin Summit in Lander County.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24616		
16.	300	DEPARTMENT OF EDUCATION - GEAR UP	NATIONAL COUNCIL FOR COMMUNITY AND EDUCATION PARTNERSHIPS	FEDERAL	\$72,000	
	Contract Description:	The is a new contract to provide customizable, grade-specific college and career readiness curriculum, training, professional development, and curriculum mapping.				
		Term of Contract:	08/23/2021 - 08/22/2025	Contract # 24497		
17.	300	DEPARTMENT OF EDUCATION - PROFICIENCY TESTING	DATA RECOGNITION CORPORATION	GENERAL 75% FEDERAL 25%	\$19,685,447	
	Contract Description:	This is the tenth amendment to the original contract which provides Nevada Ready Student Assessment System services and support statewide on an as-needed basis. This amendment extends the termination date from August 31, 2021 to August 31, 2023 and increases the maximum amount from \$62,502,566.45 to \$82,188,013.45 to allow enough time for a request for proposal to be completed.				
		Term of Contract:	08/11/2015 - 08/31/2023	Contract # 16894		
18.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF UNIVERSITY OF NEVADA, RENO	FEDERAL	\$291,128	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides ongoing Quality Rating Improvement System (QRIS) assessors and a QRIS coaching academy. This amendment increases the maximum amount from \$1,756,432 to \$2,047,560 due to revising the scope of work to add an additional QRIS assessor.				
		Term of Contract:	07/01/2020 - 06/30/2024	Contract # 23172		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	300	DEPARTMENT OF EDUCATION - SAFE AND RESPECTFUL LEARNING	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF UNIVERSITY OF NEVADA, RENO	FEDERAL	\$1,550,473	Exempt
	Contract Description:	This is a new interlocal agreement to provide recruitment, retention and re-specialization services for school counselors, social workers and psychologists to increase the workforce pipeline.				
	Term of Contract:	Upon Approval - 09/30/2025	Contract # 24463			
20.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	CATAPULT SYSTEMS, LLC	FEDERAL	\$125,492	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides a grant management software subscription. This amendment increases the maximum amount from \$137,596 to \$263,088 due to revising the scope of work to include additional enhancements to the software.				
	Term of Contract:	07/01/2020 - 06/30/2022	Contract # 23204			
21.	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%	\$219,700	
	Contract Description:	This is a new service agreement under master service agreement #23410 which provides procurement of acquisition support services. This service agreement provides the development of the All Payers Claims Database Request for Proposal. The All Payers Claims Database will provide information relating to all health insurance claims resulting from medical, dental or pharmacy benefits provided. <b>THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM #C55028.</b>				
	Term of Contract:	10/01/2021 - 06/05/2022	Contract # 24545			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	CHURCHILL COUNTY	OTHER: REVENUE	\$119,461	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.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24174		
23.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	NYE COUNTY	OTHER: REVENUE	\$160,607	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.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24184		
24.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	WHITE PINE COUNTY	OTHER: REVENUE	\$85,627	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.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24176		
25.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	HEALTH MANAGEMENT ASSOCIATES, INC	FEDERAL	\$249,269	
	Contract Description:	This is a new contract to provide workforce training and education regarding domestic violence.				
		Term of Contract:	08/10/2021 - 08/09/2023	Contract # 24602		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
26.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	SOCIAL CHANGE PARTNERS, LLC	FEDERAL	\$64,000	Sole Source
	Contract Description:	This is a new contract to provide ongoing consultation services and aid in the analysis and implementation of federally funded extended foster care for eligible participants.				
		Term of Contract:	08/01/2021 - 06/30/2022	Contract # 24573		
27.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	UNIVERSITY OF SOUTH FLORIDA	FEDERAL	\$129,051	Exempt
	Contract Description:	This is the third amendment to the original interlocal agreement which provides maintenance for the Quality Parenting Initiative Nevada/Just in Time training website. This amendment extends the termination date from September 30, 2022 to September 30, 2023 and increases the maximum amount from \$80,000 to \$209,051 due to the continued need for these services.				
		Term of Contract:	10/01/2018 - 09/30/2023	Contract # 21246		
28.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	UNIVERSITY OF MARYLAND	FEDERAL	\$466,481	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing professional technical assistance and consultation to assist in planning and further implementation of the Family First Prevention Services Act.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 24451		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES	UNIVERSITY OF NEVADA, RENO, SCHOOL OF MEDICINE, INTEGRATED CLINICAL	FEDERAL	(\$91,520)	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides psychiatric services through an Advanced Practice Registered Nurse (APRN) as well as the supervision of psychiatric services. This amendment extends the termination date from June 30, 2022 to September 30, 2022, decreases the maximum amount from \$244,600 to \$153,080 due to the continued need for fellow's supervision and the elimination of APRN supervision services.				
	Term of Contract:	07/01/2020 - 09/30/2022	Contract # 23237			
30.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	FEDERAL	\$61,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide clinical staff training and preparation for clinical treatment of youth and their families.				
	Term of Contract:	Upon Approval - 03/31/2023	Contract # 24398			
31.	690	COLORADO RIVER COMMISSION	MESA ASSOCIATES, INC.	FEE: POWER ADMINISTRATIVE CHARGE	\$860,000	
	Contract Description:	This is a new contract to provide ongoing operation and maintenance engineering support services for the high-voltage transmission and distribution system.				
	Term of Contract:	Upon Approval - 09/01/2025	Contract # 24572			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
32.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	CENTRAL LYON COUNTY	OTHER: REVENUE	\$55,712	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24408		
33.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	CITY OF SPARKS	OTHER: REVENUE	\$91,192	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24404		
34.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	EUREKA COUNTY	OTHER: REVENUE	\$110,338	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24566		
35.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	ELKO COUNTY	OTHER: REVENUE	\$1,625,934	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24561		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
36.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	LINCOLN COUNTY	OTHER: REVENUE	\$56,702	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24564		
37.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	STOREY COUNTY	OTHER: REVENUE	\$72,606	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24568		
38.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	TRUCKEE MEADOW FIRE PROTECTION DISTRICT	OTHER: REVENUE	\$397,404	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24555		
39.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	WASHOE COUNTY	OTHER: REVENUE	\$84,278	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24560		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
40.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	ELKO CENTRAL DISPATCH ADMINISTRATIVE AUTHORITY	OTHER: REVENUE	\$54,180	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide reimbursement of operating costs for the Elko Interagency Dispatch Center.				
	Term of Contract:	Upon Approval - 06/30/2025	Contract # 24611			
41.	902	DEPARTMENT OF EMPLOYMENT TRAINING AND REHABILITATION - OFFICE OF WORKFORCE INNOVATION	THE ABBI AGENCY	FEDERAL	\$393,000	
	Contract Description:	This is a new contract to provide marketing and outreach for workforce development and training opportunities to Nevada's diverse communities adversely affected by the COVID-19 pandemic.				
	Term of Contract:	Upon Approval - 09/29/2023	Contract # 24630			
42.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	GEOGRAPHIC SOLUTIONS, INC.	FEDERAL	\$695,060	
	Contract Description:	This is the fifth amendment to the original contract which provides an automated reporting and management information system that includes the hardware, software, implementation, maintenance and support to provide various self-service job-seeker and employer system modules for workforce agency offices across the state. This amendment extends the termination date from August 30, 2021 to June 30, 2022 and increases the maximum amount from \$3,543,260 to \$4,238,320 due to the continued need for these services and to add new service modules.				
	Term of Contract:	02/14/2017 - 06/30/2022	Contract # 18376			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
43.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	CENTER FOR EMPLOYMENT SECURITY EDUCATION & RESEARCH	FEDERAL	\$104,900	Sole Source
	Contract Description:	This is a new contract to provide technical assistance in developing the request for proposal for the Unemployment Information Technology Modernization project.				
	Term of Contract:	Upon Approval - 03/31/2022	Contract # 24479			

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24601**

Agency Name: <b>SECRETARY OF STATE'S OFFICE</b>	Legal Entity Name: <b>GARTNER INC</b>
Agency Code: <b>040</b>	Contractor Name: <b>GARTNER INC</b>
Appropriation Unit: <b>1051-16</b>	Address: <b>56 TOP GALLANT RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>STAMFORD, CT 06902-7747</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>YVETTE TOLEDO 602-561-8599</b>
	Vendor No.: <b>PUR0005339</b>
	NV Business ID: <b>NV19941112701</b>
To what State Fiscal Year(s) will the contract be charged? <b>2022</b>	

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

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

Agency Reference #: 040

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **333 days**4. Type of contract: **Contract**Contract description: **Voter Reg Assessment**

5. Purpose of contract:

**This is a new contract to provide centralized Voter Registration and Elections Management Solution (VREMS) to transform voter and elections management.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$432,480.00**

Other basis for payment: Total Contract not to exceed \$432,480.00 which includes a base cost of \$420,000 plus up to 40 hours of unanticipated tasks at a rate of \$312 per hour.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

AB422

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

State personnel have neither the expertise nor the time to do this work.

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

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

Konnech, Inc.  
Ballot  
Gant Group, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 04SOS-S1325, 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: 04/05/2021 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	dbowma1	06/29/2021 14:52:28 PM
Division Approval	dbowma1	06/29/2021 14:52:31 PM
Department Approval	dbowma1	06/29/2021 14:52:35 PM
Contract Manager Approval	adale	06/29/2021 14:53:32 PM
Budget Analyst Approval	hfield	07/19/2021 17:33:41 PM
BOE Agenda Approval	hfield	07/19/2021 17:33:44 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: **13938** Amendment Number: **3**  
 Agency Name: **TREASURER'S OFFICE** Legal Entity Name: **WELLS FARGO BANK**  
 Agency Code: **050** Contractor Name: **WELLS FARGO BANK**  
 Appropriation Unit: **1080-04** Address: **6325 S. Rainbow Blvd., Suite 2**  
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89118**  
 If "No" please explain: Not Applicable Contact/Phone: **Pat Foley 702-247-5613**  
 Vendor No.: **T81020313**  
 NV Business ID: **NV20151382501**

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

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

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

Agency Reference #: 050

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2013**  
 Anticipated BOE meeting date 07/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **02/28/2023**  
 Contract term: **9 years and 335 days**

4. Type of contract: **Contract**  
 Contract description: **General Banking**

5. Purpose of contract:  
**This is the third amendment to the original contract which provides depository, disbursement, lockbox, and reconciliation services to the State. This amendment increases the maximum amount from \$7,489,067 to \$10,081,120.40 due to revising the scope of services to include check outsourcing and Zelle services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,978,473.00	\$1,978,473.00	\$1,978,473.00	Yes - Action
a. Amendment 1:	\$4,012,781.00	\$4,012,781.00	\$4,012,781.00	Yes - Action
b. Amendment 2:	\$1,497,813.00	\$1,497,813.00	\$1,497,813.00	Yes - Action
2. Amount of current amendment (#3):	\$2,592,053.40	\$2,592,053.40	\$2,592,053.40	Yes - Action
3. New maximum contract amount:	\$10,081,120.40			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
Banking services are required for depository services and disbursements.

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

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

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

d. Last bid date: 11/01/2012 Anticipated re-bid date: 09/01/2021

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

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

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

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

Not Applicable

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

Other

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	06/04/2021 08:24:16 AM
Division Approval	alaw1	06/04/2021 08:24:25 AM
Department Approval	alaw1	06/04/2021 08:24:28 AM
Contract Manager Approval	thagan	07/16/2021 14:26:58 PM
Budget Analyst Approval	cbrekken	07/19/2021 14:54:52 PM
BOE Agenda Approval	cbrekken	07/19/2021 14:54:57 PM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24541**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>JBA CONSULTING ENGINEERS, INC. DBA NV5 CONSULTANTS</b>
Agency Code: <b>082</b>	Contractor Name: <b>JBA CONSULTING ENGINEERS, INC. DBA NV5 CONSULTANTS</b>
Appropriation Unit: <b>1540-04</b>	Address: <b>5155 WEST PATRICK LN., STE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-362-9200</b>
	Vendor No.: <b>T80928382</b>
	NV Business ID: <b>NV19661000733</b>

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 %	<b>X Other funding</b>	<b>100.00 % CAPITAL PROJECT FUNDS</b>

Agency Reference #: 114059

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 333 days**

4. Type of contract: **Contract**

Contract description: **MECHANICAL/ELECTRIC**

5. Purpose of contract:

**This is a new contract to provide ongoing mechanical/electrical plan checking services for CIP Projects: SPWD Contract No. 114059.**

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:

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:  
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	07/01/2021 09:10:38 AM
Division Approval	nmann	07/01/2021 09:10:41 AM
Department Approval	nmann	07/01/2021 09:10:43 AM
Contract Manager Approval	lwildes	07/01/2021 10:04:22 AM
Budget Analyst Approval	nkephart	07/13/2021 15:32:59 PM
BOE Agenda Approval	jrodrig9	07/19/2021 17:02:56 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: **24527**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>LUMOS &amp; ASSOCIATES</b>
Agency Code: <b>082</b>	Contractor Name: <b>LUMOS &amp; ASSOCIATES</b>
Appropriation Unit: <b>1540-04</b>	Address: <b>9222 PROTOTYPE DR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89521-8989</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-883-7077</b>
	Vendor No.: <b>T80912843A</b>
	NV Business ID: <b>NV19791006982</b>

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 %	<b>X</b> Other funding	<b>100.00 % Capital Project Funds</b>

Agency Reference #: 114170

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 333 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 inspections services for CIP Projects: SPWD Contract No. 114170.**

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 Material Testing & Inspections 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?

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	07/01/2021 09:04:32 AM
Division Approval	nmann	07/01/2021 09:04:37 AM
Department Approval	nmann	07/01/2021 09:04:42 AM
Contract Manager Approval	lwildes	07/01/2021 10:05:02 AM
Budget Analyst Approval	nkephart	07/13/2021 15:39:21 PM
BOE Agenda Approval	jrodrig9	07/19/2021 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 CONTRACT

1. Contract Number: **24604**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>RSACX</b>
Agency Code: <b>082</b>	Contractor Name: <b>RSACX</b>
Appropriation Unit: <b>1540-04</b>	Address: <b>1420 HOLCOMB AVE., STE. 120</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-3084</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-323-8866</b>
	Vendor No.: <b>T27042082</b>
	NV Business ID: <b>NV20151373533</b>

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 %	<b>X</b> Other funding	<b>100.00 % Capital Project Funds</b>

Agency Reference #: 114191

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 333 days**

4. Type of contract: **Contract**

Contract description: **Third Party Plan Ck**

5. Purpose of contract:

**This is a new contract to provide ongoing professional third-party commissioning services for CIP Projects: SPWD Contract No. 114191.**

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?

Third party commissioning 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 Third Party Commissioning 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	07/01/2021 11:13:44 AM
Division Approval	nmann	07/01/2021 11:13:46 AM
Department Approval	nmann	07/01/2021 11:13:48 AM
Contract Manager Approval	lwildes	07/01/2021 11:49:43 AM
Budget Analyst Approval	nkephart	07/13/2021 11:01:26 AM
BOE Agenda Approval	jrodrig9	07/19/2021 17:13:25 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24606**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>TMCX SOLUTIONS LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>TMCX SOLUTIONS LLC</b>
Appropriation Unit: <b>1540-04</b>	Address: <b>8205 W. WARM SPRINGS ROAD SUITE 110</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89113-1834</b>
If "No" please explain: Not Applicable	Contact/Phone: 800-815-1162
	Vendor No.: T27024620
	NV Business ID: NV2090091633795

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 %	<b>X</b> Other funding	<b>100.00 % Capital Project Funds</b>

Agency Reference #: 114185

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 333 days**

4. Type of contract: **Contract**

Contract description: **Third Party Plan Ck**

5. Purpose of contract:

**This is a new contract to provide ongoing professional third-party commissioning services for CIP Projects: SPWD Contract No. 114185.**

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?

Third party commissioning 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 Third Party Commissioning 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	07/01/2021 10:58:56 AM
Division Approval	nmann	07/01/2021 10:59:00 AM
Department Approval	nmann	07/01/2021 10:59:03 AM
Contract Manager Approval	lwildes	07/01/2021 11:51:12 AM
Budget Analyst Approval	nkephart	07/13/2021 11:02:54 AM
BOE Agenda Approval	jrodrig9	07/19/2021 17:11:01 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: <b>22648</b>	Amendment Number: <b>2</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>AINSWORTH ASSOCIATES MECHANICAL ENGINEERS</b>
Agency Code: <b>082</b>	Contractor Name: <b>AINSWORTH ASSOCIATES MECHANICAL ENGINEERS</b>
Appropriation Unit: <b>1550-76</b>	Address: <b>1420 HOLCOMB AVE. SUITE 201</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-8003</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-329-9100</b>
	Vendor No.: <b>T27012245A</b>
	NV Business ID: <b>NV20201704362</b>

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

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

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

Agency Reference #: 113179

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/14/2020**  
Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 167 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is the second amendment to the original contract which provides professional architectural/engineering services for the Ely State Prison - Boiler Replacement CIP project: CIP Project No. 19-M09; SPWD Contract No. 113179. This amendment increases the maximum amount from \$650,500 to \$685,400 due to additional design services needed to address a failing concrete floor in Building 10 mezzanine.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$635,000.00	\$635,000.00	\$635,000.00	Yes - Action
a. Amendment 1:	\$15,500.00	\$15,500.00	\$15,500.00	Yes - Info
2. Amount of current amendment (#2):	\$34,900.00	\$34,900.00	\$50,400.00	Yes - Action
3. New maximum contract amount:	\$685,400.00			

#### 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	07/01/2021 09:16:20 AM
Division Approval	nmann	07/01/2021 09:16:25 AM
Department Approval	nmann	07/01/2021 09:16:32 AM
Contract Manager Approval	lwildes	07/14/2021 09:04:36 AM
Budget Analyst Approval	nkephart	07/14/2021 09:07:59 AM
BOE Agenda Approval	jrodrig9	07/19/2021 15:48:25 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: **24608**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>BCC MANAGEMENT, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>BCC MANAGEMENT, INC.</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>8883 W FLAMINGO RD., STE. 103</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89147-8734</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-987-1980</b>
	Vendor No.: <b>T27039161</b>
	NV Business ID: <b>NV2010683179</b>

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 %	<b>X Other funding</b>	<b>100.00 % Capital Project Funds</b>

Agency Reference #: 114194

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 333 days**

4. Type of contract: **Contract**

Contract description: **Third Party Plan Ck**

5. Purpose of contract:

**This is a new contract to provide ongoing professional third-party commissioning services for CIP Projects: SPWD Contract No. 114194.**

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?

Third party commissioning 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 Third Party Commissioning 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 Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	07/01/2021 10:42:49 AM
Division Approval	nmann	07/01/2021 10:42:53 AM
Department Approval	nmann	07/01/2021 10:42:56 AM
Contract Manager Approval	lwildes	07/01/2021 11:52:41 AM
Budget Analyst Approval	nkephart	07/13/2021 14:21:48 PM
BOE Agenda Approval	jrodrig9	07/19/2021 17:08:36 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: **24615**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>CARPENTER SELLERS DEL GATTO ARCHITECTS PC</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>CARPENTER SELLERS DEL GATTO ARCHITECTS PC</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>8882 SPANISH RIDGE AVE.</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>LAS VEGAS, NV 89148-1303</b>
If "No" please explain:	Not Applicable	Contact/Phone:	702-251-8896
		Vendor No.:	T80997582
		NV Business ID:	NV19871041301

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

Agency Reference #: 114207

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 60 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Desert Regional Center - Security Fencing and Shade Structure CIP project in Las Vegas, which includes schematic design, construction documents, bidding assistance, and construction administration for access controlled pedestrian gates electrically operated vehicle gates, and the design and construction of a shade structure: CIP Project No. 21-A021; SPWD Contract No. 114207.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$172,780.00**

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 : 21-A021 Security Fencing and Shade Structure

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

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

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

19. Agency Field Contract Monitor:  
Pang, Justus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	07/01/2021 10:23:34 AM
Division Approval	nmann	07/01/2021 10:23:37 AM
Department Approval	nmann	07/01/2021 10:23:40 AM
Contract Manager Approval	lwildes	07/01/2021 11:55:24 AM
Budget Analyst Approval	nkephart	07/13/2021 16:00:23 PM
BOE Agenda Approval	jrodrig9	07/19/2021 18:21:51 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: **24609**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>FINNEGAN ERICKSON ASSOC DBA FEA CONSULTING ENGINEERS</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>FINNEGAN ERICKSON ASSOC DBA FEA CONSULTING ENGINEERS</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>2821 W HORIZON RIDGE PKWY #200</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>HENDERSON, NV 89052-4429</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>702-269-6060</b>
		Vendor No.:	<b>T81086339</b>
		NV Business ID:	<b>NV</b>

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 %	<b>X</b> Other funding	<b>100.00 % Capital Project Funds</b>

Agency Reference #: 113979

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 333 days**

4. Type of contract: **Contract**

Contract description: **Third Party Plan Ck**

5. Purpose of contract:

**This is a new contract to provide ongoing professional third-party commissioning services for CIP Projects: SPWD Contract No. 113979.**

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?

Third party commissioning 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 Third Party Commissioning 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 Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	07/01/2021 10:34:14 AM
Division Approval	nmann	07/01/2021 10:34:17 AM
Department Approval	nmann	07/01/2021 10:34:19 AM
Contract Manager Approval	lwildes	07/01/2021 11:53:32 AM
Budget Analyst Approval	nkephart	07/13/2021 15:12:20 PM
BOE Agenda Approval	jrodrig9	07/19/2021 17:05:33 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: <b>23144</b>	Amendment Number: <b>3</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>HERSHENOW &amp; KLIPPENSTEIN ARCHITECT dba H&amp;K ARCHITECTS</b>
Agency Code: <b>082</b>	Contractor Name: <b>HERSHENOW &amp; KLIPPENSTEIN ARCHITECT dba H&amp;K ARCHITECTS</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>5485 RENO CORPORATE DR STE 100</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>RENO, NV 89511-2262</b>
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 10, Army Facility.	Contact/Phone: <b>775-870-4882</b>
	Vendor No.: <b>T80984709</b>
	NV Business ID: <b>NV19941047730</b>

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

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

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

Agency Reference #: 113471

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/05/2020**

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years and 26 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is the third amendment to the original contract which provides professional architectural/engineering services for the Nevada Army National Guard - Field Maintenance Shop 2 Tool Room Addition CIP project. CIP Project No. 20-A020; SPWD Contract No. 113471. This amendment increases the maximum amount from \$44,949.70 to \$55,949.70 due to the need for architectural and structural revisions.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$36,200.00	\$36,200.00	\$36,200.00	Yes - Info
a. Amendment 1:	\$1,450.00	\$1,450.00	\$37,650.00	No
b. Amendment 2:	\$7,299.70	\$8,749.70	\$44,949.70	No
2. Amount of current amendment (#3):	\$11,000.00	\$19,749.70	\$55,949.70	Yes - Action
3. New maximum contract amount:	\$55,949.70			

## II. JUSTIFICATION

7. What conditions require that this work be done?

2020 Leg. Approved CIP's

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

## III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

18. 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	07/01/2021 09:53:56 AM
Division Approval	nmann	07/01/2021 09:54:02 AM

Department Approval	nmann	07/01/2021 09:54:07 AM
Contract Manager Approval	lwildes	07/01/2021 10:02:48 AM
Budget Analyst Approval	nkephart	07/13/2021 15:43:56 PM
BOE Agenda Approval	jrodrig9	07/19/2021 16:28:24 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: **24607**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>RAGLEN SYSTEM BALANCE, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>RAGLEN SYSTEM BALANCE, INC.</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>898 MAESTRO DR., STE. 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-2397</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-747-0100</b>
	Vendor No.: <b>T29011422</b>
	NV Business ID: <b>NV19801011846</b>

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 %	<b>X</b> Other funding	<b>100.00 % Capital Project Funds</b>

Agency Reference #: 114184

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 333 days**

4. Type of contract: **Contract**

Contract description: **Third Party Plan Ck**

5. Purpose of contract:

**This is a new contract to provide ongoing professional third-party commissioning services for CIP Projects: SPWD Contract No. 114184.**

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?

Third party commissioning 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 Third Party Commissioning 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	07/01/2021 10:44:10 AM
Division Approval	nmann	07/01/2021 10:44:13 AM
Department Approval	nmann	07/01/2021 10:44:15 AM
Contract Manager Approval	lwildes	07/01/2021 11:51:59 AM
Budget Analyst Approval	nkephart	07/13/2021 11:31:44 AM
BOE Agenda Approval	jrodrig9	07/19/2021 17:10:16 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: **24587**

Agency Name: <b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name: <b>NATIONAL MAIN STREET CENTER</b>
Agency Code: <b>102</b>	Contractor Name: <b>NATIONAL MAIN STREET CENTER</b>
Appropriation Unit: <b>1532-11</b>	Address: <b>INC</b>
Is budget authority available?: <b>Yes</b>	<b>53 W JACKSON BLVD STE 350</b>
If "No" please explain: <b>Not Applicable</b>	<b>CHICAGO, IL 60604-3684</b>
	Contact/Phone: <b>312/610-5611</b>
	Vendor No.: <b>T32005766</b>
	NV Business ID: <b>NV20161444620</b>

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.

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

Agency Reference #: 102

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/15/2022**

Contract term: **1 year and 45 days**

4. Type of contract: **Contract**

Contract description: **Program Facilitation**

5. Purpose of contract:

**This is a new contract to provide training, technical assistance and program facilitation for the Nevada Main Street Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,200.00**

Other basis for payment: Payments will be made upon completion of agreed upon deliverables and receipt of corresponding invoice(s)

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The contract will support the work done under the Main Street budget account (BA 1532).

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

This program will continue as established and requires training and other assistance that is being provided to all participating states through the Department of Housing and Urban Development and the National Trust for Historic Preservation. There are no state employees with the knowledge and expertise to provide this work.

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

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

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

Not Applicable

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

**Approval #: 210603**

**Approval Date: 06/23/2021**

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:

Contractor has previously contracted with GOED and the work performed meets or exceeds expectations.

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

**No** If "Yes", please provide details of the litigation 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	Icopelan	06/27/2021 10:44:27 AM
Division Approval	Icopelan	06/27/2021 10:44:30 AM
Department Approval	Icopelan	06/27/2021 10:44:33 AM
Contract Manager Approval	Icopelan	06/27/2021 10:44:37 AM
Budget Analyst Approval	stillley	07/19/2021 17:41:21 PM
BOE Agenda Approval	hfield	07/20/2021 09:51:09 AM
BOE Final Approval	Pending	



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

<i>Purchasing Use Only:</i>	
Approval#:	210603

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

1a	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>			
	State Agency Name:	<i>Governor's Office of Economic Development (GOED)</i>		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		<i>Leandra Diossa, Director of Administration</i>	<i>775-842-0711</i>	<i>ldiossa@diversifynevada.com</i>

1b	<b>Vendor Information:</b>	
	Identify Vendor:	<i>National Main Street Center (Center)</i>
	Contact Name:	<i>Patrice Frey</i>
	Complete Address:	<i>53 W. Jackson Blvd., Suite 350 Chicago, IL 60604</i>
	Telephone Number:	<i>312-610-5617</i>
	Email Address:	<i>mainstreet@savingplaces.org</i>

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

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

1e	<b>Term: 1 year</b>			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>August 10, 2021</i>	End Date:

1f	<b>Funding:</b>	
	State Appropriated:	<i>X (Budget Account 1532)</i>
	Federal Funds:	
	Grant Funds:	

*Rec'd 06/21/21 1:47pm*

Other (Explain):	
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Purchasing Use Only:	
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Approval #:	2106030
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1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase: \$50,200
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2	Provide a description of work/services to be performed or commodity/good to be purchased: <i>The Center will provide orientations, trainings, application workshops, inaugural visits, and other assistance related to the Nevada Main Street Program, created by the 2017 Legislature (per AB417) and in connection with the National Trust for Historic Preservation.</i>
---	--

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor: <i>The Center is the only provider for this program and is part of the National Main Street Center, Inc., a subsidiary of the National Trust for Historic Preservation. The National Trust for Historic Preservation is a nonprofit that came out of the National Park Service. The National Park Service administers the National Register of Historic Places, grant programs, and the federal rehabilitation tax incentives. It is a bureau within the Department of the Interior. The National Main Street Center was established as a program of the National Trust for Historic Preservation in 1980 as a way to address the myriad issues facing older and historic downtowns during that time. An exciting new chapter for the organization began on July 1, 2013, when the National Main Street Center launched as an independent subsidiary of the National Trust.</i>
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4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source: <i>See above</i>
---	---

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				
<i>The National Main Street Center is the only provider of comprehensive technical assistance through integral support to Coordinating Programs at the city, county, and state level, and leadership and direction from the National Main Street Center (NMSC).</i>					

Purchasing Use Only:
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Approval #: 210603(c)

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</b>			Yes:	X	No:	
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFO#, Waiver #)</i>		
	8/03/2017	6/30/2021	\$210,698	Program facilitation	Waiver # 170801		
			\$				
			\$				

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<i>If this waiver is denied, the Nevada Main Street program would be unable to provide services to 12 communities currently active in the state coordinating program.</i>

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>GOED has reviewed the budget and pricing and determined that the costs are fair and reasonable.</i>

9	<b>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.</b>			Yes:	X	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i>						
	<i>The term of this contract is for one year. However, GOED plans to extend the contract through FY 2023, and it may be further extended depending upon approval of funding for the continuation of this program in future biennia.</i>						

Purchasing Use Only:

Approval #:

210603

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

Patricia Herzog  
Print Name of Agency Representative Initiating Request

Digitally signed by Patricia Herzog  
DN: cn=Patricia Herzog, o=Governor's Office of Economic  
Development, ou=Rural Economic and Community Development,  
email=phzoz@desirelynvada.com, c=US  
Date: 2021.06.09 12:49:34 -0700

06/09/2021

Date

Leandra Diossa  
2021.06.08 05:33:20 -0700

Signature of Agency Head Authorizing Request

Leandra Diossa, Director of Administration  
Print Name of Agency Head Authorizing Request

06/08/2021

Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Approved by:

Administrator, Purchasing Division or Designee

6/23/21

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: **24584**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>Commnet of Nevada, LLC</b>
Agency Code: <b>180</b>	Contractor Name: <b>Commnet of Nevada, LLC</b>
Appropriation Unit: <b>1388-00</b>	Address: <b>1562 North Park Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Castle Rock, CO 80109</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kenneth Borner n/a</b>
	Vendor No.:
	NV Business ID: <b>NV20081528507</b>

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 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:

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

Anticipated BOE meeting date **09/2021**

Retroactive? **Yes**

If "Yes", please explain

**Due to a combination of staff vacancies, new staff training, and requests to process the fiscal year 2021 transactions prior to the 30 June 2021 deadline, this agreement was not identified as a priority to process and submit to the Governor's Finance Office with sufficient time to review and approve with a 01 July 2021 start date.**

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

Contract term: **4 years**

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

Contract description: **Rack Space Rental**

5. Purpose of contract:

**This is a new revenue contract to provide ongoing rack space at Prospect Peak in Eureka County.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$59,553.28**

Other basis for payment: Rack space rental is \$3,722.08 per year; for 4 site space rentals, the total balance for FY22 is \$14,888.32, FY23 total \$14,888.32, FY24 total \$14,888.32, FY25 total \$14,888.32

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Revenue contract

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

Revenue 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?



[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:

ANN SCOTT, MANAGEMENT ANALYST Ph: 775-684-5859

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	paiazz1	07/01/2021 15:07:22 PM
Division Approval	tmilazz1	07/02/2021 13:53:32 PM
Department Approval	tmilazz1	07/02/2021 13:53:35 PM
Contract Manager Approval	mvietti	07/16/2021 15:03:26 PM
Budget Analyst Approval	dlenzner	07/20/2021 11:20:51 AM
BOE Agenda Approval	dlenzner	07/20/2021 11:20:53 AM
BOE Final Approval	Pending	

Steve Sisolak  
Governor



Laura Freed  
Director

Matthew Tuma  
Deputy Director

Daniel Marlow  
Administrator


**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**

209 E. Musser Street, Suite 304 | Carson City, Nevada 89701  
Phone: (775) 684-0273 | [www.adminsvcs.nv.gov](http://www.adminsvcs.nv.gov) | Fax: (775) 684-5846

**MEMORANDUM**

DATE: 15 July 2021

TO: David Lenzner, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Daniel Marlow, Administrator 

SUBJECT: Request BOE retroactive approval for attached revenue agreement

---

The attached revenue agreement with Commnet of Nevada, LLC has been submitted for approval by the Board of Examiners. Due to a combination of staff vacancies, new staff training, and requests to process fiscal year 2021 transactions prior to the 30 June 2021 deadline, this agreement was not identified as a priority to process and submit to the Governor's Finance Office with sufficient time to review and approve with a 01 July 2021 start date. The dollar amount for this agreement exceeds the Clerk of the Board threshold; as such, the Administrative Services Division and Enterprise Information Technology Division did not allow sufficient time for the negotiation and review process with Commnet of Nevada, LLC to submit to the June Board of Examiners meeting submission deadline.

This revenue agreement is a continuation of service to provide rack space at Prospect Peak in Eureka County which provides wireless internet services to the public. As this is a revenue agreement, we are requesting the retroactive approval date to have contractual authority between the state and Commnet of Nevada, LLC to bill for rack space rental and receive revenue for the State of Nevada.

If the agreement is not approved with an effective date of 01 July 2021, the Enterprise Information Technology Services Network Transport Services budget account would not receive revenue for service provided and not collect sufficient funds this fiscal year for the expenses related to this service.

We respectfully request the Board of Examiners to retroactively approve this revenue agreement with a start date of 01 July 2021.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24616**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>Commnet of Nevada, LLC</b>
Agency Code: <b>180</b>	Contractor Name: <b>Commnet of Nevada, LLC</b>
Appropriation Unit: <b>1388-00</b>	Address: <b>1562 North Park Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Castle Rock, CO 80109</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kenneth Borner n/a</b>
	Vendor No.:
	NV Business ID: <b>NV20081528507</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2025</b>

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

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

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 **09/2021**

Retroactive? **Yes**

If "Yes", please explain

**Due to a combination of staff vacancies, new staff training, and requests to process the fiscal year 2021 transactions prior to the 30 June 2021 deadline, this agreement was not identified as a priority to process and submit to the Governor's Finance Office with sufficient time to review and approve with a 01 July 2021 start date.**

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:

**This is a new revenue contract to provide rack space at Austin Summit in Lander County.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$59,553.28**

Other basis for payment: Rack space rental is \$3,722.08 per year; for 4 site space rentals, the total balance for FY22 is \$14,888.32, FY23 total \$14,888.32, FY24 total \$14,888.32, FY25 total \$14,888.32

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Revenue contract

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

Revenue 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?

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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:

ANN SCOTT, MANAGEMENT ANALYST Ph: 775-684-5859

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	paiazz1	07/01/2021 15:09:25 PM
Division Approval	ssands	07/01/2021 15:48:36 PM
Department Approval	ssands	07/01/2021 15:48:39 PM
Contract Manager Approval	mvietti	07/16/2021 15:29:03 PM
Budget Analyst Approval	dlenzner	07/20/2021 11:30:21 AM
BOE Agenda Approval	dlenzner	07/20/2021 11:30:23 AM
BOE Final Approval	Pending	

Steve Sisolak  
Governor



Laura Freed  
Director

Matthew Tuma  
Deputy Director


Daniel Marlow  
Administrator

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
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Phone: (775) 684-0273 | [www.adminsvcs.nv.gov](http://www.adminsvcs.nv.gov) | Fax: (775) 684-5846

**MEMORANDUM**

DATE: 15 July 2021

TO: David Lenzner, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Daniel Marlow, Administrator 

SUBJECT: Request BOE retroactive approval for attached revenue agreement

---

The attached revenue agreement with Commnet of Nevada, LLC has been submitted for approval by the Board of Examiners. Due to a combination of staff vacancies, new staff training, and requests to process fiscal year 2021 transactions prior to the 30 June 2021 deadline, this agreement was not identified as a priority to process and submit to the Governor's Finance Office with sufficient time to review and approve with a 01 July 2021 start date. The dollar amount for this agreement exceeds the Clerk of the Board threshold; as such, the Administrative Services Division and Enterprise Information Technology Division did not allow sufficient time for the negotiation and review process with Commnet of Nevada, LLC to submit to the June Board of Examiners meeting submission deadline.

This revenue agreement is a continuation of service to provide rack space at Austin Summit in Lander County which provides wireless internet services to the public. As this is a revenue agreement, we are requesting the retroactive approval date to have contractual authority between the state and Commnet of Nevada, LLC to bill for rack space rental and receive revenue for the State of Nevada.

If the agreement is not approved with an effective date of 01 July 2021, the Enterprise Information Technology Services Network Transport Services budget account would not receive revenue for service provided and not collect sufficient funds this fiscal year for the expenses related to this service.

We respectfully request the Board of Examiners to retroactively approve this revenue agreement with a start date of 01 July 2021.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24497**

Agency Name:	<b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name:	<b>NATIONAL COUNCIL FOR COMMUNITY AND EDUCATION PARTNERSHIPS</b>
Agency Code:	<b>300</b>	Contractor Name:	<b>NATIONAL COUNCIL FOR COMMUNITY AND EDUCATION PARTNERSHIPS</b>
Appropriation Unit:	<b>2678-04</b>	Address:	<b>COLLEGE AND CAREER CLUBS 1331 H. STREET NW., STE 900</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>WASHINGTON, DC 20005</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>KELLY PAPPAS EXT 2129 202/5301135</b>
		Vendor No.:	<b>T81099133</b>
		NV Business ID:	<b>NOT REQUIRED</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/23/2021**

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **08/22/2025**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **GEAR UP Grant Servs**

5. Purpose of contract:

**The is a new contract to provide customizable, grade-specific college and career readiness curriculum, training, professional development, and curriculum mapping.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$72,000.00**

Other basis for payment: Monthly, Per Itemized Invoice - FY22 \$18,000; FY23 \$18,000; FY24 \$18,000; FY25 \$15,000; FY26 \$3,000

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The federal GEAR UP grant requires us to provide services for College and Career Readiness. Contracting with NCCEP will enhance the Nevada GEAR UP program and our efforts to provide these services to NVGU 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 set needed or the resources.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

b. Solicitation Waiver: **Not Applicable**

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

The other vendors offered similar but not equivalent services needed.

d. Last bid date: 12/28/2020 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 NOT registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

**Not required to register per Secretary of State Office email.**

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

Yes

17. Not Applicable

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

**No** b. If "NO", please explain.

**Not required to register per Secretary of State Office email.**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bfarra2	06/14/2021 12:12:17 PM
Division Approval	bfarra2	06/14/2021 12:12:19 PM
Department Approval	bfarra2	06/14/2021 12:12:22 PM
Contract Manager Approval	bfarra2	06/14/2021 12:12:26 PM
Budget Analyst Approval	mranki1	07/21/2021 14:49:43 PM
BOE Agenda Approval	cbrekken	07/21/2021 14:50:00 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: <b>16894</b>	Amendment Number: <b>10</b>	
	Legal Entity Name: <b>DATA RECOGNITION CORPORATION</b>	
Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Contractor Name: <b>DATA RECOGNITION CORPORATION</b>	
Agency Code: <b>300</b>	Address: <b>13490 BASS LAKE ROAD</b>	
Appropriation Unit: <b>2697-45</b>	City/State/Zip: <b>MAPLE GROVE, MN 55311</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>DOUG RUSSELL 763/268-2008</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>T29036572</b>	
	NV Business ID: <b>NV20041507280</b>	

To what State Fiscal Year(s) will the contract be charged? **2016-2024**

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

<b>X</b>	General Funds	<b>75.00 %</b>	Fees	0.00 %
<b>X</b>	Federal Funds	<b>25.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/11/2015**

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **08/31/2021**

Contract term: **8 years and 22 days**

4. Type of contract: **Contract**

Contract description: **CBT/McGraw-Hill**

5. Purpose of contract:

**This is the tenth amendment to the original contract which provides Nevada Ready Student Assessment System services and support, statewide, on an as-needed basis. This amendment extends the termination date from August 31, 2021 to August 31, 2023 and increases the maximum amount from \$62,502,566.45 to \$82,188,013.45 to allow enough time for a request for proposal to be completed.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$51,457,083.00	\$51,457,083.00	\$51,457,083.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$511,498.00	\$511,498.00	\$511,498.00	Yes - Action
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
d. Amendment 4:	-\$9,558,963.70	-\$9,558,963.70	-\$9,558,963.70	Yes - Action
e. Amendment 5:	\$331,666.00	\$331,666.00	\$331,666.00	Yes - Action
f. Amendment 6:	\$1,221,646.15	\$1,221,646.15	\$1,221,646.15	Yes - Action
g. Amendment 7:	\$9,856,703.00	\$9,856,703.00	\$9,856,703.00	Yes - Action
h. Amendment 8:	\$10,166,633.00	\$10,166,633.00	\$10,166,633.00	Yes - Action
i. Amendment 9:	-\$1,483,699.00	-\$1,483,699.00	-\$1,483,699.00	Yes - Action



2.	Amount of current amendment (#10):	\$19,685,447.00	\$19,685,447.00	\$19,685,447.00	Yes - Action
3.	New maximum contract amount:	\$82,188,013.45			
	and/or the termination date of the original contract has changed to:	08/31/2023			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Employees within the state have responsibilities that support programs but certain tasks exceed their expertise. Nevada Revised Statutes (NRS) requires contracting with a nationally recognized testing company for these activities.

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

This contractor was selected as the best solution by the independent evaluation committee based on pre-determined evaluation criteria. The Nevada Department of Education does not have the necessary manpower or expertise to conduct this Statewide Assessment.

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 #3175, 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: 03/10/2015 Anticipated re-bid date: 12/31/2018

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:

Nevada Department of Education 7/1/08 to 6/3012  
 State of Nevada March 1, 2014  
 Nevada Department of Education 1/14/15 they have been deemed 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	hsakelar	07/06/2021 13:24:06 PM
Division Approval	hsakelar	07/06/2021 13:24:53 PM
Department Approval	hsakelar	07/06/2021 13:25:43 PM
Contract Manager Approval	hsakelar	07/06/2021 13:26:47 PM
Budget Analyst Approval	mranki1	07/16/2021 11:10:20 AM
BOE Agenda Approval	cbrekken	07/19/2021 14:37:26 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 #:	# 392 (M)

**CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM**

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

<b>1</b>	<b>Agency Contact Information – Note:</b> Approved copy will be sent to only the contact(s) listed below:		
	<b>State Agency Name:</b>	<i>Nevada Department of Education Assessment, Data and Accountability Management (ADAM) Office</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Peter Zutz, ADAM Administrator</i>	<i>(775) 687-9166</i>	<i>pzutz@doe.nv.gov</i>

<b>2</b>	<b>Contractor Information:</b>	
	<b>Contractor:</b>	<i>Data Recognition Corporation (DRC)</i>
	<b>Contact Name:</b>	<i>Doug Russell</i>
	<b>Complete Address:</b>	<i>13490 Bass Lake Road, Maple Grove, Minnesota 55331</i>
	<b>Phone Number:</b>	<i>(763) 268-2000</i>
	<b>Email Address:</b>	

<b>3</b>	<b>List <u>all previous</u> Contract Information:</b>			
	<b>Solicitation Type, if applicable:</b>	<i>Solicitation Waiver</i>	<b>#:</b>	
	<b>CETS #:</b>	<i>#16894</i>		
	<b>Contract Amount:</b>	<i>\$62,502,566.45</i>		
	<b>Contract Term:</b>	<b>Start Date:</b>	<i>8/11/2015</i>	<b>End Date:</b>

*Rec'd 06/24/21 3:30PM @*

<b>Purchasing Use Only:</b>	
Approval #:	#392 (C)

4	<b>Current Contract Information:</b>			
	Solicitation Type, if applicable:	<i>Request for Proposal</i>	#: 3175	<i>Amendments 1 &amp; 2</i>
	CETS #:	#16894		
	Initial Contract Amount:	\$51,457,083.00		
	Contract Term:	Start Date:	8/11/2015	End Date: 8/31/2021

<b>Amendment Information – List <u>all previously</u> approved amendments:</b>			
<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>Contractor's name changed from CTB McGraw Hill to Data Recognition Corporation (DRC).</i>	0.00	N/A
2	<i>To increase contract authority to provide Nevada Ready Student Assessment System services and support statewide on an as needed basis.</i>	\$511,498.00 <i>(new maximum amount \$51,968,581.00)</i>	N/A
3	<i>To revise the scope of work and deliverables due to dates that changed. To continue to provide Nevada Ready Student Assessment System services and support statewide on an as needed basis.</i>	\$0.00	N/A
5	4 <i>To decrease the maximum contract authority amount and revise the scope of work to reflect the decreased costs. To continue to provide Nevada Ready Student Assessment System services and support statewide on an as needed basis.</i>	-\$9,558,963.70 <i>(new maximum amount \$42,409,617.30)</i>	N/A
5	5 <i>To increase the maximum contract authority, and scope change to provide additional training, reporting, and Standard Setting activities to continue to provide Nevada Ready Student Assessment System services and support statewide on an as needed basis.</i>	\$331,666.00 <i>(new maximum amount \$42,741,283.30)</i>	N/A
6	6 <i>To increase the maximum contract authority due to the price for the Nevada Science Assessment for High School previously excluded due to clerical error, and add additional trainings, report interpretation, and ADA compliance, and planning for the transfer of interim data to continue to provide Nevada Ready Student Assessment System</i>	\$1,221,646.15 <i>(new maximum amount \$43,962,929.45)</i>	N/A

	<i>services and support statewide on an as needed basis.</i>		
7	<i>To extend the termination date one year, and to increase the maximum contract authority, and scope to continue to administer student assessments in English Language Arts, Mathematics, and Science at grades 3-8 and High School in Fiscal Years 2020 and 2021. To continue to provide Nevada Ready Student Assessment System services and support statewide on an as needed basis.</i>	<i>\$9,856,703.00 (new maximum amount \$53,819,632.45)</i>	<i>8/31/2020</i>
8	<i>To extend the termination date by one year, and to increase the maximum contract authority amount to continue to provide Nevada Ready Student Assessment System services and support statewide on an as needed basis.</i>	<i>\$10,166,633.00 (new maximum amount \$63,986,265.45)</i>	<i>8/31/2021</i>
9	<i>To reduce the scope of work for fiscal year 2021, and to decrease the maximum contract authority to continue to provide Nevada Ready Student Assessment System services and support statewide on an as needed basis.</i>	<i>-\$1,483,699.00 (new maximum amount \$62,502,566.45)</i>	<i>N/A</i>

<b><u>Proposed Amendment Information:</u></b>			
<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  10	<i>To extend the termination date by two years, and to increase contract authority amount to continue to provide Nevada Ready Student Assessment System services and support statewide on an as needed basis.</i>	<i>\$19,685,447.00 (new maximum amount \$82,188,013.45)</i>	<i>8/31/2023</i>

	<b>What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?</b>
7	<p><i>The Nevada Department of Education will go out to RFP in 2022 with administration to begin in the 2023-2024 school year.</i></p> <p><i>The justification for this two-year contract extension between the Nevada Department of Education (NDE) and the Data Recognition Corporation (DRC) is to enhance the Nevada Ready Student Assessment System and assess students who are English language learners with the assistance of language supports.</i></p> <p><i>DRC will continue to administer the Nevada CRT/Smarter Balanced Assessments in English Language Arts (ELA) and Math at grades 3-8, the Nevada Science Assessment at grades 5, 8, and high school, and the Nevada Alternate Assessment (NAA).</i></p>

*DRC will include language supports for the ELA, Math, and Science assessments. With language supports, English language learners while test-taking, will be able to refer to and access stacked translations of test questions and embedded glossing in Spanish, embedded glossing in fourteen other languages, and an illustrated glossary.*

**What are the potential consequences to the State if the contract extension request is denied?**

*The potential consequences to the State, if this two-year contract extension request is denied, is non-compliance to Every Student Succeeds Act (ESSA) and with state law.*

*NDE cannot meet ESSA student assessment and school accountability requirements. ESSA requires NDE to assess students and report the assessment results to the US Department of Education every year, and to calculate school star ratings and support designations with the assessment results.*

*DRC has proven experience to adapt appropriate assessments and content areas to other languages, and provide language supports for English language learners, but without this extension, NDE cannot fulfill the NRS 390.105 requirement below.*

**NRS 390.105 Administration of criterion-referenced examinations.**

1. The State Board shall, in consultation with the Council to Establish Academic Standards for Public Schools, prescribe examinations that comply with 20 U.S.C. § 6311(b)(2) and that measure the achievement and proficiency of pupils:

(a) For grades 3, 4, 5, 6, 7 and 8 in the standards of content established by the Council for the subjects of English language arts and mathematics.

(b) For grades 5 and 8, in the standards of content established by the Council for the subject of science.

(c) For grades 9, 10, 11 and 12, in the standards of content established by the Council for the subjects required to comply with 20 U.S.C. § 6311(b)(2).

→ The examinations prescribed pursuant to this subsection must be written, developed, printed and scored by a nationally recognized testing company.

2. In addition to the examinations prescribed pursuant to subsection 1, the State Board shall, in consultation with the Council to Establish Academic Standards for Public Schools, prescribe a writing examination for grades 5 and 8.

8

3. **The Department shall ensure the availability of:**

(a) The examinations prescribed pursuant to subsections 1 and 2 to pupils in any language in which those examinations are published; and

(b) Authorized supports to pupils who are English learners for the examinations prescribed pursuant to subsections 1 and 2.

4. The State Board shall prescribe:

(a) The minimum number of school days that must take place before the examinations prescribed by the State Board pursuant to subsection 1 may be administered to pupils; and

(b) The period during which the examinations prescribed by the State Board pursuant to subsection 1 must be administered.

5. The board of trustees of each school district and the governing body of each charter school shall administer the examinations prescribed by the State Board at such times as prescribed by the State Board pursuant to subsection 4. The examinations must be:

(a) Administered in each school in accordance with uniform procedures adopted by the State Board. The Department shall monitor the school districts and individual schools to ensure compliance with the uniform procedures.

(b) Administered in each school in accordance with the plan adopted pursuant to NRS 390.270 by the Department and with the plan adopted pursuant to NRS 390.275 by the board of trustees of the school district in which the examinations are administered. The Department shall monitor the compliance of school districts and individual schools with:

(1) The plan adopted by the Department; and

(2) The plan adopted by the board of trustees of the applicable school district, to the extent that the plan adopted by the board of trustees of the school district is consistent with the plan adopted by the Department.

(Added to NRS by 1999, 3386; A 2001, 1208; 2003, 19th Special Session, 63, 64; 2005, 1178; 2013, 3272; 2015, 1083, 2098; 2017, 3246; 2019, 4357) — (Substituted in revision for NRS 389.550)

*The potential consequences to the State from non-compliance to ESSA and with state law is an impact too on those who rely on the student assessment and school accountability information for various purposes.*

<i>Purchasing Use Only:</i>	
Approval #:	#3920

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

6/24/2021

\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature of Agency Head Authorizing Request

Jonathan P. Moore, Deputy Superintendent for Student Achievement

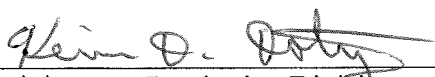
\_\_\_\_\_  
Print Name of Agency Head Authorizing Request

06/24/2021

\_\_\_\_\_  
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

6/29/21

\_\_\_\_\_  
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: <b>23172</b>	Amendment Number: <b>1</b>	
	Legal Entity Name:	<b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNR</b>
Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Contractor Name:	<b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNR</b>
Agency Code: <b>300</b>	Address:	<b>MAIL STOP - 1664 N VIRGINIA ST</b>
Appropriation Unit: <b>2709-22</b>	City/State/Zip:	<b>RENO, NV 89557-0325</b>
Is budget authority available?: <b>Yes</b>	Contact/Phone:	<b>SARAH YEATS PATRICK 775-784-4746</b>
If "No" please explain: <b>Not Applicable</b>	Vendor No.:	<b>D35000816</b>
	NV Business ID:	<b>GOV ENTITY</b>

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

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

Contract description: **QRIS ASSESSORS**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides ongoing Quality Rating Improvement System (QRIS) assessors and a QRIS coaching academy. This amendment increases the maximum amount from \$1,756,432 to \$2,047,560 due to a revision in the scope of work adding an additional QRIS assessor.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,756,432.00	\$1,756,432.00	\$1,756,432.00	Yes - Action
2. Amount of current amendment (#1):	\$291,128.00	\$291,128.00	\$291,128.00	Yes - Action
3. New maximum contract amount:	\$2,047,560.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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



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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

5%

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

**No**

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

**No**

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

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

Not Applicable

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

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

Current- Satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hsakelar	07/06/2021 13:17:12 PM
Division Approval	hsakelar	07/06/2021 13:17:16 PM
Department Approval	hsakelar	07/06/2021 13:17:22 PM
Contract Manager Approval	hsakelar	07/06/2021 13:18:37 PM
Budget Analyst Approval	mranki1	07/13/2021 13:52:55 PM
BOE Agenda Approval	cbrekken	07/15/2021 13:14:37 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: **24463**

Agency Name:	<b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name:	<b>BOARD OF REGENTS, NEVADA SYTEM OF HIGHER EDUCATION OBO UNR</b>
Agency Code:	<b>300</b>	Contractor Name:	<b>BOARD OF REGENTS, NEVADA SYTEM OF HIGHER EDUCATION OBO UNR</b>
Appropriation Unit:	<b>2721-43</b>	Address:	<b>1664 NORTH VIRGINA STREET MAIL STOP 325</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89557-0325</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>MICHAEL EASTERLY 775-784-4040</b>
		Vendor No.:	<b>D35000816</b>
		NV Business ID:	<b>GOV ENTITY</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **4 years and 61 days**

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

Contract description: **Instructional Supprt**

5. Purpose of contract:

**This is a new interlocal agreement to provide recruitment, retention and re-specialization services for school counselors, social workers and psychologists to increase the workforce pipeline.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,550,473.00**

Other basis for payment: Monthly 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, Reno

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

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:

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	06/30/2021 09:39:36 AM
Division Approval	bfarra2	06/30/2021 09:39:39 AM
Department Approval	bfarra2	06/30/2021 09:39:43 AM
Contract Manager Approval	bfarra2	06/30/2021 09:39:47 AM
Budget Analyst Approval	mranki1	07/06/2021 09:40:56 AM
BOE Agenda Approval	cbrekken	07/20/2021 16:11:37 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **23204** Amendment Number: **2**  
 Agency Name: **STATE PUBLIC CHARTER SCHOOL AUTHORITY** Legal Entity Name: **Catapult Systems, LLC**  
 Agency Code: **315** Contractor Name: **Catapult Systems, LLC**  
 Appropriation Unit: **2711-15** Address: **1221 South Mo Pac Expressway, Suite 350**  
 Is budget authority available?: **Yes** City/State/Zip: **Austin, TX 78746**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Lauren Brown 512-225-6751**  
 Vendor No.: **T32009010**  
 NV Business ID: **NV20201764358**

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

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

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

Agency Reference #: 315

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

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

4. Type of contract: **Contract**

Contract description: **Grant Management**

5. Purpose of contract:

**This is the second amendment to the original contract which provides a grant management software subscription. This amendment increases the maximum amount from \$137,596 to \$263,088 due to revising the scope of work to include additional enhancements to the software.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$87,720.00	\$87,720.00	\$87,720.00	Yes - Action
a. Amendment 1:	\$49,876.00	\$49,876.00	\$49,876.00	Yes - Info
2. Amount of current amendment (#2):	\$125,492.00	\$125,492.00	\$175,368.00	Yes - Action
3. New maximum contract amount:	\$263,088.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The State Public Charter School Authority requires a vendor to provide Administrative, fixes and enhancement services to the Grants Management System.

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

There is no state employees that have qualifications 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 200506**

**Approval Date: 05/14/2020**

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

NAC 333.150 Professional Service Exemption approved by the Purchasing Administrator - Solicitation Waiver #200506

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

10. Does the contract contain any IT components? Yes

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbauer	07/13/2021 14:44:56 PM
Division Approval	jbauer	07/13/2021 14:44:59 PM
Department Approval	jbauer	07/13/2021 14:45:02 PM
Contract Manager Approval	jbauer	07/13/2021 14:45:07 PM
EITS Approval	msmi40	07/14/2021 13:54:33 PM
Budget Analyst Approval	dbaughn	07/16/2021 08:26:43 AM





**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
Purchasing Division**

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

<i>Purchasing Use Only:</i>	
Approval#:	200506

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:			
	State Agency Name:	State Public Charter School Authority		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Debbie Bowman Director of Finance and Operations	775-687-9149	debbie.bowman@spsca.nv.gov

1b	<b>Vendor Information:</b>	
	Identify Vendor:	Catapult Systems LLC
	Contact Name:	Lauren Brown
	Complete Address:	1221 South Mo Pac Expressway, Suite 350 Austin, TX 78746
	Telephone Number:	512-225-6751
	Email Address:	Lauren.Brown@catapultsystems.com

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

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

1e	<b>Term:</b>			
	One (1) Time Purchase:			
	Contract:	Start Date:	07/01/2020	End Date:

1f	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	X
	Grant Funds:	
	Other (Explain):	

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

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$87,720

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	The system will provide (1) an end-user portal for subrecipients that will facilitate the timely and accurate submission of sub-grant applications, reimbursement requests, budget amendment requests, and reporting on grant activities, and (2) it will provide administrative control for the management of all grant-related processes, including subrecipient monitoring and workflows for the processing of reimbursement requests. The system will also provide multiple options for up-to-date reporting on spend levels, subrecipient compliance, and grant program activities. The flex Services agreement is the process to get the necessary changes, enhancements and/or maintenance required to implement an efficient and effective system that will best support the SPCSA in monitoring the expenditures of public dollars with fidelity. The ad hoc services option will be utilized in the second year of the contract for any additional maintenance, fixes and/or enhancements to the system.

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	The SPCSA engaged the help of an outside firm (Catapult) to assist with the implementation of a cloud-based solution built on top of the Microsoft Dynamics platform in October of 2019. In February, we reached the stage of a Minimum Viable Product (MVP). Although a Minimum Viable Product has been attained, the product is not yet ready to put forth before our stakeholders. The MVP needs to be improved from a usability standpoint. Since we have already used this vendor to create the MVP it seems reasonable that we would continue using the same vendor for the fixes, enhancements and/or maintenance that are needed. The agency has spent time and money on this project, and it would be inefficient and more expensive to start over with a new vendor at this point in the process.

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	The agency has already paid the vendor for services rendered in the completion of the Minimum Viable Product. Fixes, enhancements and/or maintenance in this phase of the project are to allow the agency to deploy a highly-effective system to our stakeholders that will support the agency in maintaining the federal requirements for a pass-through entity, and to ensure compliance with the FY 19 State Single Audit findings.

5	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				



The agency did not evaluate alternative options for flex services (fixes, enhancements and/or maintenance to the MVP). This is because it does not make sense to have other service providers work on fixes, enhancements and/or maintenance to a solution that was designed and engineered by Catapult Systems (the firm that completed the MVP). An alternative provider would not have the technical engineering knowledge of the MVP. Contracting with an alternative provider is likely to result in: (1) a much longer timeline to implementation, (2) potential issues with fixes, enhancements and/or maintenance, and (3) inflated costs for such services.

<b>Purchasing Use Only:</b>	
Approval #:	

6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</b>			Yes:		No:	X
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
		<i>Term</i>	<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement</i>		
		<i>Start and End Dates</i>			<i>(RFP#, RFO#, Waiver #)</i>		
			\$				
			\$				
			\$				

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	The consequences to the State if this waiver request were to be denied would be: (1) the additional cost to start over with a new vendor, (2) the additional time that it would take to finalize and implement the grant management system solution, and (3) the agency's compromised ability to effectively meet federal requirements as a pass-through entity and comply with the FY 19 State Single Audit Findings in a timely manner. The SPCSA has paid the current vendor for services already provided in the completion of the Minimum Viable Product.

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	The SPCSA conducted a needs assessment and sent out a survey to numerous vendors at the beginning of the search for a web-based, software-as-a-service, grant management solution. Based on the results of the needs assessment and survey received from vendors, an agency team selected top vendors from which demos and cost proposals were requested. The team reviewed the demos and cost proposals from the top three vendors, and subsequently chose the current vendor (Catapult Systems).

9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>	Yes:	X	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i> It is not expected that the SPCSA will need the services of this vendor in the future. However, we want to be transparent as there could be statute, regulatory, or other mandatory changes that would result in the need for additional programming services at a later time.				

Blank Page

Purchasing Use Only:

Approval #:

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.

Debbie Bowman  
Agency Representative Initiating Request

Debbie Bowman 5/14/2020  
Print Name of Agency Representative Initiating Request Date

Rlr Fld  
Signature of Agency Head Authorizing Request

Rebecca Felden 5/14/20  
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 approval 04/13/2020 — Agency directed to include TIN approval memo as an attachment in CETS\*\*  
Name of agency or entity who provided information or review:  
Representative Providing Review

\_\_\_\_\_  
Print Name of Representative Providing Review Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 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 5/19/2020  
Administrator, Purchasing Division or Designee Date

Steve Sisolak  
Governor



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

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

MEMORANDUM

**TO:** Rebecca Feiden, Executive Director, SPCSA  
Todd Carl, BPA II, SPCSA  
Debbie Bowman, ASO III, SPCSA

**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 – *SPCSA* - SPCSA Grant Management System – T271146

**DATE:** April 13, 2020

We have completed the review for State Public Charter School Authority (SPCSA) – SPCSA Grant Management System TIN.

The submitted TIN, for an estimated value of \$256,300, supports the implementation of a new technology, a new automated solution, and/or new equipment not previously in use by the agency.

The SPCSA has endeavored to implement a Grant Management System using Microsoft Dynamics. The Agency has reported that they have already attained a Minimum Viable Product and is ready to continue to enhance the solution to add usability features.

EITS will be interested in discussing this solution, post implementation, with the agency to potentially encourage others to investigate the benefits of the Microsoft Dynamics platform. The Enterprise Architecture Team will be available for this effort.

The Office of Information Security (OIS) is available, at the agency's request, to conduct a security review of the solution. It is expected 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: **24545**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Public Knowledge, LLC</b>
Agency Code: <b>403</b>	Contractor Name: <b>Public Knowledge, LLC</b>
Appropriation Unit: <b>3158-12</b>	Address: <b>4720 Independence St.</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>Wheat Ridge, CO 80033</b>
If "No" please explain: <b>WP C55028</b>	Contact/Phone: <b>Stacey Obrecht 800-776-4229</b>
	Vendor No.: <b>T27022922</b>
	NV Business ID: <b>NV20091086529</b>

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	<b>10.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>90.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2021**  
Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/05/2022**

Contract term: **247 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **PASS Services**

5. Purpose of contract:

**This is a new service agreement under master service agreement #23410 which provides procurement of acquisition support services. This service agreement provides the development of the All Payers Claims Database Request for Proposal. The All Payers Claims Database will provide information relating to all health insurance claims resulting from medical, dental or pharmacy benefits provided. THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM #C55028.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$219,700.00**

Other basis for payment: As invoiced by the Contractor and approved by the State.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Passage of Senate Bill 40 during the 81st Legislative Session allows for implementation of an All Payers Claims Database that will promote healthcare transparency. DHCFP requires assistance from a vendor that has experience in drafting and finalizing legal language, as well as experience in procurement acquisition support services.

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

While state employees within DHCFP and DPBH will serve as Subject Matter Experts, they do not have the capacity and ability to research, capture and assess language from other states RFPs and develop in a technically proficient manner that will adapt to the nuances of 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:

Various contracts with DHCFP 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	07/02/2021 16:58:52 PM
Division Approval	ltuttl1	07/02/2021 17:00:33 PM
Department Approval	valpers	07/06/2021 10:54:10 AM
Contract Manager Approval	ltuttl1	07/06/2021 10:57:05 AM
Budget Analyst Approval	laaron	07/13/2021 08:35:53 AM
BOE Agenda Approval	laaron	07/13/2021 08:36:01 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: **24174**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Churchill County
Agency Code:	<b>406</b>	Contractor Name:	<b>Churchill County</b>
Appropriation Unit:	<b>3224-00</b>	Address:	<b>155 N. Taylor Street</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Fallon , NV 89406</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Shannon Ernst 775-423-4092
		Vendor No.:	T81095316
		NV Business ID:	Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>
Agency Reference #:	C 17779		

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 08/2021

Retroactive? **Yes**  
If "Yes", please explain

**This contract is retroactive due to the county commissions only meeting quarterly to review and approve contracts.**

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.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$119,461.40**  
Payment for services will be made at the rate of \$4,560.89 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	06/10/2021 09:46:22 AM
Division Approval	rmille8	06/10/2021 09:46:44 AM
Department Approval	valpers	06/23/2021 09:14:15 AM
Contract Manager Approval	rmille8	06/23/2021 11:26:02 AM
Budget Analyst Approval	afrantz	06/28/2021 08:11:05 AM
BOE Agenda Approval	afrantz	06/28/2021 08:14:44 AM
BOE Final Approval	Pending	

Steve Sisolak  
Governor



Richard Whitley, MS  
Director

**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
*Helping people. It's who we are and what we do.*



Lisa Sherych  
Administrator

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

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## MEMORANDUM

DATE: May 5, 2021

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

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

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

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL – Churchill County CETS # 24174 – C17779

---

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

The following information is required:

- Name of Contractor: **Churchill County**
- Services to be provided: **Mandatory and non-mandatory services to the public including but not limited to: public health preparedness services, STI testing and treatment, family planning services such as preconception and conception counseling, contraception, pregnancy testing and counseling, TB testing, screening, and treatment, and immunization services for individuals that are uninsured or under-insured.**
- Funding source and expenditure category: **BA 3224 – CAT 00**
- Requested start date of work: **7/1/2021.**
- Expected execution date of agreement: **8/10/21.**
- Detailed explanation as to why a retroactive agreement is necessary, including:
  - Reason(s) why the agreement was not submitted timely:
    - **This contract is retroactive due to the county commissions only meeting quarterly to review and approve contracts.**
  - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **Community Health Services program provides essential services for the county and in turn relies on the assessments received monthly to assist with the expenses to operate the 11 clinics within rural and frontier Nevada.**
  - Explain how the program/bureau will prevent future retroactive requests: **Community Health Services will be able to create the budgets and county contracts more timely going forward to ensure time for all levels of approvals are received before the Nevada Board of Examiners meets for final approval. The program will meet internally before the end of the calendar year prior to the contract nearing expiration to create the county contract and budget.**

If you have any questions, please contact Jamie Kitchens at (775)684-5032 or [jkitchens@health.nv.gov](mailto:jkitchens@health.nv.gov)

cc: Contract Unit  
Division of Public and Behavioral Health

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24184**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Nye County
Agency Code:	<b>406</b>	Contractor Name:	<b>Nye County</b>
Appropriation Unit:	<b>3224-00</b>	Address:	<b>1 Frankie Street, Suite A</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Tonopah, NV 89049</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Lorina Dellinger 775-482-8191
		Vendor No.:	
		NV Business ID:	Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>
Agency Reference #:	C 17789		

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 08/2021

Retroactive? **Yes**

If "Yes", please explain

**This contract was mailed to the county on 4/8/2021 and received back on 6/29/2021. The county board met to review the contract on 6/15/2021. The program did not receive the contract in time to meet the Governors Finance Office deadline of May 4, 2021, for the June 2021 Board of Examiners meeting.**

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.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$160,607.46**

Payment for services will be made at the rate of \$6,275.31 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	07/06/2021 14:25:27 PM
Division Approval	kquinter	07/06/2021 14:25:30 PM
Department Approval	valpers	07/06/2021 15:19:26 PM
Contract Manager Approval	rmille8	07/06/2021 15:26:02 PM
Budget Analyst Approval	laaron	07/13/2021 09:04:32 AM
BOE Agenda Approval	laaron	07/13/2021 09:04:35 AM
BOE Final Approval	Pending	

Steve Sisolak  
Governor



Richard Whitley, MS  
Director

DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
*Helping people. It's who we are and what we do.*



Lisa Sherych  
Administrator

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

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## MEMORANDUM

DATE: July 6, 2021

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

THROUGH: Debi Reynolds, Deputy Administrator  
Division of Public and Behavioral Health

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

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL – Nye County CETS # 24184

---

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

The following information is required:

- Name of Contractor: **Nye County**
- Services to be provided: **In compliance with NRS 430, NRS 439, and NRS 441A, mandatory and non-mandatory services to the public are provided including but not limited to: public health preparedness services, STI testing and treatment, family planning services such as preconception and conception counseling, contraception, pregnancy testing and counseling, TB testing, screening, and treatment, and immunization services for individuals that are uninsured or under-insured.**
- Funding source and expenditure category: **BA 3224 – CAT 00 (Revenue Contract)**
- Requested start date of work: **7/1/2021.**
- Expected execution date of agreement: **8/10/21.**
- Detailed explanation as to why a retroactive agreement is necessary, including:
  - **This contract was mailed to the county on 4/8/2021 and received back on 6/29/2021. The county board met to review the contract on 6/15/2021. The program did not receive the contract in time to meet the Governor's Finance Office deadline of May 4, 2021, for the June 2021 Board of Examiners meeting.**
  - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **The Community Health Services (CHS) program provides essential services for this county and in turn relies on the assessments received monthly to assist with the expenses to operate the clinics within rural and frontier Nevada. The CHS program provides mandatory and non-mandatory services in compliance with NRS 430, NRS 439 and NRS 441A.**
  - Explain how the program/bureau will prevent future retroactive requests: **Community Health Services will create budgets and county contracts more timely going forward to ensure all levels of approvals are received before the Nevada Board of Examiners meets for final execution. The program has created Outlook reminders to begin negotiations earlier and will request county board meeting schedules in advance.**

If you have any questions, please contact Jamie Kitchens at (775)684-5032 or [jkitchens@health.nv.gov](mailto:jkitchens@health.nv.gov)

cc: Contract Unit  
Division of Public and Behavioral Health

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24176**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>White Pine County</b>
Agency Code: <b>406</b>	Contractor Name: <b>White Pine County</b>
Appropriation Unit: <b>3224-00</b>	Address: <b>801 Clark Street #5</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ELY, NV 89301</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Elizabeth Frances 775-289-3065</b>
	Vendor No.:
	NV Business ID: <b>Governmental Entity</b>

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 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

Agency Reference #: **C 17781**

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 **08/2021**

Retroactive? **Yes**

If "Yes", please explain

**This contract was mailed to the county on 4/8/2021 and received back on 6/3/2021. The county board met to review the contract on 4/28/2021. The program did not receive the contract in time to meet the Governors Finance Office deadline of May 4, 2021, for the June 2021 Board of Examiners meeting**

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.**

#### 6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$85,626.64**

Payment for services will be made at the rate of \$3,151.11 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	06/28/2021 16:53:40 PM
Division Approval	rmille8	06/28/2021 16:53:55 PM
Department Approval	valpers	06/29/2021 08:48:27 AM
Contract Manager Approval	rmille8	07/06/2021 10:54:41 AM
Budget Analyst Approval	laaron	07/13/2021 08:53:27 AM
BOE Agenda Approval	laaron	07/13/2021 08:53:33 AM
BOE Final Approval	Pending	

Steve Sisolak  
Governor



Richard Whitley, MS  
Director

DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
*Helping people. It's who we are and what we do.*



Lisa Sherych  
Administrator

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

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## MEMORANDUM

DATE: July 2, 2021

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

THROUGH: Debi Reynolds, Deputy Administrator  
Division of Public and Behavioral Health

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

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL – Churchill County CETS # 24176

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

The following information is required:

- Name of Contractor: **White Pine County**
- Services to be provided: **In compliance with NRS 430, NRS 439, and NRS 441A, mandatory and non-mandatory services to the public are provided including but not limited to: public health preparedness services, STI testing and treatment, family planning services such as preconception and conception counseling, contraception, pregnancy testing and counseling, TB testing, screening, and treatment, and immunization services for individuals that are uninsured or under-insured.**
- Funding source and expenditure category: **BA 3224 – CAT 00 (Revenue Contract)**
- Requested start date of work: **7/1/2021.**
- Expected execution date of agreement: **7/13/21.**
- Detailed explanation as to why a retroactive agreement is necessary, including:
  - Reason(s) why the agreement was not submitted timely:
    - **This contract was mailed to the county on 4/8/2021 and received back on 6/3/2021. The county board met to review the contract on 4/28/2021. The program did not receive the contract in time to meet the Governor's Finance Office deadline of May 4, 2021, for the June 2021 Board of Examiners meeting.**
  - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **The Community Health Services (CHS) program provides essential services for this county and in turn relies on the assessments received monthly to assist with the expenses to operate the clinics within rural and frontier Nevada. The CHS program provides mandatory and non-mandatory services in compliance with NRS 430, NRS 439 and NRS 441A.**
  - Explain how the program/bureau will prevent future retroactive requests: **Community Health Services will create budgets and county contracts more timely going forward to ensure all levels of approvals are received before the Nevada Board of Examiners meets for final execution. The program has created Outlook reminders to begin negotiations earlier and will request county board meeting schedules in advance.**

If you have any questions, please contact Jamie Kitchens at (775) 684-5032 or [jkitchens@health.nv.gov](mailto:jkitchens@health.nv.gov)

cc: Contract Unit  
Division of Public and Behavioral Health



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24602**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>HEALTH MANAGEMENT ASSOCIATES, INC</b>
Agency Code: <b>409</b>	Contractor Name: <b>HEALTH MANAGEMENT ASSOCIATES, INC</b>
Appropriation Unit: <b>3145-17</b>	Address: <b>120 N WASHINGTON SQ STE 705</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LANSING, MI 48933-1632</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kelly Johnson 517/482-9236</b>
	Vendor No.: <b>T27042461</b>
	NV Business ID: <b>NV20181629216</b>

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/10/2021**

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/09/2023**

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

4. Type of contract: **Contract**

Contract description: **Addressing DV**

5. Purpose of contract:

**This is a new contract to provide workforce training and education regarding domestic violence.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$249,269.00**

Other basis for payment: As outlined in Attachment AA.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Child Welfare agencies have identified a need for workforce training and education.

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 resources.

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):

Safe and Together  
Reset Behavior  
Sharity

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S1530, 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: 04/13/2021 Anticipated re-bid date: 01/09/2023

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 has been under contract with agency 403 - Health Care Finance and Policy since 2020. 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:

Molly Blanchette, Social Services Chief 2 Ph: 775-684-4410

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	07/01/2021 13:26:16 PM
Division Approval	knielsen	07/01/2021 13:42:27 PM
Department Approval	valpers	07/06/2021 11:40:23 AM
Contract Manager Approval	sknigge	07/19/2021 15:03:21 PM
Budget Analyst Approval	dlenzner	07/19/2021 15:23:35 PM
BOE Agenda Approval	dlenzner	07/19/2021 15:51:45 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: **24573**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	<b>SOCIAL CHANGE PARTNERS, LLC</b>
Agency Code:	<b>409</b>	Contractor Name:	<b>SOCIAL CHANGE PARTNERS, LLC</b>
Appropriation Unit:	<b>3145-33</b>	Address:	<b>1450 TAYLOR ST STE 5</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>SAN FRANCISCO, CA 94133-4729</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>REED CONNELL 510-387-7518</b>
		Vendor No.:	<b>T32009142</b>
		NV Business ID:	<b>NV20191600944</b>

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2021**

Anticipated BOE meeting date 08/2021

Retroactive? **Yes**

If "Yes", please explain

**With the passage of SB 397 of the 2021 Legislative Session, DCFS must establish an Extended Young Adult Support Services Program to improve outcomes of youth aging out of foster care and report to the Legislature by September 1 the number of participants and costs for providing extended support services. In addition, DCFS is required to adopt regulations governing the Program that are in compliance with the Fostering Connections to Success and Increasing Adoptions Act of 2008.**

3. Termination Date: **06/30/2022**Contract term: **333 days**4. Type of contract: **Contract**Contract description: **Foster Care Planning**

5. Purpose of contract:

**This is a new contract to provide ongoing consultation services and aid in the analysis and implementation of federally funded extended foster care for Nevada foster care youth, ages 18 to 21, to the Division and Washoe and Clark Counties, pursuant to SB 397 of the 2021 Legislative Session.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$64,000.00**

Other basis for payment: \$10,000 for completion of Phase 1; \$6,000 per month during Phase 2; \$150 per hour for technical assistance in Phase 3 up to \$4,500 per month.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Senate Bill 397 was passed in the 2021 Legislative Session requiring DCFS to establish and administer an Extended Young Adult Support Services Program to improve outcomes for youth aging out of foster care and report to the Legislature the number of participants and costs for providing extended support services. In addition, the Division of Child and Family Services is required to adopt regulations governing the Program that are in compliance with the Fostering Connections to Success and Increasing Adoptions Act of 2008.

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 to perform 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 201201**

**Approval Date: 12/04/2020**

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

This vendor completed the study that will inform the planning and implementation of the recommendations of the study.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**Yes** If "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 used this vendor from 12/18/2019-9/30/2020 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:

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:

Hayley Jarolimek, Social Services Chief III Ph: (702) 486-4226

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	06/24/2021 08:48:08 AM
Division Approval	mgalli	06/25/2021 14:15:40 PM
Department Approval	valpers	06/28/2021 13:49:27 PM
Contract Manager Approval	sknigge	07/19/2021 15:09:44 PM
Budget Analyst Approval	dlenzner	07/20/2021 08:19:59 AM
BOE Agenda Approval	dlenzner	07/20/2021 08:20:02 AM
BOE Final Approval	Pending	



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

<b>Purchasing Use Only:</b>	
Approval#:	201201 CA

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note:</b> Approved copy will be sent to only the contact(s) listed below:			
	State Agency Name:	Division of Child and Family Services		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Kathryn Roose, Deputy Administrator	775-301-7141	kroose@dcs.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	Identify Vendor:	Social Change Partners, LLC
	Contact Name:	Reed Connell
	Complete Address:	1450 Taylor Street #5, San Francisco, CA 94133
	Telephone Number:	510-387-7518
	Email Address:	reed@socialchangepartners.com

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

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

<b>1e</b>	<b>Term:</b>				
	One (1) Time Purchase:	<input checked="" type="checkbox"/>			
	Contract:	Start Date:	December 1, 2020	End Date:	June 30, 2022

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	Title IV-B, Subpart 1
	Grant Funds:	
	Other (Explain):	

Purchasing Use Only:	
Approval #:	20/201 @

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$64,000

2	<p><b>Provide a description of work/services to be performed or commodity/good to be purchased:</b></p> <p><i>In the 2019 legislative session, the passage of Assembly Bill 150 required the Division of Child and Family Services (DCFS) to study and recommend ways to improve the outcomes of youth aging out of foster care, and to present a summary of the work and the recommendations of the workgroup to the Legislative Committee on Child Welfare and Juvenile Justice. DCFS contracted with Social Change Partners to facilitate the aforementioned statutory requirements. The Committee voted to support adoption of study recommendations to implement the federal IV-E Extended Foster Care program. Implementation of this program will require statutory changes, requests for modifications to federal child welfare plans and funding, policy development, practice changes, training, and collaboration with community providers to ensure adequate services and housing options for young adults participating in the Extended Foster Care program. The necessity and urgency to implement this program is magnified due to the financial impact the pandemic is having on the State. Social Change Partners will continue to provide technical assistance to the state and the three child welfare jurisdictions in the planning and implementation of the recommendations of the workgroup, including implementing the Extended Foster Care program.</i></p>
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3	<p><b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b></p> <p><i>Social Change Partners, LLC has extensive experience in convening and facilitating public and nonprofit agencies serving youth aging out of foster care, including planning and implementation. The team at Social Change Partners, LLC brings with them experience working on a broad range of public policy issues with a focus on children, youth, and families. This includes experience as a Congressional staffer working on child welfare legislation, contracts with a variety of states to plan and implement child welfare initiatives, developing language for state and federal legislation, and direct services working with young adults in and aging out of the child welfare system. Social Change Partners, LLC was selected through a competitive RFP to complete the work that is foundational to the program implementation, making them uniquely qualified and prepared to carry out the work and deliverables of the current scope of work.</i></p>
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4	<p><b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b></p> <p><i>Social Change Partners, LLC was selected through a competitive RFP (FPO20-01) to complete the work required by Assembly Bill 150. Their contract was active from 12/18/2019-9/30/2020. Their work included holding statewide workgroups to assess the current structure and service array for youth aging out of foster care, researching the systems in other states, comparisons of various options to consider for Nevada, a fiscal analysis of those options, and compiling the final report outlining the work of the workgroups, the recommendations of the workgroup, and the fiscal impact of the recommendations. This current contract is to move forward with planning and implementation of those recommendations. As such, Social Change Partners, LLC are familiar with the work and the recommendations which will make moving forward with implementation efficient and cost effective for the State. Should another RFP be released and another vendor selected, time, effort and funding would be wasted on the part of the contractor(s) and State employees to build the foundational knowledge of the new contractor(s) regarding the current Nevada system, the options explored, and</i></p>
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*the recommendations that the State has chosen. This is an urgent request as the Legislative Committee on Child Welfare and Juvenile Justice voted to move this project forward on October 23, 2020, and the work to do so must be completed to be prepared for the 2021 Legislative Session giving DCFS as very short timeline to complete the work. The time it would take to complete an RFP would drastically decrease the time available to complete the project, as would getting a new contractor prepared for the project. Social Change Partners are prepared on day 1 to initiate the work.*

5	<b>Were alternative services or commodities evaluated? Check One.</b>		Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <b><u>If yes</u></b> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.					
	b. <b><u>If not</u></b> , why were alternatives not evaluated?					
<i>This is a continuation of the work completed in a recent contract, and contracting with the same entity is the most efficient and cost-effective option to move the project forward. The time frame for the project is very short as the Legislative Committee on Child Welfare and Juvenile Justice voted to move forward with the project on 10/23/2020, giving only 3 months to prepare an implementation plan for introduction during the 2021 Legislative Session.</i>						

Purchasing Use Only:

Approval #:

#20/201(C)

<p><b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</b></p>		Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>	
<p>a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</p>						
6	<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>
	12/18/2019	9/30/2020	\$45,000	<p>Pursuant to Assembly Bill 150 (2019), study ways to improve outcomes for youth aging out of foster care.</p>		RFP#FPO20-01
			\$			
			\$			
			\$			

7	<p><b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b></p> <p><i>The important and urgent work to implement the recommendations of the Assembly Bill 150 workgroup, and the Legislative Committee on Child Welfare and Juvenile Justice will be unnecessarily delayed. Should a different contractor be selected through a competitive RFP, work will be delayed as the contractors will be required to study the Nevada system and services, asking questions and having conversations that have already been completed by Social Change Partners, LLC.</i></p>
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8	<p><b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b></p> <p><i>A previous RFP was conducted for the foundational work of the present contract. Social Change Partners, LLC was the only bidder.</i></p>
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<p><b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b></p>		Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
9	<p>a. If yes, please provide details regarding future obligations or needs.</p>				



<b>Purchasing Use Only:</b>	
Approval #:	#201301 @

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.

K Roose  
 Agency Representative Initiating Request

Kathryn Roose 12/3/2020  
 Print Name of Agency Representative Initiating Request Date

Mandi Davis  
 Signature of Agency Head Authorizing Request

Mandi Davis 12/3/20  
 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. Dohy 12/4/2020  
 Administrator, Purchasing Division or Designee Date

\* Attachment to waiver #201201  
©

**Cindy L. Stoeffler**

**From:** Mandi Davis  
**Sent:** Thursday, December 3, 2020 11:28 AM  
**To:** Kevin D. Doty; Cindy L. Stoeffler  
**Cc:** Jennifer McEntee; DCFS contracts; Katrina Nielsen; Kathryn Roose; Ross Armstrong  
**Subject:** FW: Social Change Partners - Solicitation Waiver  
**Attachments:** SCP Solicitation Waiver 12.02.20 - Signed.pdf; AB150 Workgroup Report 9\_30\_20.pdf; Social Change Partners 22564 Exp. 9.30.20.pdf

pg 1 of 2

**Importance:** High

Good morning,

We received notification of the denial of a sole source solicitation waiver request to continue to contract with Social Change Partners. We feel that we may not have adequately conveyed the nature of this solicitation waiver request and have revisited the sole source waiver form and attached an amended form revising sections 4 and 5 as follows:

Section 4 – Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

***Social Change Partners, LLC was selected through a competitive RFP (FPO20-01) to complete the work required by Assembly Bill 150. Their contract was active from 12/18/2019-9/30/2020. Their work included holding statewide workgroups to assess the current structure and service array for youth aging out of foster care, researching the systems in other states, comparisons of various options to consider for Nevada, a fiscal analysis of those options, and compiling the final report outlining the work of the workgroups, the recommendations of the workgroup, and the fiscal impact of the recommendations. This current contract is to move forward with planning and implementation of those recommendations. As such, Social Change Partners, LLC are familiar with the work and the recommendations which will make moving forward with implementation efficient and cost effective for the State. Should another RFP be released and another vendor selected, time, effort and funding would be wasted on the part of the contractor(s) and State employees to build the foundational knowledge of the new contractor(s) regarding the current Nevada system, the options explored, and the recommendations that the State has chosen. This is an urgent request as the Legislative Committee on Child Welfare and Juvenile Justice voted to move this project forward on October 23, 2020, and the work to do so must be completed to be prepared for the 2021 Legislative Session giving DCFS as very short timeline to complete the work. The time it would take to complete an RFP would drastically decrease the time available to complete the project, as would getting a new contractor prepared for the project. Social Change Partners are prepared on day 1 to initiate the work.***

Section 5 – Were alternative services or commodities evaluated? ***If not***, why were alternatives not evaluated?

***This is a continuation of the work completed in a recent contract, and contracting with the same entity is the most efficient and cost-effective option to move the project forward. The time frame for the project is very short as the Legislative Committee on Child Welfare and Juvenile Justice voted to move forward with the project on 10/23/2020, giving only 3 months to prepare an implementation plan for introduction during the 2021 Legislative Session.***

Attached is Social Change Partners' report (AB150 Workgroup Report 9/30/20) submitted to the Legislative Committee on Child Welfare and Juvenile Justice on October 23, 2020. I believe this report demonstrates the extensive knowledge and foundational work Social Change Partners has regarding the Extended Foster Care program. Also, attached for your reference is the original executed contract. We are hopeful that this revised sole source waiver request meets with your

Good morning Cindy,

\*attachment to waiver #201201@  
pg 2 of 2

Attached please find the solicitation waiver that is integral to implementing the extended foster care program. Let me know if you have any questions or concerns.

Thank you and have a great day,  
Jenn



**Jennifer McEntee**

Contracts  
Nevada Department of Health and Human Services  
Division of Child and Family Services  
4126 Technology Way, 3<sup>rd</sup> Floor, Carson City, NV 89706  
T: (775) 684-4452 E: [jmcentee@dcfs.nv.gov](mailto:jmcentee@dcfs.nv.gov)  
[www.dhhs.nv.gov](http://www.dhhs.nv.gov) | [www.dhhs.nv.gov](http://www.dhhs.nv.gov)

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
Division of Child and Family Services  
*Helping people. It's who we are and what we do.*



Ross Armstrong  
Administrator

MEMORANDUM

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

THROUGH: Vanessa Alpers, Administrative Services Officer III  
Department of Health and Human Services, Director's Office

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

DATE: June 25, 2021

SUBJECT: Retroactive Contract Request: 24573 Social Change Partners, LLC

We are requesting that a retroactive contract effective date of August 1, 2021 be approved for the Social Change Partners.

Social Change Partners, LLC was selected through a competitive RFP (FPO20-01) to complete the work required through Assembly Bill 150 of the 2019 Legislative Session. The contract between Social Change Partners and DCFS was active from 12/18/2019 - 9/30/2020. Their work included holding statewide workgroups to assess the current structure and service array for youth aging out of foster care; researching the systems in other states; comparisons of various options to consider for Nevada; a fiscal analysis of those options; and compiling the final report outlining the work completed by the workgroups, the recommendations of the workgroup, and the estimated fiscal impact of those recommendations.

With the passage of Senate Bill (SB) 397 of the 2021 Legislative Session, DCFS must establish an Extended Young Adult Support Services Program to improve outcomes of youth aging out of foster care and report to the Legislature by September 1 the number of participants and costs for providing extended support services. In addition, DCFS is required to adopt regulations governing the Program that is in compliance with the Fostering Connections to Success and Increasing Adoptions Act of 2008.

Approval of this retroactive contract will enable the Division to provide timely and relevant information as required in SB 397.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>21246</b>	Amendment Number: <b>3</b>
Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>UNIVERSITY OF SOUTH FLORIDA</b>
Agency Code: <b>409</b>	Contractor Name: <b>UNIVERSITY OF SOUTH FLORIDA</b>
Appropriation Unit: <b>3145-31</b>	Address: <b>DEPT OF CHILD &amp; FAMILY STUDIES PO BOX 864568</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ORLANDO, FL 32886-4568</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Pamela Menendez 813/974-4638</b>
	Vendor No.: <b>T29023332A</b>
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2019-2024**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **09/30/2022**

Termination Date:

Contract term: **5 years**

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

Contract description: **Website Maintenance**

5. Purpose of contract:

**This is the third amendment to the original interlocal agreement which provides maintenance for the Quality Parenting Initiative Nevada/Just in Time training website. This amendment extends the termination date from September 30, 2022 to September 30, 2023 and increases the maximum amount from \$80,000 to \$209,051 due to the continued need for these services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
a. Amendment 1:	\$20,000.00	\$20,000.00	\$40,000.00	Yes - Info
b. Amendment 2:	\$40,000.00	\$40,000.00	\$80,000.00	Yes - Action
2. Amount of current amendment (#3):	\$129,051.00	\$129,051.00	\$129,051.00	Yes - Action
3. New maximum contract amount:	\$209,051.00			
and/or the termination date of the original contract has changed to:	09/30/2023			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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?

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

26%

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

**No**

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

**No**

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

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

Not Applicable

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

**Yes** If "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 October 1, 2018. Services have been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	06/16/2021 10:28:00 AM
Division Approval	knielsen	06/16/2021 12:39:25 PM
Department Approval	valpers	07/13/2021 15:04:25 PM
Contract Manager Approval	knielsen	07/14/2021 07:38:27 AM

Budget Analyst Approval  
BOE Agenda Approval

dlenzner  
dlenzner

07/20/2021 10:52:30 AM  
07/20/2021 10:52:34 AM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24451**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	University of Maryland
Agency Code:	<b>409</b>	Contractor Name:	<b>University of Maryland</b>
Appropriation Unit:	<b>3229-44</b>	Address:	<b>Baltimore (UMB) 620 West Lexington Street</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Baltimore, MD 21201</b>
If "No" please explain:	Not Applicable	Contact/Phone:	dharburger@ssw.umaryland.edu 410-706-1868
		Vendor No.:	T80997434
		NV Business ID:	Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2022</b>		

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

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

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2022**Contract term: **333 days**4. Type of contract: **Interlocal Agreement**Contract description: **FFPSA Assistance**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing professional technical assistance and consultation to assist in planning and further implementation of the Family First Prevention Services Act.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$466,481.00**

Other basis for payment: As outlined in Section 7, Consideration and detailed in Attachment A, Scope of Work and Cost Schedule

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The provisions of the Family First Prevention Services Act (FFPSA) are significant changes to the current status of the Nevada child welfare system. The use of professional contractors for the continued implementation of FFPSA is common practice nationwide, and the proposed contractors work closely with the federal government and multiple other states on the particular initiative, and are therefore well equipped to assist Nevada.**

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

**State employees do not have the knowledge base and experience in this type of large scale implementation.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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



Not Applicable

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

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

NRS 277.180 authorizes any one or more public agencies to 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:

Vendor has performed work for the Division under Sub-Award and has been under an interlocal agreement with the Division since 2019. Services have been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Brooke Kizer, Management Analyst IV Ph: 775-684-4419

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	05/25/2021 16:38:05 PM
Division Approval	knielsen	05/25/2021 16:38:52 PM
Department Approval	valpers	06/25/2021 15:00:36 PM
Contract Manager Approval	sknigge	06/25/2021 15:31:06 PM
Budget Analyst Approval	dlenzner	07/20/2021 10:26:58 AM
BOE Agenda Approval	dlenzner	07/20/2021 10:27:01 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: **23237** Amendment Number: **1**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **University of Nevada, Reno School of Medicine Integrated Clinical**

Agency Code: **409** Contractor Name: **University of Nevada, Reno School of Medicine Integrated Clinical**

Appropriation Unit: **3281-14** Address: **Services, Inc.**

Is budget authority available?: **Yes** City/State/Zip: **1664 N. Virginia St., MS 1332 Reno, NV 89557**

If "No" please explain: **Not Applicable** Contact/Phone: **Susan Poore 775-784-1223**

Vendor No.: **T80991321**

NV Business ID: **Governmental Entity**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Previously Approved **06/30/2022**

Termination Date:

Contract term: **2 years and 91 days**4. Type of contract: **Interlocal Agreement**Contract description: **APRN & Supervision**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides psychiatric services through an Advanced Practice Registered Nurse (APRN) as well as the supervision of psychiatric services. This amendment extends the termination date from June 30, 2022 to September 30, 2022, decreases the maximum amount from \$244,600 to \$153,080 due to the continued need for fellow's supervision and the elimination of APRN supervision services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$244,600.00	\$244,600.00	\$244,600.00	Yes - Action
2. Amount of current amendment (#1):	-\$91,520.00	-\$91,520.00	-\$91,520.00	Yes - Action
3. New maximum contract amount:	\$153,080.00			
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 University of Nevada Reno School of Medicine provides essential psychiatric services and support services in support of psychiatric, mobile crisis, and outpatient services provided by Northern Nevada Child and Adolescent Services.

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

Northern Nevada Child and Adolescent Services has insufficient staffing to provide the services provided by the University of Nevada Reno School of Medicine. In addition, the services provided serve as practical learning experience for University of Nevada Reno School of Medicine fellows.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

NRS 277.180 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?

**Yes** If "Yes", please explain

The University of Nevada Reno School of Medicine is part of the NSHE system and some of it's employees will be involved in providing services.

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

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

Yes, the vendor has been under contract with the Division. Services have been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ihyman	06/15/2021 15:43:36 PM
Division Approval	knielsen	06/16/2021 17:37:59 PM
Department Approval	valpers	06/29/2021 10:05:44 AM
Contract Manager Approval	sknigge	06/29/2021 10:29:49 AM
Budget Analyst Approval	dlenzner	07/19/2021 17:23:54 PM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24398**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b> Agency Code: <b>409</b> Appropriation Unit: <b>3646-18</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: Regents of the University of California, San Francisco Contractor Name: <b>Regents of the University of California, San Francisco</b> Address: <b>San Francisco</b> <b>1855 Folsom St. Suite 425</b> City/State/Zip: <b>San Francisco, CA 94143</b> Contact/Phone: Chandra Ghosh 415-206-5979 Vendor No.: T27042894 NV Business ID: Governmental Entity
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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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2023**

Contract term: **1 year and 242 days**

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

Contract description: **Clinical Staff Train**

5. Purpose of contract:

**This is a new interlocal agreement to provide clinical staff training and preparation for clinical treatment of youth and their families.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$61,000.00**

Other basis for payment: \$26,000 for training (\$3,000-\$5,000/day); \$33,000 for consultations (\$375-\$500/hour, include phone calls); \$2,000 for travel

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This training is to provide clinical staff with positive, up to date, state of the art procedures for day to day psychotherapy behavioral training, handling and situation resolution with youth and their families.

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

No staff have the certification to perform this type of training or the capability to issue the college credits.

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

Was the solicitation (RFP) done by the 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 any one or more public agencies to 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:

Vendor was under contract with the Division from 2019-2020. Services were satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Kathryn Wellington-Cavakis, Clinical Program Manager III Ph: 775-688-2617

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	05/13/2021 12:46:11 PM
Division Approval	knielsen	06/22/2021 13:21:51 PM
Department Approval	valpers	06/23/2021 17:00:22 PM
Contract Manager Approval	sknigge	06/24/2021 10:04:42 AM
Budget Analyst Approval	afrantz	06/25/2021 15:50:40 PM
BOE Agenda Approval	afrantz	06/25/2021 15:50:43 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: **24572**

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: **MESA ASSOCIATES, INC.**  
 Contractor Name: **MESA ASSOCIATES, INC.**  
 Address: **629 MARKET ST. SUITE 200**  
 City/State/Zip: **CHATTANOOGA, TN 37402**  
 Contact/Phone: **REGGIE HEADRICK 423-424-7300**  
 Vendor No.: **T32011197**  
 NV Business ID: **NV20121019548**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

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

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

Agency Reference #: 690

2. Contract start date:

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

Anticipated BOE meeting date 09/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/01/2025**

Contract term: **4 years and 1 day**

4. Type of contract: **Contract**

Contract description: **MESA ASSOCIATES**

5. Purpose of contract:

**This is a new contract to provide ongoing operation and maintenance engineering support services for the high-voltage transmission and distribution system.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$860,000.00**

Other basis for payment: By task authorization

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The services of a qualified engineer are required to support the operation and maintenance of the Commission's high-voltage electrical transmission and distribution system.

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

State employees in our agency or other State agencies do not possess the level of expertise for this work.

9. Were quotes or proposals solicited? **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):

SynchoGrid  
Stantec Consulting Services, Inc.  
Quanta Utility Engineering Services  
Power Consulting Associates

b. Solicitation Waiver: **Not Applicable**

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

The engineer was ranked highest among the evaluation panel for engineering and construction of transmission and distribution systems and was determined to be the best qualified to provide the necessary support services.

d. Last bid date: 04/26/2021 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	gbenton	06/25/2021 10:54:51 AM
Division Approval	gbenton	06/25/2021 10:54:56 AM
Department Approval	gbenton	06/25/2021 10:55:00 AM
Contract Manager Approval	dbeatty	06/25/2021 13:53:03 PM
Budget Analyst Approval	laaron	07/14/2021 08:27:41 AM
BOE Agenda Approval	laaron	07/14/2021 08:27:43 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: **24408**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: Central Lyon County
Agency Code: <b>706</b>	Contractor Name: <b>Central Lyon County</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>246 Dayton Valley Road, Suite</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Dayton, NV 89403</b>
If "No" please explain: Not Applicable	Contact/Phone: Rich Harvey 775-246-6209
	Vendor No.:
	NV Business ID: Government Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>

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

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

Agency Reference #: NDF21-015

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 08/2021

Retroactive? **Yes**

If "Yes", please explain

**NDF and Central Lyon Fire Protection District have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Central Lyon Fire Protection Districts meeting agenda prevented NDF from meeting the BOE deadline for the June meeting.**

3. Termination Date: **06/30/2023**Contract term: **1 year and 364 days**4. Type of contract: **Interlocal Agreement**Contract description: **WFPP Central Lyon**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$55,712.00**

Payment for services will be made at the rate of \$6,964.00 per Quarter

Other basis for payment: Payment in advance quarterly on the first of each quarter, starting July 1 of each fiscal year.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Forestry and Central Lyon Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the 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?

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

WFPP 2019 Interlocal Agreement

14. Is the contractor currently involved in litigation with the State 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:

Ron Bollier, Nevada State Fire Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmeyers	06/22/2021 15:25:59 PM
Division Approval	dchelin1	06/22/2021 15:33:29 PM
Department Approval	dchelin1	06/22/2021 15:33:31 PM
Contract Manager Approval	dchelin1	06/22/2021 15:33:35 PM
Budget Analyst Approval	rjacob3	06/28/2021 13:08:07 PM
BOE Agenda Approval	cbrekken	06/28/2021 16:00:42 PM
BOE Final Approval	Pending	



STATE OF NEVADA  
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
**NEVADA DIVISION OF FORESTRY**  
2478 Fairview Drive  
Carson City, Nevada 89701  
Phone (775) 684-2500 Fax (775) 684-2570

**MEMORANDUM**

DATE: June 22, 2021

TO: Richard Jacobs, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Kacey KC, State Forester

A handwritten signature in blue ink, appearing to read "Kacey KC", written over a horizontal line.

RE: Request for Retroactive start date approval for WFPP Contract with Central Lyon County Fire Protection District, CETS #24408

This memorandum requests that the above referenced Nevada Division of Forestry (NDF) contract be approved with a retroactive effective date of July 1, 2021. It is of critical importance that the Division implements this revenue contract in order to continue to procure resources that will provide protection of life and property for the citizens of this State.

NDF and Central Lyon County Fire Protection District have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Central Lyon Fire Protection Districts meeting agenda prevented NDF from meeting the Board of Examiners' deadline for the June meeting.

Thank you for your consideration of this request. Should you have any questions, or require additional information, please do not hesitate to contact me at 775.684.2501.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24404**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4194-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: City of Sparks

Contractor Name: **City of Sparks**Address: **1605 Victoria Avenue**City/State/Zip: **Sparks, NV 89431**

Contact/Phone: Tom Garrison 775-353-2255

Vendor No.:

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

Agency Reference #: NDF21-040

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 08/2021

Retroactive? **Yes**

If "Yes", please explain

**NDF and City of Sparks Fire Department have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the City of Sparks Fire Department meeting agenda prevented NDF from meeting the BOE deadline for the June meeting.**

3. Termination Date: **06/30/2023**Contract term: **1 year and 364 days**4. Type of contract: **Interlocal Agreement**Contract description: **WFPP Sparks City of**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$91,192.00**

Payment for services will be made at the rate of \$11,399.00 per quarter

Other basis for payment: Payment in advance quarterly on the first of each quarter, starting July 1 of each fiscal year.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Forestry and City of Sparks will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the 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?

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

WFPP Interlocal Agreement C21779 Expires 6/30/2021

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:

Ron Bollier, Nevada State Fire Manager Ph: 775-353-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmeyers	06/23/2021 14:18:32 PM
Division Approval	dchelin1	06/23/2021 14:27:59 PM
Department Approval	dchelin1	06/23/2021 14:28:03 PM
Contract Manager Approval	dchelin1	06/23/2021 14:28:06 PM
Budget Analyst Approval	rjacob3	06/28/2021 13:25:28 PM
BOE Agenda Approval	cbrekken	06/28/2021 15:32:49 PM
BOE Final Approval	Pending	



STATE OF NEVADA  
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
**NEVADA DIVISION OF FORESTRY**  
2478 Fairview Drive  
Carson City, Nevada 89701  
Phone (775) 684-2500 Fax (775) 684-2570

**M E M O R A N D U M**

DATE: June 23, 2021

TO: Richard Jacobs, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Kacey KC, State Forester

A handwritten signature in blue ink, appearing to read "Kacey KC".

RE: Request for Retroactive start date approval for WFPP Contract with City of Sparks Fire Fire Department, CETS #24404

This memorandum requests that the above referenced Nevada Division of Forestry (NDF) contract be approved with a retroactive effective date of July 1, 2021. It is of critical importance that the Division implements this revenue contract in order to continue to procure resources that will provide protection of life and property for the citizens of this State.

NDF and City of Sparks Fire Department have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the City of Sparks Fire Department meeting agenda prevented NDF from meeting the Board of Examiners' deadline for the June meeting.

Thank you for your consideration of this request. Should you have any questions, or require additional information, please do not hesitate to contact me at 775.684.2501.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24566**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>EUREKA COUNTY</b>
Agency Code: <b>706</b>	Contractor Name: <b>EUREKA COUNTY</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>EUREKA COUNTY RECORDER/AUDITOR PO BOX 556</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>EUREKA, NV 89316</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/237-5263</b>
	Vendor No.: <b>T80975988Q</b>
	NV Business ID: <b>Government Entity</b>

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 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

Agency Reference #: **NDF-21-022**

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 **08/2021**

Retroactive? **Yes**

If "Yes", please explain

**NDF and Eureka County District have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Eureka County Fire Protection Districts meeting agenda prevented NDF from meeting the BOE deadline for the June meeting.**

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

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

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

Contract description: **WFPP Eureka County**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide wildland fire serves under the Wildland Fire Protection Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$110,338.00**

Payment for services will be made at the rate of \$13,792.25 per Quarter

Other basis for payment: Payment in advance quarterly on the first of each quarter, starting July 1 of each fiscal year.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Eureka County Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

C21775 7-1-2019 to 6-30-2021

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:

Ron Bollier, State Fire Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dchelin1	06/23/2021 13:40:30 PM
Division Approval	dchelin1	06/23/2021 14:17:32 PM
Department Approval	dchelin1	06/23/2021 14:17:34 PM
Contract Manager Approval	dchelin1	06/23/2021 14:17:37 PM
Budget Analyst Approval	rjacob3	06/28/2021 13:24:20 PM
BOE Agenda Approval	cbrekken	06/28/2021 15:37:27 PM
BOE Final Approval	Pending	





STATE OF NEVADA  
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
**NEVADA DIVISION OF FORESTRY**  
2478 Fairview Drive  
Carson City, Nevada 89701  
Phone (775) 684-2500 Fax (775) 684-2570

**MEMORANDUM**

DATE: June 23, 2021

TO: Richard Jacobs, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Kacey KC, State Forester

A handwritten signature in blue ink, appearing to read "Kacey KC".

RE: Request for Retroactive start date approval for WFPP Contract with Eureka County, CETS #24566

This memorandum requests that the above referenced Nevada Division of Forestry (NDF) contract be approved with a retroactive effective date of July 1, 2021. It is of critical importance that the Division implements this revenue contract in order to continue to procure resources that will provide protection of life and property for the citizens of this State.

NDF and Eureka County have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Eureka County meeting agenda prevented NDF from meeting the Board of Examiners' deadline for the June meeting.

Thank you for your consideration of this request. Should you have any questions, or require additional information, please do not hesitate to contact me at 775.684.2501.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24561**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>Elko County</b>
Agency Code: <b>706</b>	Contractor Name: <b>Elko County</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>571 Idaho Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Elko, NV 89801</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-738-5398</b>
	Vendor No.: <b>T81072742</b>
	NV Business ID: <b>Government Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>

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

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

Agency Reference #: **NDF-21-020**

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 **08/2021**Retroactive? **Yes**

If "Yes", please explain

**NDF and Elko County Fire Protection District have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the East Fork Fire Protection Districts meeting agenda prevented NDF from meeting the BOE deadline for the June meeting.**

3. Termination Date: **06/30/2023**Contract term: **1 year and 364 days**4. Type of contract: **Interlocal Agreement**Contract description: **WFPP Elko County**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,625,934.00**

Payment for services will be made at the rate of \$203,241.75 per Quarter

Other basis for payment: Payment in advance quarterly on the first of each quarter, starting July 1 of each fiscal year.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Forestry and Elko Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

9. Were quotes or proposals solicited?

**No**

Was the solicitation (RFP) done by the 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?

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

C22197 Expires 6/30/21.

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

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

Not Applicable

15. The contractor is 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:

Ron Bollier, State Fire Manager Ph: 7775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmeyers	06/23/2021 14:11:35 PM
Division Approval	dchelin1	06/23/2021 14:22:09 PM
Department Approval	dchelin1	06/23/2021 14:22:12 PM
Contract Manager Approval	dchelin1	06/23/2021 14:22:14 PM
Budget Analyst Approval	rjacob3	06/28/2021 13:17:54 PM
BOE Agenda Approval	cbrekken	06/28/2021 15:57:50 PM
BOE Final Approval	Pending	



STATE OF NEVADA  
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
**NEVADA DIVISION OF FORESTRY**  
2478 Fairview Drive  
Carson City, Nevada 89701  
Phone (775) 684-2500 Fax (775) 684-2570

**MEMORANDUM**

DATE: June 23, 2021

TO: Richard Jacobs, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Kacey KC, State Forester

A handwritten signature in blue ink, appearing to read "Kacey KC", written over a horizontal line.

RE: Request for Retroactive start date approval for WFPP Contract with Elko County, CETS #24561

This memorandum requests that the above referenced Nevada Division of Forestry (NDF) contract be approved with a retroactive effective date of July 1, 2021. It is of critical importance that the Division implements this revenue contract in order to continue to procure resources that will provide protection of life and property for the citizens of this State.

NDF and Elko County have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Elko County meeting agenda prevented NDF from meeting the Board of Examiners' deadline for the June meeting.

Thank you for your consideration of this request. Should you have any questions, or require additional information, please do not hesitate to contact me at 775.684.2501.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24564**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: Lincoln County
Agency Code: <b>706</b>	Contractor Name: <b>Lincoln County</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>PO BOX 416</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PIOCHE, NV 89043</b>
If "No" please explain: Not Applicable	Contact/Phone: 775/962-5805
	Vendor No.: T40267400
	NV Business ID: Government Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>

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

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

Agency Reference #: NDF-21-027

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 08/2021

Retroactive? **Yes**

If "Yes", please explain

**NDF and Lincoln County Fire Protection District have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Lincoln County Fire Protection Districts meeting agenda prevented NDF from meeting the BOE deadline for the June meeting.**

3. Termination Date: **06/30/2023**Contract term: **1 year and 364 days**4. Type of contract: **Interlocal Agreement**Contract description: **WFPP Lincoln County**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$56,702.00**

Payment for services will be made at the rate of \$7,087.75 per Quarter

Other basis for payment: Payment in advance quarterly on the first of each quarter, starting July 1 of each fiscal year.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Forestry and Lincoln County Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the 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?

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

C21852 7/2019 to 6/30/2021

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:

Ron Bollier, State Fire Manage Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dchelin1	06/23/2021 13:37:11 PM
Division Approval	dchelin1	06/23/2021 13:37:23 PM
Department Approval	dchelin1	06/23/2021 14:20:04 PM
Contract Manager Approval	dchelin1	06/23/2021 14:20:06 PM
Budget Analyst Approval	rjacob3	06/28/2021 13:18:59 PM
BOE Agenda Approval	cbrekken	06/28/2021 15:51:30 PM
BOE Final Approval	Pending	



STATE OF NEVADA  
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
**NEVADA DIVISION OF FORESTRY**  
2478 Fairview Drive  
Carson City, Nevada 89701  
Phone (775) 684-2500 Fax (775) 684-2570

**MEMORANDUM**

DATE: June 23, 2021

TO: Richard Jacobs, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Kacey KC, State Forester 

RE: Request for Retroactive start date approval for WFPP Contract with Lincoln County, CETS #24564

This memorandum requests that the above referenced Nevada Division of Forestry (NDF) contract be approved with a retroactive effective date of July 1, 2021. It is of critical importance that the Division implements this revenue contract in order to continue to procure resources that will provide protection of life and property for the citizens of this State.

NDF and Lincoln County have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Lincoln County meeting agenda prevented NDF from meeting the Board of Examiners' deadline for the June meeting.

Thank you for your consideration of this request. Should you have any questions, or require additional information, please do not hesitate to contact me at 775.684.2501.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **24568**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>STOREY COUNTY</b>
Agency Code: <b>706</b>	Contractor Name: <b>STOREY COUNTY</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>STOREY COUNTY</b>
Is budget authority available?: <b>Yes</b>	<b>PO BOX 176</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>VIRGINIA CITY, NV 89440</b>
	Contact/Phone: <b>775/847-0968</b>
	Vendor No.: <b>T80054670Q</b>
	NV Business ID: <b>Storey County</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>

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

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

Agency Reference #: **NDF-21-041**

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 **08/2021**

Retroactive? **Yes**

If "Yes", please explain

**NDF and Storey County Fire Protection District have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Storey County Protection Districts meeting agenda prevented NDF from meeting the BOE deadline for the June meeting.**

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

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

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

Contract description: **WFPP Storey County**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$72,606.00**

Payment for services will be made at the rate of \$9,075.75 per Quarter

Other basis for payment: Payment in advance quarterly on the first of each quarter, starting July 1 of each fiscal year.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Forestry and Storey County Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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



Was the solicitation (RFP) done by the 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?

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

C21786 7/1/2019 to 6/30/2021

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:

Ron Bollier, State Fire Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmeyers	06/23/2021 14:08:57 PM
Division Approval	dchelin1	06/23/2021 14:11:24 PM
Department Approval	dchelin1	06/23/2021 14:11:26 PM
Contract Manager Approval	dchelin1	06/23/2021 14:11:29 PM
Budget Analyst Approval	rjacob3	06/28/2021 13:19:57 PM
BOE Agenda Approval	cbrekken	06/28/2021 15:49:58 PM
BOE Final Approval	Pending	



STATE OF NEVADA  
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
**NEVADA DIVISION OF FORESTRY**  
2478 Fairview Drive  
Carson City, Nevada 89701  
Phone (775) 684-2500 Fax (775) 684-2570

**MEMORANDUM**

DATE: June 23, 2021

TO: Richard Jacobs, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Kacey KC, State Forester

A handwritten signature in blue ink, appearing to read "Kacey KC", written over the "FROM" line.

RE: Request for Retroactive start date approval for WFPP Contract with Storey County Fire Protection District, CETS #24568

This memorandum requests that the above referenced Nevada Division of Forestry (NDF) contract be approved with a retroactive effective date of July 1, 2021. It is of critical importance that the Division implements this revenue contract in order to continue to procure resources that will provide protection of life and property for the citizens of this State.

NDF and Storey County Protection District have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021.

Thank you for your consideration of this request. Should you have any questions, or require additional information, please do not hesitate to contact me at 775.684.2501.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24555**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: Truckee Meadow Fire Protection District
Agency Code: <b>706</b>	Contractor Name: <b>Truckee Meadow Fire Protection District</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>3663 E BARRON WAY</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89511-1802</b>
If "No" please explain: Not Applicable	Contact/Phone: 775-848-8784
	Vendor No.: T32009979
	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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

Agency Reference #: NDF-21-043

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 08/2021

Retrospective? **Yes**

If "Yes", please explain

**NDF and Truckee Meadow Fire Protection District have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Truckee Meadow Fire Protection Districts meeting agenda prevented NDF from meeting the BOE's deadline for the June meeting.**

3. Termination Date: **06/30/2023**Contract term: **1 year and 364 days**4. Type of contract: **Interlocal Agreement**Contract description: **WFPP Truckee meadows**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$397,404.00**

Payment for services will be made at the rate of \$49,675.50 per Quarter

Other basis for payment: Payment in advance quarterly on the first of each quarter, starting July 1 of each fiscal year.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Forestry and Truckee Meadow Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

C22204 Previous contract expires 6/30/2021.

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:

Ron Bollier, State Fire Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dchelin1	06/23/2021 08:56:09 AM
Division Approval	dchelin1	06/23/2021 08:56:12 AM
Department Approval	dchelin1	06/23/2021 08:56:15 AM
Contract Manager Approval	dchelin1	06/23/2021 08:56:18 AM
Budget Analyst Approval	rjacob3	06/28/2021 13:22:18 PM
BOE Agenda Approval	cbrekken	06/28/2021 15:40:27 PM
BOE Final Approval	Pending	



STATE OF NEVADA  
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
**NEVADA DIVISION OF FORESTRY**  
2478 Fairview Drive  
Carson City, Nevada 89701  
Phone (775) 684-2500 Fax (775) 684-2570

**MEMORANDUM**

DATE: June 21, 2021

TO: Richard Jacobs, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Kacey KC, State Forester

A handwritten signature in blue ink, appearing to read "Kacey KC", written over the "FROM:" line.

RE: Request for Retroactive start date approval for WFPP Contract with Truckee Meadow Fire Protection District, CETS #24555

This memorandum requests that the above referenced Nevada Division of Forestry (NDF) contract be approved with a retroactive effective date of July 1, 2021. It is of critical importance that the Division implements this revenue contract in order to continue to procure resources that will provide protection of life and property for the citizens of this State.

NDF and Truckee Meadow Protection District have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Truckee Meadow Fire Protection Districts meeting agenda prevented NDF from meeting the Board of Examiners' deadline for the June meeting.

Thank you for your consideration of this request. Should you have any questions, or require additional information, please do not hesitate to contact me at 775.684.2501.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24560**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: Washoe County
Agency Code: <b>706</b>	Contractor Name: <b>Washoe County</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>1001 E. 9th St. Suite 201</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89512</b>
If "No" please explain: Not Applicable	Contact/Phone: 775-328-2000
	Vendor No.:
	NV Business ID: Government Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>

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

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

Agency Reference #: NDF-21-044

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 08/2021

Retroactive? **Yes**

If "Yes", please explain

**NDF and Washoe County Fire Protection District have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Washoe County Fire Protection Districts meeting agenda prevented NDF from meeting the BOE deadline for the June meeting.**

3. Termination Date: **06/30/2023**Contract term: **1 year and 364 days**4. Type of contract: **Interlocal Agreement**Contract description: **WFPP Washoe County**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$84,278.00**

Payment for services will be made at the rate of \$10,534.75 per Quarter

Other basis for payment: Payment in advance quarterly on the first of each quarter, starting July 1 of each fiscal year.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Forestry and Washoe County Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

C22205 Expires 6/30/2021

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:

Ron Bollier, State Fire Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dchelin1	06/23/2021 08:54:29 AM
Division Approval	dchelin1	06/23/2021 08:54:32 AM
Department Approval	dchelin1	06/23/2021 08:54:35 AM
Contract Manager Approval	dchelin1	06/23/2021 08:54:38 AM
Budget Analyst Approval	rjacob3	06/28/2021 13:21:31 PM
BOE Agenda Approval	cbrekken	06/28/2021 15:45:53 PM
BOE Final Approval	Pending	



STATE OF NEVADA  
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
**NEVADA DIVISION OF FORESTRY**  
2478 Fairview Drive  
Carson City, Nevada 89701  
Phone (775) 684-2500 Fax (775) 684-2570

**MEMORANDUM**

DATE: June 22, 2021

TO: Richard Jacobs, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Kacey KC, State Forester

A handwritten signature in blue ink, appearing to read "Kacey KC".

RE: Request for Retroactive start date approval for WFPP Contract with Washoe County Fire Protection District, CETS #24560

This memorandum requests that the above referenced Nevada Division of Forestry (NDF) contract be approved with a retroactive effective date of July 1, 2021. It is of critical importance that the Division implements this revenue contract in order to continue to procure resources that will provide protection of life and property for the citizens of this State.

NDF and Washoe County Fire Protection District have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Washoe County Fire Protection Districts meeting agenda prevented NDF from meeting the Board of Examiners' deadline for the June meeting.

Thank you for your consideration of this request. Should you have any questions, or require additional information, please do not hesitate to contact me at 775.684.2501.



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24611**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>Elko Central Dispatch Administrative Authority</b>
Agency Code: <b>706</b>	Contractor Name: <b>Elko Central Dispatch Administrative Authority</b>
Appropriation Unit: <b>4195-00</b>	Address: <b>725 Aspen Way</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ELKO, NV 89801</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Donna Holladay 775-777-7301</b>
	Vendor No.:
	NV Business ID: <b>Government Entity</b>

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 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

Agency Reference #: **NDF21-049**

2. Contract start date:

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

Anticipated BOE meeting date **08/2021**

Retroactive? **Yes**

If "Yes", please explain

**NDF and the City of Elko have been in negotiation for participation by each agency for a percentage of the operating costs based on square footage and use. It has always been the intention of both parties for this agreement to be effective on July 1, 2021. A delay in getting this agreement signed by the City of Elko meeting agenda prevented NDF from meeting the BOE deadline for the June Meeting.**

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

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

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

Contract description: **City of Elko Dispatc**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide reimbursement of operating costs for the Elko Interagency Dispatch Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$54,179.52**

Payment for services will be made at the rate of \$13,544.88 per year

Other basis for payment: Reimbursement of actual expenditures at 30%

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new interlocal revenue agreement to reimburse the Nevada Division of Forestry for operating costs for the Elko Interagency Dispatch Center. Each agency will be billed for a percentage of the operating costs based on square footage and use.

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

This is a revenue contract to the Division of Forestry. State employees will not be utilized.

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

Was the solicitation (RFP) done by the 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 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 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:

Ron Bollier, State Fire Manager Ph: 775-684-2554

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmeyers	07/06/2021 14:38:53 PM
Division Approval	akellog2	07/06/2021 14:57:10 PM
Department Approval	akellog2	07/06/2021 14:57:13 PM
Contract Manager Approval	dchelin1	07/06/2021 14:59:44 PM
Budget Analyst Approval	hfield	07/20/2021 16:23:55 PM
BOE Agenda Approval	hfield	07/20/2021 16:23:58 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: **24630**

Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>THE ABBI AGENCY</b>
Agency Code: <b>902</b>	Contractor Name: <b>THE ABBI AGENCY</b>
Appropriation Unit: <b>1004-04</b>	Address: <b>1385 HASKELL ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89509-2844</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Patrick Whitaker 775/323-2977</b>
	Vendor No.: <b>T27037235</b>
	NV Business ID: <b>NV20081200897</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2024</b>

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

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

Agency Reference #: **3550-24-GOWIN**

2. Contract start date:

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

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 59 days**

4. Type of contract: **Contract**

Contract description: **Communication**

5. Purpose of contract:

**This is a new contract to provide marketing and outreach for workforce development and training opportunities to Nevada's diverse communities adversely affected by the COVID-19 pandemic.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$393,000.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Creatively use and utilize technology to communicate Nevada's diverse communities, especially those hardest hit by the pandemic

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

State employees do not have the necessary training required 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):

Estipona Group  
BlackInk Creative  
The Abbi Agency  
KPS3  
In Plain Sight Marketing

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #01GO-S1513 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: 04/05/2021 Anticipated re-bid date: 04/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdesoci1	07/16/2021 10:03:55 AM
Division Approval	kdesoci1	07/16/2021 10:03:57 AM
Department Approval	kdesoci1	07/16/2021 10:03:59 AM
Contract Manager Approval	kdesoci1	07/16/2021 10:04:02 AM
Budget Analyst Approval	dbaughn	07/16/2021 10:56:23 AM
BOE Agenda Approval	cbrekken	07/19/2021 14:09:22 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: <b>18376</b>	Amendment Number: <b>5</b>
Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>Geographic Solutions, Inc.</b>
Agency Code: <b>902</b>	Contractor Name: <b>Geographic Solutions, Inc.</b>
Appropriation Unit: <b>4770-11</b>	Address: <b>1001 Omaha Circle</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Palm Harbor, FL 34683-4036</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Paul Toomey 727-786-7955</b>
	Vendor No.: <b>T27039926</b>
	NV Business ID: <b>NV20161382911</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2022**

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

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

Agency Reference #: **RFP# 3199**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/14/2017**

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **08/30/2021**

Contract term: **5 years and 136 days**

4. Type of contract: **Contract**

Contract description: **Automated Workforce**

5. Purpose of contract:

**This is the fifth amendment to the original contract which provides an automated reporting and management information system that includes the hardware, software, implementation, maintenance and support to provide various self-service job-seeker and employer system modules for workforce agency offices across the state. This amendment extends the termination date from August 30, 2021 to June 30, 2022 and increases the maximum amount from \$3,543,260 to \$4,238,320 due to the continued need for these services and to add new service modules.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$3,393,464.00	\$3,393,464.00	\$3,393,464.00	Yes - Action
a. Amendment 1:	\$28,590.00	\$28,590.00	\$28,590.00	Yes - Info
b. Amendment 2:	\$51,940.00	\$51,940.00	\$80,530.00	Yes - Action
c. Amendment 3:	\$29,270.00	\$29,270.00	\$29,270.00	Yes - Info
d. Amendment 4:	\$39,996.00	\$39,996.00	\$69,266.00	Yes - Action
2. Amount of current amendment (#5):	\$695,060.00	\$695,060.00	\$695,060.00	Yes - Action
3. New maximum contract amount:	\$4,238,320.00			

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?

Upgrading the current Statewide Automated Workforce System (SAWS) will provide improved program services to Nevada's jobseekers, employers, trainers and staff, reduce manual effort and inefficiencies, increase Federal and State compliance and upgrade antiquated technologies through the modernization of the current system.

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

No state agencies or employees have the equipment or the experience to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3199, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/16/2015 Anticipated re-bid date: 06/01/2021

10. Does the contract contain any IT components? Yes

## III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Vendor is currently under contract with DETR and service has been satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbende2	07/07/2021 16:05:23 PM
Division Approval	kdesoci1	07/08/2021 15:47:10 PM
Department Approval	kdesoci1	07/08/2021 15:47:17 PM
Contract Manager Approval	kdesoci1	07/08/2021 15:47:25 PM
EITS Approval	daxtel1	07/08/2021 15:59:56 PM
Budget Analyst Approval	dbaughn	07/13/2021 15:54:10 PM
BOE Agenda Approval	cbrekken	07/15/2021 13:56:33 PM



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

**M E M O R A N D U M**

**TO:** Josh Marhevka, Management Analyst 4, DETR  
Marilyn T. Delmont, CIO, DETR  
Brian Deem, Contract Manager, DETR  
Elisa P. Cafferata, Director, DETR

**CC:** David Haws, 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 – Pandemic Unemployment Assistance (PUA)  
Benefits System – BA4772TIN137

**DATE:** December 30, 2020

We have completed the review of DETR's – *Pandemic Unemployment Assistance (PUA) Benefits System* TIN-137.

The submitted TIN, for an estimated value of \$3,618,405 this biennium and \$2,260,440 in the next biennium, provides for purchasing modules from Geographic Solutions to pay claimants who do not qualify for Unemployment Insurance.

We strongly recommend that DETR engages with OIS and take advantage of services available to assess and protect the technology being implemented. It is also 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.





**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

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

<b>Purchasing Use Only:</b>	
Approval #:	369 (C)

**CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM**

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

<b>1</b>	<b>Agency Contact Information – Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency Name:	<i>Nevada Department of Employment, Training and Rehabilitation (DETR)</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Karlene Johnson, Deputy Administrator</i>	<i>(775)684-3972</i>	<i><u>KFJOHNSON@detr.nv.gov</u></i>

<b>2</b>	<b>Contractor Information:</b>	
	Contractor:	<i>Geographic Solutions, Inc. (T27039926)</i>
	Contact Name:	<i>Paul Toomey</i>
	Complete Address:	<i>1001 Omaha Circle, Palm Harbor, FL 34683-4036</i>
	Phone Number:	<i>(727)786-7955; (727)786-5871 fax</i>
	Email Address:	<i><u>ptoomey@geosolinc.com</u></i>

<b>3</b>	<b>List <u>all previous</u> Contract Information:</b>			
	Solicitation Type, if applicable:	<i>Competitive RFP</i>	#:	<i>3199</i>
	CETS #:	<i>18376</i>		
	Contract Amount:	<i>\$3,393,464.00</i>		
	Contract Term:	Start Date:	<i>02/14/2017</i>	End Date:

03/11/21 - 1:05 PM (C)

<b>Purchasing Use Only:</b>	
Approval #:	369②

<b>Current Contract Information:</b>					
4	Solicitation Type, if applicable:	<i>Competitive Solicitation</i>		#:	3199
	CETS #:	#18376			
	Initial Contract Amount:	\$3,393,464.00			
	Contract Term:	Start Date:	02/14/2017	End Date:	08/31/2021

<b>Amendment Information – List <u>all previously</u> approved amendments:</b>			
<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
5	<i>Amendment updated scope of work, added provisions of the use of Federal Funds and payment milestones, and increased the total contract amount to include SARA software agreement one-time implementation fee and annual agreement cost.</i>	\$28,590.00	n/a
	<i>Revised Attachment FF (milestones) and Attachment GG (invoicing); and increased the maximum contract amount due to an increased requirement of software licensing, a new system interface and a new single sign on function.</i>	\$51,940.00	n/a
	<i>Revised SAWS proposed payment milestone and SARA software agreement, increased total contract amount to include SARA module annual software license fee for three years.</i>	\$29,270.00	n/a
4	<i>Increased the maximum amount of the contract and added the Help Desk Management module to the scope of services.</i>	\$39,996.00	n/a

<b><u>Proposed</u> Amendment Information:</b>			
<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	<i>Extends the contract end date (06/30/2022), and increases the maximum contract amount to add the following: additional monthly cost of the current modules for the extension period (\$633,360.00) and additional one-time costs for three (3)</i>	\$695,060.00	06/30/2022

	<p><i>enhancement modules: the WorkKeys module (\$23,940) for WIOA Title I, the SARA trigger functionality (\$1,800) for post-employment and the H-1B specialty occupations module (\$35,960). SEE ATTACHMENTS.</i></p>		
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7	<p><b>What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?</b></p> <p><i>The Department's justification to extend the contract term beyond the State's four-year re-solicitation policy includes the following:</i></p> <ol style="list-style-type: none"> <li><i>1) This contract is for the state's workforce management information system (MIS), EmployNV. The Department implemented this brand-new MIS in 2017 with significant Nevada-specific customized system developments and enhancements made to the system since its implementation.</i></li> <li><i>2) It is not feasible and/or beneficial to the state or its citizens to solicit a replacement for the system at this juncture.</i></li> <li><i>3) Due to the COVID-19 pandemic and corresponding Federal H.R. 748 - CARES Act (3/27/2020), Sec. 2101, states were required to develop and stand-up Pandemic Unemployment Assistance (PUA) programs. In April-May 2020, the Department entered into a separate contract with this vendor (Geographic Solutions, Inc.; CETS #23103; \$4,025,495.00) that integrated the PUA interface within EmployNV.</i></li> </ol>
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8	<p><b>What are the potential consequences to the State if the contract extension request is denied?</b></p> <p><i>If the Department was required to go out to competitive solicitation prior to this contract's end date (08/30/2021), the time-consuming RFP process would take away from the essential functions and services that the department's workforce and unemployment insurance staff are currently performing and providing to Nevada citizens.</i></p> <p><i>Furthermore, if the competitive solicitation resulted in the replacement of the current EmployNV MIS, given the status of the state resulting from the COVID-19 pandemic and the resulting effects to the state's unemployment and workforce needs, it would cause irreparable harm to the state's workforce and unemployment benefits programs due to the state having to develop, test and standup a replacement workforce and PUA MIS.</i></p>
---	---

<b>Purchasing Use Only:</b>	
Approval #:	369@

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.

*K Johnson*

Signature of Agency Representative Initiating Request

*Karlene Johnson*

Print Name of Agency Representative Initiating Request

*3/10/2021*

Date

*Kitty DeSocio*

Signature of Agency Head Authorizing Request

*Kathleen B. DeSocio, CFO - for the Director*

Print Name of Agency Head Authorizing Request

*03/11/2021*

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:

*Kevin D. Doty*

Administrator, Purchasing Division or Designee

*3/16/21*

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: **24479**

Agency Name: <b>DETR - ADMINISTRATIVE SERVICES</b>	Legal Entity Name: <b>CENTER FOR EMPLOYMENT SECURITY EDUCATION &amp; RESEARCH</b>
Agency Code: <b>908</b>	Contractor Name: <b>CENTER FOR EMPLOYMENT SECURITY EDUCATION &amp; RESEARCH</b>
Appropriation Unit: <b>3274-10</b>	Address: <b>444 N CAPITOL ST NW STE 142</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>WASHINGTON, DC 20001</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Scott B. Sanders 202-434-8022</b>
	Vendor No.: <b>T81015014</b>
	NV Business ID: <b>NV20201855922</b>

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.

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

Agency Reference #: **3537-22-DETR**

2. Contract start date:

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

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2022**

Contract term: **242 days**

4. Type of contract: **Contract**

Contract description: **UI Modernization RFP**

5. Purpose of contract:

**This is a new contract to provide technical assistance in developing the request for proposal for the Unemployment Information Technology Modernization project.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$104,900.00**

Other basis for payment: Base plan \$104,900.00: to be invoiced as work progresses on RFP Development: \$89,900.00 and Evaluation Support: \$15,000.00. Total contract not to exceed \$104,900.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Unemployment Insurance (UI) is implementing their UI IT modernization plan and needs expert assistance to build, distribute and evaluate an RFP to find the most qualified vendor.

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

They do not have the skills or knowledge 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 #: 210504**

**Approval Date: 05/18/2021**

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?

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdesoci1	07/09/2021 14:45:25 PM
Division Approval	kdesoci1	07/09/2021 14:45:28 PM
Department Approval	kdesoci1	07/09/2021 14:45:31 PM
Contract Manager Approval	kdesoci1	07/09/2021 14:45:35 PM
EITS Approval	daxtel1	07/09/2021 16:04:39 PM
Budget Analyst Approval	dbaughn	07/16/2021 09:39:28 AM
BOE Agenda Approval	cbrekken	07/19/2021 14:45:11 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

*\*07/13/21 - Vendor name revision/correction\**

<i>Purchasing Use Only:</i>	
Approval#:	#210504@

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

1a	<b>Agency Contact Information - Note:</b> 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>
		Kitty DeSocio, CFO	775-684-3878	kbdesocio@detr.nv.gov
		Tracy Zehner	775-684-3287	tlzehner@detr.nv.gov

1b	<b>Vendor Information:</b>	
	Identify Vendor:	National Association of State Workforce Administrators (NASWA) - <del>UI Information Technology Support Center (UITSC)</del> *CESER
	Contact Name:	Scott B. Sanders
	Complete Address:	444 North Capital Street NW, Suite 300
	Telephone Number:	202-434-8022
	Email Address:	ssanders@naswa.org

*\*Name revision correction\*  
 Kdd 7/13/21*

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

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

1e	<b>Term:</b>			
	One (1) Time Purchase:	<input type="checkbox"/>		
	Contract:	Start Date:	Upon Approval	End Date: March 31, 2022

1f	<b>Funding:</b>	
	State Appropriated:	<input type="checkbox"/>
	Federal Funds:	X – Above Base funding BA 3274
	Grant Funds:	<input type="checkbox"/>

Other (Explain):	
------------------	--

<i>Purchasing Use Only:</i>	
Approval #:	#210504 (C)

<b>1g</b>	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	<i>\$104,900.00</i>

<b>2</b>	<p><b>Provide a description of work/services to be performed or commodity/good to be purchased:</b></p> <p><i>NASWA UI ITSC will provide the Unemployment Insurance (UI) division with advisory technical support in developing UI IT Modernization RFPs. NASWA UI ITSC will assist in the development of the DETR Modernization RFP including providing advice and recommendations, facilitating requirements sessions, and drafting RFP sections.</i></p>
----------	---

<b>3</b>	<p><b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b></p> <p><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></p>
----------	---

<b>4</b>	<p><b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b></p> <p><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></p>
----------	--

	Yes:	No:	<input checked="" type="checkbox"/>
<b>5</b>	<p><b>Were alternative services or commodities evaluated? Check One.</b></p> <p>a. <i><u>If yes</u>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i></p>		
	<p>b. <i><u>If not</u>, why were alternatives not evaluated?</i></p> <p><i>This is a service that NASWA provides to its members and as stated above there no other vendors who can provide this level of expertise.</i></p>		



Purchasing Use Only:	
Approval #:	#210504(C)

6	Has the agency purchased this service or commodity in the past? Check One. <i>Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</i>			Yes:		No:	X
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
	Term Start and End Dates		Value \$	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)		

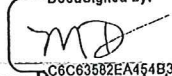
7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>DETR UI needs this assistance to improve the UI IT system and response to the Nevadans' in need at this very trying economic time. Required interfaces, correspondence, and reports are important to enumerate in the RFP as these facets drive the scope of the UI Modernization project.</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>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>

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:		No:	X
	a. <i>If yes, please provide details regarding future obligations or needs.</i>						

<i>Purchasing Use Only:</i>	
Approval #:	# 210504 (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.

DocuSigned by:  
  
 C8C63582EA454B3...

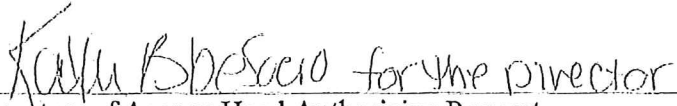
Agency Representative Initiating Request

Dr. Marilyn T. Delmont

5/17/2021

Print Name of Agency Representative Initiating Request

Date

  
 Signature of Agency Head Authorizing Request

Elisa Cafferata

5-5-21

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

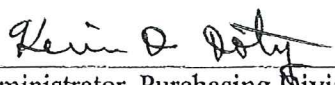
Print Name of Representative Providing Review

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:

  
 Administrator, Purchasing Division or Designee

5/18/21  
Date

# WORK PLAN SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	015	GOVERNOR'S OFFICE OF FINANCE – SMART 21	GARTNER, INC.	GENERAL 81% HIGHWAY 19%	\$932,512	
	Contract Description:	This is a new work plan under master service agreement 99SWC-NV22-9032 which provides ongoing research and advisory services related to information technology. This work plan covers the independent project oversight and quality assurance for the Enterprise Resource Planning Project.				
	Term of Contract:	09/01/2021 - 09/30/2022	Contract # 24681			

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24681**

Agency Name: <b>GOVERNOR'S FINANCE OFFICE</b>	Legal Entity Name: <b>GARTNER, INC.</b>
Agency Code: <b>015</b>	Contractor Name: <b>GARTNER, INC.</b>
Appropriation Unit: <b>1325-09</b>	Address: <b>56 Top Gallant Road</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Stamford, CT 06904</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Paul Minor 239-561-4815</b>
	Vendor No.: <b>PUR0005339</b>
	NV Business ID: <b>NV19941112701</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>

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

<input checked="" type="checkbox"/> General Funds	<b>81.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
<input checked="" type="checkbox"/> Highway Funds	<b>19.00 %</b>	Other funding	0.00 %

Agency Reference #: **RFP # 19-19-06 RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2021**

Anticipated BOE meeting date **09/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 29 days**

4. Type of contract: **Other (include description): Work Plan**

Contract description: **SMART 21 Project**

5. Purpose of contract:

**This is a new work plan under master service agreement 99SWC-NV22-9032 which provides ongoing research and advisory services related to information technology. This work plan covers the independent project oversight and quality assurance for the Enterprise Resource Planning Project.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$932,512.01**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Smart 21 Project requires independent project oversight and quality assurance that Gartner will provide. There will be project oversight and quality assurance for both OPM and the Smart 21 Project.**

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

**State employees do not have the expertise.**

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

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

Multiple agencies, service satisfactory

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

null, null Ph: null

Paul Nicks, Director, OPM, SMART 21 Ph: 775-687-7221

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	07/16/2021 16:01:42 PM
Division Approval	tmilazz1	07/16/2021 16:35:41 PM
Department Approval	tmilazz1	07/16/2021 16:35:44 PM
Contract Manager Approval	ssands	07/19/2021 16:19:33 PM
Budget Analyst Approval	mranki1	07/20/2021 10:00:53 AM
BOE Agenda Approval	cbrekken	07/20/2021 10:02:20 AM
BOE Final Approval	Pending	

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	BOYS & GIRLS CLUB OF SOUTHERN NEVADA	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing marriage and family counseling services.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 24444		
2.		VARIOUS STATE AGENCIES	CROSSROADS LIVING, LLC	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing temporary housing and independent living services. This amendment increases the maximum amount from \$1,500,000 to \$2,000,000 due to the increased need for these services.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 20791		
3.		VARIOUS STATE AGENCIES	JAMES M. BALMUT	OTHER: VARIOUS AGENCIES	\$250,000	
	Contract Description:	This is a new contract to provide ongoing marriage and family therapy services.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 24461		
4.		VARIOUS STATE AGENCIES	RISE WELLNESS, LLC	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing trauma therapy services.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 24439		
5.		VARIOUS STATE AGENCIES	STACK OF STONES, LLC	OTHER: VARIOUS AGENCIES	\$250,000	
	Contract Description:	This is a new contract to provide ongoing marriage and family therapy services.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 24445		

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24444**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	<b>BOYS &amp; GIRLS CLUB OF SOUTHERN NEVADA</b>
Agency Code:	<b>MSA</b>	Contractor Name:	<b>BOYS &amp; GIRLS CLUB OF SOUTHERN NEVADA</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>2850 Lindell Rd</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>Las Vegas, NV 89146</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Cory Lozensky 702-367-2582
		Vendor No.:	T80947631
		NV Business ID:	NV19611001462

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.

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

Agency Reference #: S167-RV

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **333 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

**This is a new contract to provide ongoing marriage and family 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	06/30/2021 17:23:07 PM
Division Approval	gdavi6	06/30/2021 17:23:09 PM
Department Approval	mstar2	07/01/2021 11:23:50 AM
Contract Manager Approval	rvradenb	07/19/2021 13:36:05 PM
Budget Analyst Approval	stilley	07/19/2021 15:26:11 PM
BOE Agenda Approval	hfield	07/19/2021 17:40:26 PM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>20791</b>	Amendment Number: <b>1</b>
Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Crossroads Living, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Crossroads Living, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>1050 Wigwam Pkwy Ste 110</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Henderson, NV 89074</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Delsa Fortich 818-298-9076</b>
	Vendor No.: <b>T29041032</b>
	NV Business ID: <b>NV20171055672</b>

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing temporary housing and independent living services. This amendment increases the maximum amount from \$1,500,000 to \$2,000,000 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:	\$1,500,000.00	\$1,500,000.00	\$1,500,000.00	Yes - Action
2. Amount of current amendment (#1):	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
3. New maximum contract amount:	\$2,000,000.00			

#### 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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

[Empty text box]

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2018

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: 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	05/24/2021 14:19:01 PM
Division Approval	gdavi6	05/24/2021 14:19:04 PM
Department Approval	ldeloach	05/24/2021 15:30:53 PM
Contract Manager Approval	rvradenb	05/25/2021 11:26:55 AM
Budget Analyst Approval	stilley	07/19/2021 17:36:41 PM
BOE Agenda Approval	hfield	07/20/2021 09:46:43 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24461**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>James M. Balmut</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>James M. Balmut</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>2372 Wabash Circle</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sparks, NV 89434</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>James Balmut 775-762-3548</b>
	Vendor No.: <b>T29043875</b>
	NV Business ID: <b>NV20201858004</b>

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.

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

Agency Reference #: **S167-RV**

2. Contract start date:

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

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **333 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

**This is a new contract to provide ongoing marriage and family therapy services.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The agency does not have the personnel to perform these services.**

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

**This is a specialized service that requires specially trained individuals to provide these services.**

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S167 for behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Sole Proprietor

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

Yes

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	06/24/2021 12:27:33 PM
Division Approval	gdavi6	06/24/2021 12:27:35 PM
Department Approval	ldeloach	06/24/2021 15:23:42 PM
Contract Manager Approval	rvradenb	06/28/2021 07:20:44 AM
Budget Analyst Approval	stilley	07/19/2021 15:28:17 PM
BOE Agenda Approval	hfield	07/19/2021 17:38:41 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: **24439**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>RISE WELLNESS, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>RISE WELLNESS, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>421 W. Plumb Lane</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89509</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Erin Snell 775-525-3400</b>
	Vendor No.: <b>T32010962</b>
	NV Business ID: <b>NV20201957102</b>

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.

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

Agency Reference #: **S167-RV**

2. Contract start date:

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

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **333 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

**This is a new contract to provide ongoing trauma 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 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	05/24/2021 14:18:26 PM
Division Approval	gdavi6	05/24/2021 14:18:29 PM
Department Approval	ldeloch	05/24/2021 15:26:47 PM
Contract Manager Approval	rvradenb	05/25/2021 11:26:38 AM
Budget Analyst Approval	stilley	07/19/2021 17:31:23 PM
BOE Agenda Approval	hfield	07/20/2021 09:53:31 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: **24445**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Stack of Stones LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Stack of Stones LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>421 Hill Street, Suite 4</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89501</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Shannon Mead 206-856-1508</b>
	Vendor No.: <b>T29044201</b>
	NV Business ID: <b>NV20191016842</b>

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.

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

Agency Reference #: **S167-RV**

2. Contract start date:

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

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **333 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

**This is a new contract to provide ongoing marriage and family therapy services.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The agency does not have the personnel to perform these services.**

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

**This is a specialized service that requires specially trained individuals to provide these services.**

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S167 for behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 05/15/2026

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is 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	06/24/2021 12:27:58 PM
Division Approval	gdavi6	06/24/2021 12:28:03 PM
Department Approval	ldeloch	06/24/2021 15:41:08 PM
Contract Manager Approval	rvradenb	06/28/2021 07:20:32 AM
Budget Analyst Approval	stilley	07/19/2021 15:31:13 PM
BOE Agenda Approval	hfield	07/19/2021 17:36:46 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	BENJAMIN J. OWENS	FEE: ATHLETIC COMMISSION GATE 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:	07/06/2021 - 08/31/2025
2.	010	ATHLETIC COMMISSION	JASMIN LEE DAVIS	FEE: ATHLETIC COMMISSION GATE 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:	07/06/2021 - 08/31/2025
3.	010	ATHLETIC COMMISSION	WELLINGTON LIMA	FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE (AMATEUR PROGRAM) 10%	\$20,000	
		Contract Description:	This is a new contract to provide ongoing unarmed combat chief inspector services for weigh-in and events.		Term of Contract:	07/06/2021 - 08/31/2025
4.	014	GOVERNOR'S OFFICE - OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY	ESTIPONA GROUP ADVERTISING	GENERAL	\$38,000	
		Contract Description:	This is a new contract to provide ongoing website maintenance and updating of media content and weekly site backups.		Term of Contract:	07/01/2021 - 06/30/2023

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	MCNUTT LAW FIRM, PC	OTHER: STATUTORY CONTINGENCY	\$40,000	
	Contract Description:	This is a new contract which provides outside counsel services for case number A-20-814296-C Lopez v. the State of Nevada.				
		Term of Contract:	06/08/2021 - 06/08/2022	Contract # 24563		
6.	030	ATTORNEY GENERAL'S OFFICE - SPECIAL LITIGATION FUND	COUNTY OF WASHOE	OTHER: SETTLEMENT FUNDS	\$21,426	Exempt
	Contract Description:	This is a new interlocal agreement to provide reimbursement of subcontracted testing services of sexual assault kits.				
		Term of Contract:	07/01/2021 - 12/31/2021	Contract # 24646		
7.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	CLINICAL PHARMACOLOGY SERVICES, INC.	OTHER: TORT CLAIM FUNDS	\$25,000	Professional Service
	Contract Description:	This is a new contract to provide expert witness services in case number USDC 3:21-cv-00176-RFB-CLB for Zane Floyd.				
		Term of Contract:	06/25/2021 - 06/30/2023	Contract # 24508		
8.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	DAVID HELLERSTEIN	OTHER: TORT CLAIM FUNDS	\$30,000	
	Contract Description:	This is a new contract to provide ongoing expert witness services for medical conditions and treatment for individuals in legal confinement.				
		Term of Contract:	07/10/2021 - 06/30/2023	Contract # 24617		
9.	070	DEPARTMENT OF ADMINISTRATION - AGENCY HUMAN RESOURCE SERVICES	DIVISION OF MINERALS	OTHER: ASSESSMENTS	\$22,234	Exempt
	Contract Description:	This is a new interlocal agreement to provide cost-sharing for the new network circuit at the Carson City location.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24502		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	JOE BENIGNO'S TREE SERVICE, INC.	OTHER: BUILDING AND GROUNDS BUILDING RENTAL INCOME REVENUE	\$10,380	
	Contract Description:	This is the second amendment to the original contract which provides ongoing on-call arborist services. This amendment increases the maximum amount from \$60,000 to \$70,380 due to the increased need for these services.				
		Term of Contract:	11/01/2018 - 09/30/2022	Contract # 21019		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING	BONDS	\$18,665	Professional Service
	Contract Description:	This is the fourth amendment to the original contract which provides professional architectural/engineering services for the Stewart Facility - Domestic Fire and Water Main Replacement CIP project: CIP Project No. 17-M36; SPWD Contract No. 112437. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$352,218 to \$370,883 due to the Right-of-Way mapping and Clear Creek integration.				
		Term of Contract:	05/14/2019 - 06/30/2023	Contract # 21629		
12.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	PRO-PROJECT, LLC	FEDERAL	\$20,000	
	Contract Description:	This is a new contract to provide services and support under the State Trade Expansion Program.				
		Term of Contract:	06/28/2021 - 09/29/2021	Contract # 24362		
13.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	ARIZONA NEVADA TOWER CORPORATION	OTHER: REVENUE	\$44,665	
	Contract Description:	This is a new revenue contract to provide ongoing rack space at McClellan Peak in Washoe County.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24620		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
14.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	ARIZONA NEVADA TOWER CORPORATION	OTHER: REVENUE	\$29,777	
		Contract Description: This is a new revenue contract to provide ongoing rack space at Marys Mountain in Eureka County. Term of Contract: 07/01/2021 - 06/30/2025 Contract # 24621				
15.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	LAS VEGAS METROPOLITAN POLICE	OTHER: REVENUE	\$29,777	Exempt
		Contract Description: This is a new revenue interlocal agreement to provide rack space at Apex Peak in Clark County. Term of Contract: 07/01/2021 - 06/30/2025 Contract # 24618				
16.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - NETWORK TRANSPORT SERVICES	WESTNET NEVADA, LLC	OTHER: REVENUE	\$14,888	
		Contract Description: This is a new revenue contract to provide ongoing rack space at Miller Mountain in Mineral County. Term of Contract: 07/01/2021 - 06/30/2025 Contract # 24600				
17.	300	NEVADA DEPARTMENT OF EDUCATION - CARES ACT ESSER	NEDRP, LLC	FEDERAL	\$18,000	
		Contract Description: This is a new contract to provide a three-day training for Certified Specialists in Restorative Practices for up to 40 participants. Term of Contract: 07/01/2021 - 07/31/2021 Contract # 24364				
18.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	CATAPULT SYSTEMS, LLC	FEDERAL	\$49,876	Sole Source
		Contract Description: This is the first amendment to the original contract which provides a grant management software subscription. This amendment increases the maximum amount from \$87,720 to \$137,596 due to the need for additional fixes and enhancements. Term of Contract: 07/01/2020 - 06/30/2022 Contract # 23204				

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	HEATHER MAUZE	FEE: SPONSORSHIP	\$24,999	
	Contract Description:	This is a new contract to provide an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.				
		Term of Contract:	07/09/2021 - 06/30/2025	Contract # 24639		
20.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	HEATHER WENDLING	FEE: SPONSORSHIP	\$24,999	
	Contract Description:	This is a new contract to provide an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.				
		Term of Contract:	07/20/2021 - 06/30/2025	Contract # 24641		
21.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	JILL SHAHEN	FEE: SPONSORSHIP	\$24,999	
	Contract Description:	This is a new contract to provide an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.				
		Term of Contract:	07/09/2021 - 06/30/2025	Contract # 24640		
22.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNITY HEALTH SERVICES	ESMERALDA COUNTY SCHOOL DISTRICT	OTHER: REVENUE	\$36,570	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.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24183		
23.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - RURAL CLINICS	FILIBERTO L. LEMUS DBA ABLE JANITORIAL SERVICE	GENERAL	\$19,776	
	Contract Description:	This is a new contract to provide janitorial services.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24443		
24.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - WELFARE FIELD SERVICES	OPPORTUNITY VILLAGE ASSOCIATION	GENERAL 30% FEDERAL 70%	\$32,549	Exempt
	Contract Description:	This is a new contract to provide janitorial services for the Cambridge Center District Office.				
		Term of Contract:	07/01/2021 - 06/30/2022	Contract # 24389		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - JUVENILE JUSTICE SERVICES	UNIVERSITY OF CINCINNATI RESEARCH INSTITUTE	GENERAL	\$14,125	Exempt
	Contract Description:	This is a new contract to provide training to staff on the Correctional Program Checklist quality assurance tool to conduct quality assurance reviews.				
		Term of Contract:	06/25/2021 - 09/30/2021	Contract # 23874		
26.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	NEVADA COALITION TO END DOMESTIC & SEXUAL VIOLENCE	FEDERAL	\$10,000	
	Contract Description:	This is the first amendment to the original contract which provides management of the grievance process for the Grants Management Unit. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$10,000 to \$20,000 due to the continued need for these services.				
		Term of Contract:	09/18/2019 - 06/30/2023	Contract # 22315		
27.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	COMMUNITY & FAMILY SERVICES FOUNDATION	GENERAL 80% FEDERAL 20%	\$4,721	
	Contract Description:	This is the first amendment to the original contract which provides pre-adoption services to include home study preparation and assessment of family's strengths and needs when considering adoption of a child out of foster care and monthly child supervision and case management. This amendment extends the termination date from June 30, 2021 to December 31, 2021 and increases the maximum amount from \$8,611.80 to \$13,333.20 due to the continued need for these services.				
		Term of Contract:	07/20/2020 - 12/31/2021	Contract # 23299		
28.	431	OFFICE OF THE MILITARY	FIRE AND SAFETY TECHNICIANS, LLC	GENERAL 50% FEDERAL 50%	\$45,000	
	Contract Description:	This is a new contract to provide ongoing fire extinguisher recharging, certification and repair, Ansul system inspection and certification, backflow certification and repair, kitchen hood cleaning and inspection services for facilities in southern Nevada.				
		Term of Contract:	07/06/2021 - 04/30/2025	Contract # 24490		
29.	431	OFFICE OF THE MILITARY	RESOURCE CONCEPTS, INC.	FEDERAL	\$24,000	Professional Service
	Contract Description:	This is a new contract to provide land surveying and mapping services for land acquired from the Department of Corrections adjacent to the Carson City ammo bunker.				
		Term of Contract:	07/20/2021 - 07/15/2022	Contract # 24580		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.	431	OFFICE OF THE MILITARY	JAMES F. THOMSON JR DBA AMERICAN SOUTHWEST ELECTRIC	GENERAL 50% FEDERAL 50%	\$45,000	
	Contract Description:	This is a new contract to provide ongoing electrical maintenance services for facilities in southern Nevada.				
		Term of Contract:	07/06/2021 - 06/30/2025	Contract # 24491		
31.	440	DEPARTMENT OF CORRECTIONS - THREE LAKES VALLEY CONSERVATION CAMP	CARRIER CORPORATION	GENERAL	\$13,920	
	Contract Description:	This is a new contract to provide ongoing annual chiller preventative maintenance, repair and inspection services.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24143		
32.	440	DEPARTMENT OF CORRECTIONS – ELY STATE PRISON	FDI BACKFLOW SPECIALISTS, INC.	GENERAL	\$14,959	
	Contract Description:	This is the first amendment to the original contract which provides annual backflow testing, certification and required repairs at Ely State Prison, Ely Conservation Camp, Pioche Conservation Camp and Wells Conservation Camp. This amendment increases the maximum amount from \$21,556.81 to \$36,515.49 due to the addition of backflow units serviced at Ely State Prison.				
		Term of Contract:	01/07/2021 - 08/31/2024	Contract # 23641		
33.	440	DEPARTMENT OF CORRECTIONS - FLORENCE MCCLURE WOMEN'S CORRECTIONAL CENTER	VORTEX INDUSTRIES, INC.	GENERAL	\$41,297	
	Contract Description:	This is a new emergency contract to provide repair, replacement and programming of the sally port gate controller.				
		Term of Contract:	05/28/2021 - 06/30/2026	Contract # 24474		
34.	550	DEPARTMENT OF AGRICULTURE - AGRICULTURE ADMINISTRATION	AUTOMATED TEMPERATURE CONTROLS, INC.	OTHER: COST ALLOCATION	\$17,173	
	Contract Description:	This is a new contract to provide ongoing remote system monitoring of facility heating, ventilation and air conditioning controls.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24423		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	ON TARGET, LLC	FEE: SPORTSMEN REVENUE 34% FEDERAL 66%	\$5,700	
	Contract Description:	This is the first amendment to the original contract which provides pest control services at the Overton and Key Pittman Wildlife Management Areas. This amendment increases the maximum amount from \$4,800 to \$10,500 due to the addition of pest control services at the Kirch Wildlife Management Area.				
	Term of Contract:	07/20/2020 - 05/31/2024	Contract # 23234			
36.	702	DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION	GOHUNT, LLC	FEE: RESOURCE ENHANCEMENT STAMP	\$20,000	
	Contract Description:	This is a new contract to provide ongoing marketing services for the Resource Enhancement Stamp and Dream Tag programs.				
	Term of Contract:	07/19/2021 - 06/30/2022	Contract # 24464			
37.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	JERRY'S SERVICE, INC., DBA JERRY'S JOHNS	FEE: MAINTENANCE OF STATE PARKS	\$34,500	
	Contract Description:	This is a new contract to provide on-call sewage pumping services for Lincoln County State Parks.				
	Term of Contract:	07/12/2021 - 12/31/2024	Contract # 24577			
38.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	LONGORIA SERVICES	OTHER: REVENUE	\$10,000	
	Contract Description:	This is a new revenue contract to provide boat launching services at Lake Tahoe Nevada State Park - Cave Rock.				
	Term of Contract:	07/01/2021 - 04/30/2022	Contract # 24558			
39.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	NEVADA ADVENTURES, LLC	OTHER: REVENUE	\$10,000	
	Contract Description:	This is a new revenue contract to provide kayak, standup paddleboard, snowshoe, hiking, and mountain bike tours within Sand Harbor and Spooner Lake State Parks.				
	Term of Contract:	06/23/2021 - 04/30/2022	Contract # 24172			



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
40.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - USGS CO-OP - NON-EXEC	UNITED STATES DEPARTMENT OF THE INTERIOR	FEDERAL	\$19,000	Exempt
	Contract Description:	This is a new joint funding agreement to provide surface-water monitoring activities consisting of the operation and maintenance of one continuous streamflow gauge for determinations of water availability in the Pahranaagat area.				
	Term of Contract:	06/16/2021 - 07/31/2022	Contract # 24603			
41.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	CHURCHILL COUNTY	OTHER: REVENUE	\$28,582	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program.				
	Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24409			
42.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - WILDLAND FIRE PREVENTION PROGRAM	CITY OF RENO	OTHER: REVENUE	\$14,432	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program.				
	Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24569			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
43.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - ADMINISTRATION	KPS3, INC.	FEDERAL	\$34,100	
	Contract Description:	This is the fifth amendment to the original contract which provides website design and maintenance/support services. This amendment increases the maximum amount from \$147,550 to \$181,650 due to the increased need for maintenance and support services and the development of the NvFloods website.				
		Term of Contract:	10/06/2017 - 09/30/2021	Contract # 19239		
44.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - ADMINISTRATION	ESCRIBERS, LLC	GENERAL 25.1% FEE: LICENSE, DOOR AND ADMINISTRATIVE 74.9%	\$25,340	
	Contract Description:	This is the first amendment to the original contract which provides certified court reporting services. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$12,100 to \$37,440 due to the continued need for these services and the addition of a higher rate for on-site court reporting.				
		Term of Contract:	01/30/2020 - 06/30/2023	Contract # 22717		
45.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	NEVADA SYSTEM OF HIGHER EDUCATION - BOARD OF REGENTS- OBO UNIVERSITY OF NEVADA, LAS VEGAS	FEDERAL	\$15,926	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing pre-employment transition services to disabled youths, ages 16 - 22.				
		Term of Contract:	06/24/2021 - 12/31/2021	Contract # 24109		
46.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	GARTNER, INC.	OTHER: COST ALLOCATION	\$32,425	
	Contract Description:	This is a new work plan under master services agreement #18964 which provides research and advisory services related to information technology. This work plan provides executive program support.				
		Term of Contract:	07/01/2021 - 06/30/2022	Contract # 24531		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
47.	B024	BDC LICENSING BOARDS & COMMISSIONS - PODIATRY	CERTEMY, INC.	FEE: LICENSURE	\$20,000	
	Contract Description:	This is a new contract to provide software, design and development of software services.				
		Term of Contract:	06/15/2021 - 06/14/2025	Contract # 24504		
48.	B021	LICENSING BOARDS & COMMISSIONS - ORIENTAL MEDICINE	CERTEMY, INC.	FEE: LICENSURE	\$20,000	
	Contract Description:	This is a new contract to provide licensing software that tracks regulatory compliance.				
		Term of Contract:	07/15/2021 - 07/14/2025	Contract # 24669		
49.	B024	LICENSING BOARDS AND COMMISSIONS - PODIATRY	FENNEMORE CRAIG, PC	FEE: LICENSURE	\$20,000	Professional Service
	Contract Description:	This is a new contract to provide legal services.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24488		

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24614**

Agency Name: <b>GOVERNOR'S OFFICE</b>	Legal Entity Name: <b>BENJAMIN J. OWENS</b>
Agency Code: <b>010</b>	Contractor Name: <b>BENJAMIN J. OWENS</b>
Appropriation Unit: <b>3952-04</b>	Address: <b>660 KEW GARDENS DR.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89178</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>BEN OWENS 702-460-1490</b>
	Vendor No.: <b>T29044356</b>
	NV Business ID: <b>NV20212139000</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>

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

General Funds	0.00 %	<b>X</b>	Fees	<b>90.00 % ATHLETIC COMMISSION GATE FEES</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b>	Other funding	<b>10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/06/2021**

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2025**

Contract term: **4 years and 57 days**

4. Type of contract: **Contract**

Contract description: **Specialty Services**

5. Purpose of contract:

**This is a new contract to provide Inspector Services during Athletic Commission weigh-in's 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: \$150.00 per event, \$50 per weigh-in and \$50 per assigned USA Boxing gym Inspection; not to exceed \$20,000 over contract term.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NRS67.050 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 and would not be able to provide the staffing required and would occur additional overtime in trying to fulfill these obligations. Additionally, the Inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff to cover this task.**

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

Was the solicitation (RFP) done by the 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 knowledge of the rules and regulations of unarmed combat sport and has successfully completed a shadow/training program with the Athletic Commission.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Alejandro Ybarra, Chief Inspector Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	07/01/2021 10:05:03 AM
Division Approval	ssands	07/01/2021 10:20:49 AM
Department Approval	ssands	07/01/2021 10:20:52 AM
Contract Manager Approval	fmason	07/01/2021 10:24:34 AM
Budget Analyst Approval	mranki1	07/06/2021 10:54:16 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24613**

Agency Name: <b>GOVERNOR'S OFFICE</b>	Legal Entity Name: <b>JASMIN LEE DAVIS</b>
Agency Code: <b>010</b>	Contractor Name: <b>JASMIN LEE DAVIS</b>
Appropriation Unit: <b>3952-04</b>	Address: <b>8852 DAN HORTON AVE.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89178</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jasmin Davis 702-501-1303</b>
	Vendor No.: <b>T32011215</b>
	NV Business ID: <b>NV20212151054</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>

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

General Funds	0.00 %	<b>X</b>	Fees	<b>90.00 % ATHLETIC COMMISSION GATE FEES</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b>	Other funding	<b>10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/06/2021**

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2025**

Contract term: **4 years and 57 days**

4. Type of contract: **Contract**

Contract description: **Specialty Services**

5. Purpose of contract:

**This is a new contract to provide Inspector Service during Athletic Commission weigh-in's 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, \$50 per weigh-in and \$50 per assignment of USA Boxing gym inspections; not to exceed \$20,000 over term of 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 and would not be able to provide the staffing required and would occur additional overtime in trying to fulfill these obligations. Additionally, the Inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff to cover this task.**

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

Was the solicitation (RFP) done by the 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 knowledge of the rules and regulations of unarmed combat sport and has successfully completed a shadow/training program with the Athletic Commission.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Alejandro Ybarra, Chief Inspector Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	07/01/2021 10:04:47 AM
Division Approval	ssands	07/01/2021 10:21:19 AM
Department Approval	ssands	07/01/2021 10:21:21 AM
Contract Manager Approval	fmason	07/01/2021 10:25:00 AM
Budget Analyst Approval	mranki1	07/06/2021 10:59:08 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: **24612**

Agency Name: <b>GOVERNOR'S OFFICE</b>	Legal Entity Name: Wellington Lima
Agency Code: <b>010</b>	Contractor Name: <b>Wellington Lima</b>
Appropriation Unit: <b>3952-04</b>	Address: <b>9860 RIDGE HILL AVE.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89147</b>
If "No" please explain: Not Applicable	Contact/Phone: Wellington Lima 702-502-5063
	Vendor No.: T32011260
	NV Business ID: NV20212148045

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

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

General Funds	0.00 %	<b>X</b>	Fees	<b>90.00 % Athletic Commission Gate Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b>	Other funding	<b>10.00 % Ticket Surcharge (Amateur Program)</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/06/2021**

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2025**

Contract term: **4 years and 57 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's 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, \$50 per weigh-in and \$50 per assignment of USA Boxing gym Inspections: 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 and would not be able to provide the staffing required and would occur additional overtime in trying to fulfill these obligations. Additionally, the Inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff to cover this task.

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

Was the solicitation (RFP) done by the 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 knowledge of the rules and regulations of unarmed combat sport and has successfully completed a shadow/training program with the Athletic Commission.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Alejandro Ybarra, Chief Assistant Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	07/01/2021 10:04:18 AM
Division Approval	ssands	07/01/2021 10:22:06 AM
Department Approval	ssands	07/01/2021 10:22:08 AM
Contract Manager Approval	fmason	07/01/2021 10:25:26 AM
Budget Analyst Approval	mranki1	07/06/2021 11:04:09 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24469**

Agency Name: <b>OFFICE OF SCIENCE, INNOVATION AND TECHNOLOGY</b>	Legal Entity Name: <b>ESTIPONA GROUP ADVERTISING</b>
Agency Code: <b>014</b>	Contractor Name: <b>ESTIPONA GROUP ADVERTISING</b>
Appropriation Unit: <b>1003-26</b>	Address: <b>&amp; PUBLIC RELATIONS PO BOX 10606</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89510-0606</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-786-4445</b>
	Vendor No.: <b>T29035435</b>
	NV Business ID: <b>NV19951042070</b>

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.

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

2. Contract start date:

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

Anticipated BOE meeting date **07/2021**

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: **Website Maintenance**

5. Purpose of contract:

**This is a new contract to provide ongoing website maintenance, updating of media content, and weekly site backups.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,000.00**

Other basis for payment: **FY22-\$19,000;FY23-\$19,000**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Its mission is to increase interest and awareness in STEM educational programs, and STEM careers. The STEMHub website provides information about STEM careers and STEM education programs in Nevada and a comprehensive STEM career matchmaker. Information on the website must be updated to ensure accuracy and alignment with in-demand occupational data.

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

**Lack of personnel**

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

[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:

Brian Mitchell, Director of OSIT Ph: 775-687-0987

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	06/16/2021 09:39:00 AM
Division Approval	mhelto1	06/16/2021 11:14:09 AM
Department Approval	mhelto1	06/16/2021 11:14:12 AM
Contract Manager Approval	ssands	06/16/2021 11:17:47 AM
Budget Analyst Approval	mranki1	06/24/2021 08:27:39 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: **24563**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>MCNUTT LAW FIRM, P.C.</b>
Agency Code: <b>030</b>	Contractor Name: <b>MCNUTT LAW FIRM, P.C.</b>
Appropriation Unit: <b>1030-04</b>	Address: <b>625 SOUTH 8TH STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89101</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-384-1170</b>
	Vendor No.: <b>T32011245</b>
	NV Business ID: <b>NV20041603581</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2021-2022</b>

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

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

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 07/2021

Retroactive? **Yes**

If "Yes", please explain

**We are requesting this contract to be retroactive to June 8, 2021 due to the nature of the current litigation forcing the Office of the Attorney General to immediately secure outside counsel and narrowing the timeframe for timely submission.**

3. Termination Date: **06/08/2022**

Contract term: **1 year**

4. Type of contract: **Contract**

Contract description: **Outside Counsel**

5. Purpose of contract:

**This is a new contract which provides outside counsel services for case number A-20-814296-C Lopez v. State of Nevada. This is to be paid from the Statutory Contingency account per NRS 41.03435 due to a conflict of interest in representing state employees who also have a conflict with our client agency in this matter.**

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 services 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 matter.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Leslie Nino Piro, General Counsel Ph: 702-486-3077

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	06/23/2021 10:01:57 AM
Division Approval	jhoba2	06/23/2021 10:02:01 AM
Department Approval	jhoba2	06/23/2021 10:02:04 AM
Contract Manager Approval	Iramire7	06/23/2021 12:50:38 PM
Budget Analyst Approval	jcoope8	07/10/2021 13:23:42 PM

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JESSICA L. ADAIR  
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*General Counsel*

HEIDI PARRY STERN  
*Solicitor General*

STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street  
Carson City, Nevada 89701

## MEMORANDUM

**Date:** June 22, 2021

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

**From:** Lesley Volkov, Management Analyst II

**Subject:** Retroactive Approval for contract # 24563 for McNutt Law Firm

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We are requesting this contract to be retroactive to June 8, 2021 due to the nature of the current litigation forcing the Office of the Attorney General to immediately secure outside counsel and narrowing the timeframe for timely submission.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24646**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>WASHOE, COUNTY OF</b>
Agency Code: <b>030</b>	Contractor Name: <b>WASHOE, COUNTY OF</b>
Appropriation Unit: <b>1031-25</b>	Address: <b>WASHOE COUNTY SHERIFFS OFFICE</b>
Is budget authority available?: <b>Yes</b>	<b>1001 E. Ninth Street</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>RENO, NV 89512-1000</b>
	Contact/Phone: <b>775-328-2800</b>
	Vendor No.: <b>T40283400R</b>
	NV Business ID: <b>GOVERNMENT ENTITY</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022</b>

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

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

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 **08/2021**

Retroactive? **Yes**

If "Yes", please explain

**We would like to request this contract to be retroactive to July 1, 2021 due to the insufficient notice by the contractor of outstanding kits that needed to be tested and the inability to amend the previous contract before expiration.**

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

Contract term: **183 days**

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

Contract description: **SAKI TESTING**

5. Purpose of contract:

**This is a new interlocal agreement to provide reimbursement for subcontracted testing services of sexual assault kits.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,426.18**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Law Enforcement has a backlog of untested sexual assault kits. Completing testing of these kits may result in an increased number of convictions in sexual assault and rape cases.

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

State agencies are not able to do this work due to the sheer volume of backlogged untested sexual assault kits

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

Was the solicitation (RFP) done by the 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 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:

We are currently in contract with Washoe County and they have performed satisfactorily.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

JESSICA HOBAN, CFO Ph: 775-684-1116

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	07/09/2021 15:36:24 PM
Division Approval	jhoba2	07/09/2021 15:36:29 PM
Department Approval	jhoba2	07/09/2021 15:36:32 PM
Contract Manager Approval	Iramire7	07/12/2021 07:51:07 AM
Budget Analyst Approval	hfield	07/20/2021 10:19:35 AM



AARON D. FORD  
*Attorney General*

CAROLINE BATEMAN  
*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

**Date:** July 9, 2021

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

**From:** Lesley Volkov, Management Analyst II

**Subject:** Retroactive Approval for contract #24646 Washoe County

---

We would like to request this contract to be retroactive to July 1, 2021 due to the insufficient notice by the contractor of outstanding kits that needed to be tested and the inability to amend the previous contract before expiration.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24508**

Agency Name: **ATTORNEY GENERAL'S OFFICE**  
Agency Code: **030**  
Appropriation Unit: **1348-15**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: Clinical Pharmacology Services, Inc  
Contractor Name: **Clinical Pharmacology Services, Inc**  
Address: **6285 E. Fowler Ave**  
City/State/Zip: **Temple Terrace, FL 33617-3304**  
Contact/Phone: 813-983-1500  
Vendor No.: T32011170  
NV Business ID: NV20212112324  
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 %	<b>X</b> Other funding	<b>100.00 % Tort Claim Funds</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/25/2021**

Anticipated BOE meeting date 07/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 5 days**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

**This is a new contract to provide expert witness services in case number USDC 3:21-cv-00176-RFB-CLB for Zane Floyd.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contractor will perform consulting services, document review, clinical and forensic studies, and medical research, assist with case meetings, court documents, hearings, deposition, trials and trial testimony in this matter.

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

State employees do not have this type of expertise.

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

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

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

**Not Applicable**

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

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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 Katafias, Tort Claims Manager Ph: 775-684-1252

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	06/09/2021 13:32:11 PM
Division Approval	jhoba2	06/09/2021 13:32:13 PM
Department Approval	jhoba2	06/09/2021 13:32:17 PM
Contract Manager Approval	Iramire7	06/09/2021 14:03:30 PM
Budget Analyst Approval	jcoope8	06/25/2021 10:34:17 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: **24617**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>HELLERSTEIN, DAVID</b>
Agency Code: <b>030</b>	Contractor Name: <b>HELLERSTEIN, DAVID</b>
Appropriation Unit: <b>1348-15</b>	Address: <b>1417 TANGLEWOOD DR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PLACERVILLE, CA 95667-8931</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>530/642-8952</b>
	Vendor No.: <b>T32001197</b>
	NV Business ID: <b>NV20101570140</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/10/2021**

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 355 days**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

**This is a new contract to provide ongoing expert witness assistance for possible lawsuits filed against the State that involve questions of medical conditions and treatment for individuals in legal confinement within the Department of Corrections. The vendor will assist in providing a legal expert opinion by reviewing case files, preparing written reports, charts, and summaries as well as possibly providing testimony at depositions and trials.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The services of this expert witness are required to assist the Office of the Attorney General in the defense of lawsuits filed against the State of Nevada.

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

State employees do not have the specialized expertise for these types of matters

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

Was the solicitation (RFP) done by the 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?

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Nancy Katafias, Tort Claims Manager Ph: 775-684-1252

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	07/01/2021 11:16:03 AM
Division Approval	jhoba2	07/01/2021 11:16:06 AM
Department Approval	jhoba2	07/01/2021 11:16:10 AM
Contract Manager Approval	Iramire7	07/01/2021 12:02:30 PM
Budget Analyst Approval	jcoope8	07/10/2021 13:44:01 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: **24502**

Agency Name: <b>ADMIN - DIVISION OF HUMAN RESOURCE MANAGEMENT</b>	Legal Entity Name: <b>Division of Minerals</b>
Agency Code: <b>070</b>	Contractor Name: <b>Division of Minerals</b>
Appropriation Unit: <b>1360-26</b>	Address: <b>400 W King St Suite 106</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89703</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Michelle Garton 775-684-0136</b>
	Vendor No.:
	NV Business ID: <b>Govenmental entity</b>

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 %	<b>X</b> Other funding	<b>100.00 %</b>

2. Contract start date:

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

Anticipated BOE meeting date 07/2021

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: **share network**

5. Purpose of contract:

**This is a new interlocal agreement to provide clarification that the Agency of Human Resources will participate with the Division of Minerals in sharing costs of the new network circuit installed at 400 W. King Street.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,233.60**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Radio microwave for network connectivity is deprecated, unsupported technology and could be subject to catastrophic failure at any moment that cannot be corrected by EITS resources.

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

N/A

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

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

**No**

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

**No**

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

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

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

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

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

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

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Michelle Garton, Deputy Administrator Ph: 775-684-0136

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mgassawa	06/21/2021 17:04:14 PM
Division Approval	ssands	06/22/2021 07:46:49 AM
Department Approval	ssands	06/22/2021 07:46:52 AM
Contract Manager Approval	ssands	06/22/2021 07:46:57 AM
Budget Analyst Approval	stilley	07/01/2021 13:00:49 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>21019</b>	Amendment Number: <b>2</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>JOE BENIGNO'S TREE SERVICE, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>JOE BENIGNO'S TREE SERVICE, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>1460 Industrial Way</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Gardnerville , NV 89410</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-265-9665</b>
	Vendor No.: <b>T27008575</b>
	NV Business ID: <b>NV20081585740</b>

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % BUILDING AND GROUNDS BUILDING RENTAL INCOME REVENUE</b>

Agency Reference #: **ASD 2830357**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2018**

Anticipated BOE meeting date **09/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

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

4. Type of contract: **Contract**

Contract description: **Arborist**

5. Purpose of contract:

**This is the second amendment to the original contract which provides an arborist, tree removals, trimming, landscaping and planting as requested. This amendment increases the maximum amount from \$60,000 to \$70,380 due to the continued need for services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$60,000.00	\$60,000.00	\$60,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$10,380.00	\$10,380.00	\$10,380.00	Yes - Info
3. New maximum contract amount:	\$70,380.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Buildings and Grounds Section maintains all State buildings, grounds, and properties not otherwise provided for by law.



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

This is outside the Buildings and Grounds expertise as most of this requires heavy-duty equipment that B&G does not own.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This is one of several vendors and each vendor will be contacted to submit bids for projects.

d. Last bid date: 08/17/2018 Anticipated re-bid date: 08/17/2022

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	07/15/2021 16:20:54 PM
Division Approval	ssands	07/15/2021 16:22:20 PM
Department Approval	ssands	07/15/2021 16:22:26 PM
Contract Manager Approval	mvietti	07/15/2021 16:28:24 PM
Budget Analyst Approval	nkephart	07/16/2021 08:24:13 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>21629</b>	Amendment Number: <b>4</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING</b>
Agency Code: <b>082</b>	Contractor Name: <b>FARR WEST ENGINEERING DBA FARR WEST CHILTON ENGINEERING</b>
Appropriation Unit: <b>1590-80</b>	Address: <b>5510 LONGLEY LANE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-851-4788</b>
	Vendor No.: <b>T81102795A</b>
	NV Business ID: <b>NV20011242988</b>

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

Agency Reference #: 112437

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/14/2019**  
Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years and 48 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is the fourth amendment to the original contract which provides professional architectural/engineering services for the Stewart Facility - Domestic Fire and Water Main Replacement CIP project: CIP Project No. 17-M36; SPWD Contract No. 112437. This amendment extends the contract termination date from 06/30/2021 to 06/30/2023 and increases the maximum amount from \$352,218 to \$370,883 due to the Right-of-Way mapping and Clear Creek integration.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$138,748.00	\$138,748.00	\$138,748.00	Yes - Action
a. Amendment 1:	\$150,550.00	\$150,550.00	\$150,550.00	Yes - Action
b. Amendment 2:	\$23,480.00	\$23,480.00	\$23,480.00	Yes - Info
c. Amendment 3:	\$39,440.00	\$39,440.00	\$62,920.00	Yes - Action
2. Amount of current amendment (#4):	\$18,665.00	\$18,665.00	\$18,665.00	Yes - Info
3. New maximum contract amount:	\$370,883.00			

## II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP Project

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. 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	06/30/2021 14:31:34 PM
Division Approval	nmann	06/30/2021 14:31:45 PM
Department Approval	nmann	06/30/2021 14:31:50 PM
Contract Manager Approval	lwildes	06/30/2021 14:36:36 PM
Budget Analyst Approval	nkephart	06/30/2021 15:06:12 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24362**

Agency Name: <b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name: Pro-Project LLC
Agency Code: <b>102</b>	Contractor Name: <b>Pro-Project LLC</b>
Appropriation Unit: <b>1526-21</b>	Address: <b>8400 West Sunset Road Black Fire Innovation Ctr #300</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>Las Vegas, NV 89113</b>
If "No" please explain: This request is contingent upon Interim Finance Committee approval of pending work program C54480.	Contact/Phone: Rafal Henryk Kartaszynski, MSc, PhD, MBA 786-757-0514
	Vendor No.: T32011044
	NV Business ID: NV20201859521

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/28/2021**

Anticipated BOE meeting date 07/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/29/2021**

Contract term: **93 days**

4. Type of contract: **Contract**

Contract description: **Business consultant**

5. Purpose of contract:

**This is a new contract to provide services and support under the State Trade Expansion Program (STEP).**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: As invoiced by the vendor and approved by the State

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Fulfill federal grant expectations and promote exporting opportunities to Nevada businesses.

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 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):

OCO Global  
IBT Online  
Rafal Henryk Kartaszynski

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components?  No

### III. OTHER INFORMATION

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

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

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

**No**

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

**No**

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

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

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

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

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

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

15. The contractor is 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	Icopelan	05/03/2021 12:34:56 PM
Division Approval	Icopelan	05/03/2021 12:34:59 PM
Department Approval	Icopelan	05/03/2021 12:35:02 PM
Contract Manager Approval	Icopelan	05/03/2021 13:42:07 PM
Budget Analyst Approval	stilley	06/28/2021 12:12:43 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24620**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>ARIZONA NEVADA TOWER CORPORATION</b>
Agency Code: <b>180</b>	Contractor Name: <b>ARIZONA NEVADA TOWER CORPORATION</b>
Appropriation Unit: <b>1388-00</b>	Address: <b>1562 N. PARK STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CASTLE ROCK, CO 80109</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>303/660-2776</b>
	Vendor No.: <b>T27019852</b>
	NV Business ID: <b>NV20031265762</b>

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 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

2. Contract start date:

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

Anticipated BOE meeting date **09/2021**

Retroactive? **Yes**

If "Yes", please explain

**Due to a combination of staff vacancies, new staff training, and requests to process fiscal year 2021 transactions prior to the 30 June 2021 deadline, this agreement was not identified as a priority to process and submit to the Governor's Finance Office with sufficient time to review and approve with a 01 July 2021 start date.**

3. Termination Date: **06/30/2025**

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:

**This is a new revenue contract to provide ongoing rack space at McClellan Peak in Washoe County.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$44,664.96**

Other basis for payment: Rack space rental is \$3,722.08 per year; for 3 site space rentals, the total balance for FY22 is \$11,166.24, FY23 total \$11,166.24, FY24 total \$11,166.24, and FY25 total \$11,166.24

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Revenue Contract

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Revenue 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?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

ANN SCOTT, MANAGEMENT ANALYST Ph: 775-684-5859

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	paiazz1	07/01/2021 15:13:28 PM
Division Approval	ssands	07/01/2021 15:47:14 PM
Department Approval	ssands	07/01/2021 15:47:20 PM
Contract Manager Approval	mvietti	07/16/2021 15:37:26 PM
Budget Analyst Approval	dlenzner	07/20/2021 13:28:24 PM



Steve Sisolak  
Governor



Laura Freed  
Director

Matthew Tuma  
Deputy Director

Daniel Marlow  
Administrator


**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**

209 E. Musser Street, Suite 304 | Carson City, Nevada 89701  
Phone: (775) 684-0273 | [www.adminsvcs.nv.gov](http://www.adminsvcs.nv.gov) | Fax: (775) 684-5846

**MEMORANDUM**

DATE: 15 July 2021

TO: David Lenzner, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Daniel Marlow, Administrator 

SUBJECT: Request BOE retroactive approval for attached revenue agreement

---

The attached revenue agreement with Arizona Nevada Tower Corporation has been submitted for approval by the Board of Examiners. Due to a combination of staff vacancies, new staff training, and requests to process fiscal year 2021 transactions prior to the 30 June 2021 deadline, this agreement was not identified as a priority to process and submit to the Governor's Finance Office with sufficient time to review and approve with a 01 July 2021 start date.

This revenue agreement is a continuation of service to provide rack space at McClellan Peak in Washoe County which provides wireless internet services to the public. As this is a revenue agreement, we are requesting the retroactive approval date to have contractual authority between the state and Arizona Nevada Tower Corporation to bill for rack space rental and receive revenue for the State of Nevada.

If the agreement is not approved with an effective date of 01 July 2021, the Enterprise Information Technology Services Network Transport Services budget account would not receive revenue for service provided and not collect sufficient funds this fiscal year for the expenses related to this service.

We respectfully request the Board of Examiners to retroactively approve this revenue agreement with a start date of 01 July 2021.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24621**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>ARIZONA NEVADA TOWER CORPORATION</b>
Agency Code: <b>180</b>	Contractor Name: <b>ARIZONA NEVADA TOWER CORPORATION</b>
Appropriation Unit: <b>1388-00</b>	Address: <b>1562 N. PARK STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CASTLE ROCK, CO 80109</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>303/660-2776</b>
	Vendor No.: <b>T27019852</b>
	NV Business ID: <b>NV20031265762</b>

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 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date **09/2021**

Retroactive? **Yes**

If "Yes", please explain

**Due to a combination of staff vacancies, new staff training, and requests to process fiscal year 2021 transactions prior to the 30 June 2021 deadline, this agreement was not identified as a priority to process and submit to the Governor's Finance Office with sufficient time to review and approve with a 01 July 2021 start date.**

3. Termination Date: **06/30/2025**

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:

**This is a new revenue contract to provide ongoing rack space at Marys Mountain in Eureka County.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,776.64**

Other basis for payment: Rack space rental is \$3,722.08 per year; for 2 site space rentals, the total balance for FY22 is \$7,444.16, FY23 total \$7,444.16, FY24 total \$7,444.16 FY25 total \$7,444.16

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Revenue Contract

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Revenue 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?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

ANN SCOTT, MANAGEMENT ANALYST Ph: 775-684-5859

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	paiazz1	07/01/2021 15:14:17 PM
Division Approval	ssands	07/01/2021 15:49:11 PM
Department Approval	ssands	07/01/2021 15:49:14 PM
Contract Manager Approval	mvietti	07/16/2021 15:41:12 PM
Budget Analyst Approval	dlenzner	07/20/2021 13:15:55 PM

Steve Sisolak  
Governor



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Matthew Tuma  
Deputy Director

Daniel Marlow  
Administrator


**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**

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**MEMORANDUM**

DATE: 15 July 2021

TO: David Lenzner, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Daniel Marlow, Administrator 

SUBJECT: Request BOE retroactive approval for attached revenue agreement

---

The attached revenue agreement with Arizona Nevada Tower Corporation has been submitted for approval by the Board of Examiners. Due to a combination of staff vacancies, new staff training, and requests to process fiscal year 2021 transactions prior to the 30 June 2021 deadline, this agreement was not identified as a priority to process and submit to the Governor's Finance Office with sufficient time to review and approve with a 01 July 2021 start date.

This revenue agreement is a continuation of service to provide rack space at Mary's Mountain in Eureka County which provides wireless internet services to the public. As this is a revenue agreement, we are requesting the retroactive approval date to have contractual authority between the state and Arizona Nevada Tower Corporation to bill for rack space rental and receive revenue for the State of Nevada.

If the agreement is not approved with an effective date of 01 July 2021, the Enterprise Information Technology Services Network Transport Services budget account would not receive revenue for service provided and not collect sufficient funds this fiscal year for the expenses related to this service.

We respectfully request the Board of Examiners to retroactively approve this revenue agreement with a start date of 01 July 2021.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24618**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>LAS VEGAS METROPOLITAN POLICE</b>
Agency Code: <b>180</b>	Contractor Name: <b>LAS VEGAS METROPOLITAN POLICE</b>
Appropriation Unit: <b>1388-00</b>	Address: <b>DEPARTMENT</b>
Is budget authority available?: <b>Yes</b>	<b>4591 WEST RUSSEL ROAD</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>LAS VEGAS, NV 89118</b>
	Contact/Phone: <b>Stephen DeSchutter 702/828-3870</b>
	Vendor No.: <b>T80036040</b>
	NV Business ID: <b>GOVERNMENTAL ENTITY</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2025</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

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 **09/2021**

Retroactive? **Yes**

If "Yes", please explain

**Due to a combination of staff vacancies, new staff training, and requests to process fiscal year 2021 transactions prior to the 30 June 2021 deadline, this agreement was not identified as a priority to process and submit to the Governor's Finance Office with sufficient time to review and approve with a 01 July 2021 start date.**

3. Termination Date: **06/30/2025**

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide rack space at Apex Peak in Clark County.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,776.64**

Other basis for payment: Rack space rental is \$3,722.08 per year; for 2 site space rentals, the total balance for FY22 is \$7,444.16, FY23 total \$7,444.16, FY24 total \$7,444.16 FY25 total \$7,444.16

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Revenue contract

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Revenue 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?

[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 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:

ANN SCOTT, MANAGEMENT ANALYST Ph: 775-684-5859

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	paiazz1	07/01/2021 15:10:47 PM
Division Approval	ssands	07/01/2021 15:46:39 PM
Department Approval	ssands	07/01/2021 15:46:41 PM
Contract Manager Approval	mvietti	07/16/2021 15:45:09 PM
Budget Analyst Approval	dlenzner	07/20/2021 13:53:45 PM

Steve Sisolak  
Governor



Laura Freed  
Director

Matthew Tuma  
Deputy Director

Daniel Marlow  
Administrator


**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**

209 E. Musser Street, Suite 304 | Carson City, Nevada 89701  
Phone: (775) 684-0273 | [www.admnsvcs.nv.gov](http://www.admnsvcs.nv.gov) | Fax: (775) 684-5846

**MEMORANDUM**

DATE: 15 July 2021

TO: David Lenzner, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Daniel Marlow, Administrator 

SUBJECT: Request BOE retroactive approval for attached revenue agreement

---

The attached revenue agreement with Las Vegas Metropolitan Police has been submitted for approval by the Board of Examiners. Due to a combination of staff vacancies, new staff training, and requests to process fiscal year 2021 transactions prior to the 30 June 2021 deadline, this agreement was not identified as a priority to process and submit to the Governor's Finance Office with sufficient time to review and approve with a 01 July 2021 start date.

This revenue agreement is a continuation of service to provide rack space at Apex Peak in Clark County which provides essential public safety and emergency services communication. As this is a revenue agreement, we are requesting the retroactive approval date to have contractual authority between the state and Las Vegas Metropolitan Police to bill for rack space rental and receive revenue for the State of Nevada.

If the agreement is not approved with an effective date of 01 July 2021, the Enterprise Information Technology Services Network Transport Services budget account would not receive revenue for service provided and not collect sufficient funds this fiscal year for the expenses related to this service.

We respectfully request the Board of Examiners to retroactively approve this revenue agreement with a start date of 01 July 2021.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24600**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>WESTNET NEVADA, LLC</b>
Agency Code: <b>180</b>	Contractor Name: <b>WESTNET NEVADA, LLC</b>
Appropriation Unit: <b>1388-00</b>	Address: <b>1562 N PARK STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CASTLE ROCK, CO 80109</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702/434-3647</b>
	Vendor No.: <b>T32011236</b>
	NV Business ID: <b>NV20091290227</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2025</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

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 **09/2021**

Retroactive? **Yes**

If "Yes", please explain

**Due to a combination of staff vacancies, new staff training, and requests to process fiscal year 2021 transactions prior to the 30 June 2021 deadline, this agreement was not identified as a priority to process and submit to the Governor's Finance Office with sufficient time to review and approve with a 01 July 2021 start date.**

3. Termination Date: **06/30/2025**

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:

**This is a new revenue contract to provide ongoing rack space at Miller Mountain in Mineral County.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,888.32**

Other basis for payment: Rack Rent FY22 \$3,722.08, FY23 \$3,722.08, FY24 \$3,722.08, FY25 \$3,722.08

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Revenue Contract

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Revenue 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?



[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: 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:

ANN SCOTT, Management Analyst Ph: 775-684-5859

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	paiazz1	07/01/2021 15:07:38 PM
Division Approval	tmilazz1	07/02/2021 13:55:41 PM
Department Approval	tmilazz1	07/02/2021 13:55:45 PM
Contract Manager Approval	mvietti	07/16/2021 14:40:55 PM
Budget Analyst Approval	dlenzner	07/20/2021 12:13:14 PM

Steve Sisolak  
Governor



Laura Freed  
Director

Matthew Tuma  
Deputy Director


Daniel Marlow  
Administrator

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
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Phone: (775) 684-0273 | [www.admnsvcs.nv.gov](http://www.admnsvcs.nv.gov) | Fax: (775) 684-5846

**MEMORANDUM**

DATE: 15 July 2021

TO: David Lenzner, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Daniel Marlow, Administrator 

SUBJECT: Request BOE retroactive approval for attached revenue agreement

---

The attached revenue agreement with Westnet Nevada LLC has been submitted for approval by the Board of Examiners. Due to a combination of staff vacancies, new staff training, and requests to process fiscal year 2021 transactions prior to the 30 June 2021 deadline, this agreement was not identified as a priority to process and submit to the Governor's Finance Office with sufficient time to review and approve with a 01 July 2021 start date.

This revenue agreement is a continuation of service to provide rack space at Miller's Mountain in Mineral County which provides wireless internet services to the public. As this is a revenue agreement, we are requesting the retroactive approval date to have contractual authority between the state and Westnet Nevada LLC to bill for rack space rental and receive revenue for the State of Nevada.

If the agreement is not approved with an effective date of 01 July 2021, the Enterprise Information Technology Services Network Transport Services budget account would not receive revenue for service provided and not collect sufficient funds this fiscal year for the expenses related to this service.

We respectfully request the Board of Examiners to retroactively approve this revenue agreement with a start date of 01 July 2021.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24364**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b> Agency Code: <b>300</b> Appropriation Unit: <b>2710-13</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>NATIONAL EDUCATORS FOR RESTORATIVE PRACTICES (NEDRP)</b> Contractor Name: <b>NATIONAL EDUCATORS FOR RESTORATIVE PRACTICES (NEDRP)</b> Address: <b>228 JORDAN PL</b> City/State/Zip: <b>BOERNE, TX 78006</b> Contact/Phone: <b>SARAH NUNN 844-832-2477</b> Vendor No.: <b>T29044115</b> NV Business ID: <b>NV20212086809</b>
--	---

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.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date 05/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2021**

Contract term: **30 days**

4. Type of contract: **Contract**

Contract description: **CSRP TRAINING**

5. Purpose of contract:

**The is a new contract to provide a 3-day training for Certified Specialists in Restorative Practices for up to 40 participants. This training is built specifically for the campus or district leaders/educators who wish to support their staff in sustaining meaningful relationships with their students.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000.00**

Other basis for payment: Invoiced upon completion of training.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

In accordance with NRS 392.4644, and passage of the School Safety omnibus bills, Senate Bill 89 and Assembly Bill 168, during the 2019 Session of the Nevada Legislature, each school district shall complete Restorative Discipline Plans, formally known as Progressive Discipline Plans. Restorative Practices (RP) is an alternative to exclusionary disciplinary practices which removed students from the academic environment; instead, restorative justice seeks to repair the harm done when a standard of conduct is violated.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This NEDRP training allows the opportunity to focus on Tier I for Restorative Practices to educators throughout the state, which many districts have been asking for. 40 educators across the state will then be Certified Specialists in Restorative Practices through NEDRP. This training is built specifically for the campus or district leader/educator who wishes to support their staff in sustaining meaningful relationships with students.

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):

The OUISN Equity Center  
Restorative Justice Education (RJEEd)  
International Institute for Restorative Practices (IIRP)  
Bureau of Education & Research (BER)

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen because they can provide Tier 1 restorative practices to educators in leadership roles in districts throughout the state of Nevada and will provide the training virtually for 40 participants during an in-depth 3-day training. NEDRP tools are based in research have data showing how the tools have impacted school discipline data, recidivism, and teacher turnover. NEDRP considers their tools best practices and unpack them to educators as best practices.

d. Last bid date: 04/26/2021 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	bfarra2	06/22/2021 11:47:01 AM
Division Approval	bfarra2	06/22/2021 11:47:13 AM
Department Approval	bfarra2	06/22/2021 11:47:17 AM
Contract Manager Approval	bfarra2	06/22/2021 13:30:33 PM
Budget Analyst Approval	mranki1	06/24/2021 10:50:04 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23204** Amendment Number: **1**

Agency Name: **STATE PUBLIC CHARTER SCHOOL AUTHORITY** Legal Entity Name: **Catapult Systems, LLC**

Agency Code: **315** Contractor Name: **Catapult Systems, LLC**

Appropriation Unit: **2711-15** Address: **1221 South Mo Pac Expressway, Suite 350**

Is budget authority available?: **Yes** City/State/Zip: **Austin, TX 78746**

If "No" please explain: **Not Applicable** Contact/Phone: **Lauren Brown 512-225-6751**

Vendor No.: **T32009010**

NV Business ID: **NV20201764358**

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **315**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date **08/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2022**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Grant Management**

5. Purpose of contract:

**This is the first amendment to the original contract which provides a grant management software subscription. This amendment increases the maximum amount from \$87,720.00 to \$137,596.00 for additional fixes and enhancements.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$87,720.00	\$87,720.00	\$87,720.00	Yes - Action
2. Amount of current amendment (#1):	\$49,876.00	\$49,876.00	\$49,876.00	Yes - Info
3. New maximum contract amount:	\$137,596.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The State Public Charter School Authority requires a vendor to provide fixes and enhancements to the web-based Grants Management System.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the knowledge of the platform 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?

NAC 333.150 Professional Service Exemption approved by the Purchasing Administrator.  
 Solicitation Waiver #200506

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 currently performs work for the SPCSA and 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:  
 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	jbauer	07/06/2021 16:56:54 PM
Division Approval	jbauer	07/06/2021 16:56:57 PM
Department Approval	jbauer	07/06/2021 16:57:00 PM
Contract Manager Approval	jbauer	07/06/2021 16:57:06 PM
EITS Approval	daxtel1	07/08/2021 09:03:25 AM
Budget Analyst Approval	dbaughn	07/09/2021 11:48:32 AM

Steve Sisolak  
Governor



Laura E. Freed  
Director  
Colleen Murphy  
Deputy Director  
David Haws  
Administrator

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

MEMORANDUM

**TO:** Rebecca Feiden, Executive Director, SPCSA  
Todd Carl, BPA II, SPCSA  
Debbie Bowman, ASO III, SPCSA

**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 – *SPCSA* - SPCSA Grant Management System – T271146

**DATE:** April 13, 2020

We have completed the review for State Public Charter School Authority (SPCSA) – SPCSA Grant Management System TIN.

The submitted TIN, for an estimated value of \$256,300, supports the implementation of a new technology, a new automated solution, and/or new equipment not previously in use by the agency.

The SPCSA has endeavored to implement a Grant Management System using Microsoft Dynamics. The Agency has reported that they have already attained a Minimum Viable Product and is ready to continue to enhance the solution to add usability features.

EITS will be interested in discussing this solution, post implementation, with the agency to potentially encourage others to investigate the benefits of the Microsoft Dynamics platform. The Enterprise Architecture Team will be available for this effort.

The Office of Information Security (OIS) is available, at the agency's request, to conduct a security review of the solution. It is expected 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: **24639**

Agency Name: <b>STATE PUBLIC CHARTER SCHOOL AUTHORITY</b>	Legal Entity Name: <b>Heather Mauze</b>
Agency Code: <b>315</b>	Contractor Name: <b>Heather Mauze</b>
Appropriation Unit: <b>2711-04</b>	Address: <b>704 N. Main St.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Elgin, TX 78621</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Heather Mauze 830-377-3722</b>
	Vendor No.: <b>T32011252</b>
	NV Business ID: <b>NV20212146174</b>

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 %	<b>X</b>	Fees	<b>100.00 % Sponsorship Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/09/2021**

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 357 days**

4. Type of contract: **Contract**

Contract description: **External Reviewer**

5. Purpose of contract:

**This is a new contract to provide for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**

Payment for services will be made at the rate of \$999.00 per application or other charter document

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The State Public Charter School Authority is seeking to establish a pool of qualified peer reviewers to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the staff necessary to conduct the review of these charter school documents.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Cynthia Schumacher  
Jill Shahan  
Heather Mauze



b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor meets the general minimum qualifications required in the informal solicitation.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ablackwe	07/08/2021 14:24:00 PM
Division Approval	ablackwe	07/08/2021 14:24:05 PM
Department Approval	jbauer	07/09/2021 10:21:55 AM
Contract Manager Approval	ablackwe	07/09/2021 10:36:05 AM
Budget Analyst Approval	dbaughn	07/09/2021 13:18:22 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24641**

Agency Name: <b>STATE PUBLIC CHARTER SCHOOL AUTHORITY</b>	Legal Entity Name: Heather Wendling
Agency Code: <b>315</b>	Contractor Name: <b>Heather Wendling</b>
Appropriation Unit: <b>2711-04</b>	Address: <b>633 Vanderlyn Lane</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Slingerlands, NY 12159</b>
If "No" please explain: Not Applicable	Contact/Phone: Heather Wendling 518-598-5043
	Vendor No.: T29044355
	NV Business ID: NV20212141217

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 %	<b>X</b>	Fees	<b>100.00 % Sponsorship Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/20/2021**

Anticipated BOE meeting date 09/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 346 days**

4. Type of contract: **Contract**

Contract description: **External Reviewer**

5. Purpose of contract:

**This is a new contract to provide for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**

Payment for services will be made at the rate of \$999.00 per application or other charter document

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The State Public Charter School Authority is seeking to establish a pool of qualified peer reviewers to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the staff necessary to conduct the review of these charter school documents.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Jill Shahan  
Heather Mauze  
Heather Wendling

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor meets the general minimum qualifications required in the informal solicitation.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ablackwe	07/08/2021 14:32:36 PM
Division Approval	ablackwe	07/08/2021 14:32:39 PM
Department Approval	jbauer	07/09/2021 10:24:23 AM
Contract Manager Approval	ablackwe	07/09/2021 10:36:21 AM
Budget Analyst Approval	dbaughn	07/20/2021 09:51:23 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: **24640**

Agency Name: <b>STATE PUBLIC CHARTER SCHOOL AUTHORITY</b>	Legal Entity Name: <b>Jill Shahen</b>
Agency Code: <b>315</b>	Contractor Name: <b>Jill Shahen</b>
Appropriation Unit: <b>2711-04</b>	Address: <b>200 S. Banana River Dr. Lot D9</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Merritt Island, FL 32952</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jill Shahen 518-944-8930</b>
	Vendor No.: <b>T27036522</b>
	NV Business ID: <b>NV20171031466</b>

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 %	<b>X</b>	Fees	<b>100.00 % Sponsorship Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/09/2021**

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 357 days**

4. Type of contract: **Contract**

Contract description: **External Reviewer**

5. Purpose of contract:

**This is a new contract to provide for an external reviewer to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**

Payment for services will be made at the rate of \$999.00 per application or other charter document

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The State Public Charter School Authority is seeking to establish a pool of qualified peer reviewers to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the staff necessary to conduct the review of these charter school documents.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Jill Shahen  
Heather Mauze  
Cynthia Schumacher

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor meets the general minimum qualifications required in the informal solicitation.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

SPCSA contracted 2017 through June 30, 2021 and 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:  
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ablackwe	07/08/2021 14:10:49 PM
Division Approval	ablackwe	07/08/2021 14:10:55 PM
Department Approval	jbauer	07/09/2021 10:23:29 AM
Contract Manager Approval	ablackwe	07/09/2021 10:35:45 AM
Budget Analyst Approval	dbaughn	07/09/2021 13:31:48 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24183**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>Esmeralda County School District</b>
Agency Code: <b>406</b>	Contractor Name: <b>Esmeralda County School District</b>
Appropriation Unit: <b>3224-19</b>	Address: <b>PO Box 560</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Goldfield, NV 89013</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Melinda Melendrez 775-485-6382</b>
	Vendor No.:
	NV Business ID: <b>Governmental Entity</b>

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 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

Agency Reference #: **C 17788**

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 **08/2021**

Retroactive? **Yes**

If "Yes", please explain

**This contract was mailed to the county on 4/8/2021 and received back on 7/7/2021. The county board met to review the contract on 6/29/2021. The program did not receive the contract in time to meet the Governor's Finance Office deadline of May 4, 2021, for the June 2021 Board of Examiners meeting.**

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: **\$36,570.00**

Payment for services will be made at the rate of \$1,107.08 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	07/13/2021 11:58:53 AM
Division Approval	rmille8	07/13/2021 11:59:06 AM
Department Approval	valpers	07/14/2021 11:14:55 AM
Contract Manager Approval	rmille8	07/14/2021 11:31:23 AM
Budget Analyst Approval	afrantz	07/20/2021 08:25:06 AM

Steve Sisolak  
Governor



Richard Whitley, MS  
Director

DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
*Helping people. It's who we are and what we do.*



Lisa Sherych  
Administrator

Ihsan Azzam,  
Ph.D., M.D.  
Chief Medical Officer

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## MEMORANDUM

DATE: July 8, 2021

TO: Aaron Frantz, Budget Officer  
Governor's Finance Office

THROUGH: Debi Reynolds, Deputy Administrator  
Division of Public and Behavioral Health

FROM: Kelli Quintero, Administrative Services Officer III  
Division of Public and Behavioral Health

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL – Esmeralda School District CETS # 24183

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This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Contractor: **Esmeralda School District**
- Services to be provided: **In compliance with NRS 430, NRS 439, and NRS 441A, mandatory and non-mandatory services to the public are provided including but not limited to: public health preparedness services, STI testing and treatment, family planning services such as preconception and conception counseling, contraception, pregnancy testing and counseling, TB testing, screening, and treatment, and immunization services for individuals that are uninsured or under-insured.**
- Funding source and expenditure category: **BA 3224 – CAT 00 (Revenue Contract)**
- Requested start date of work: **7/1/2021.**
- Expected execution date of agreement: **9/14/21.**
- Detailed explanation as to why a retroactive agreement is necessary, including:
  - Reason(s) why the agreement was not submitted timely:
    - **This contract was mailed to the county on 4/8/2021 and received back on 7/7/2021. The county board met to review the contract on 6/29/2021. The program did not receive the contract in time to meet the Governor's Finance Office deadline of May 4, 2021, for the June 2021 Board of Examiners meeting.**
  - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **The Community Health Services (CHS) program provides essential services for this county and in turn relies on the assessments received monthly to assist with the expenses to operate the clinics within rural and frontier Nevada. The CHS program provides mandatory and non-mandatory services in compliance with NRS 430, NRS 439 and NRS 441A.**
  - Explain how the program/bureau will prevent future retroactive requests: **Community Health Services will create budgets and county contracts more timely going forward to ensure all levels of approvals are received before the Nevada Board of Examiners meets for final execution. The program has created Outlook reminders to begin negotiations earlier and will request county board meeting schedules in advance.**

If you have any questions, please contact Jamie Kitchens at (775)684-5032 or [jkitchens@health.nv.gov](mailto:jkitchens@health.nv.gov)

cc: Contract Unit  
Division of Public and Behavioral Health



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24443**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	LEMUS, FILIBERTO L DBA ABLE JANITORIAL SERVICE
Agency Code:	<b>406</b>	Contractor Name:	<b>LEMUS, FILIBERTO L DBA ABLE JANITORIAL SERVICE</b>
Appropriation Unit:	<b>3648-04</b>	Address:	<b>440 GENTRY WAY TRLR 5</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89502-4642</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775/527-8623
		Vendor No.:	T29042464
		NV Business ID:	NV20151416467

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	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 17865

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 07/2021

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: **Janitorial Services**

5. Purpose of contract:

**This is a new contract to provide regular office cleaning.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,776.00**

Payment for services will be made at the rate of \$824.00 per Month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Offices require regular cleaning to maintain hygiene and safety of workers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Our agency does not employ janitorial staff.

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):

G3 Janitorial  
Able Janitorial  
Express Clean  
McNeil's Janitorial  
Maid Right

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was awarded by an informal selection committee in compliance with NRS and NAC 333.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 State since 1999 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	06/16/2021 08:38:03 AM
Division Approval	rmille8	06/16/2021 08:38:05 AM
Department Approval	valpers	06/16/2021 09:11:30 AM
Contract Manager Approval	rmille8	06/16/2021 09:30:12 AM
Budget Analyst Approval	afrantz	06/23/2021 11:33:31 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: **24389**

Agency Name: <b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name: <b>OPPORTUNITY VILLAGE ASSOC</b>
Agency Code: <b>407</b>	Contractor Name: <b>OPPORTUNITY VILLAGE ASSOC</b>
Appropriation Unit: <b>3233-07</b>	Address: <b>6300 W OAKLEY BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89143</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kevin Abbott 702/880-4022</b>
	Vendor No.: <b>T80831410A</b>
	NV Business ID: <b>NV19541000506</b>

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	<b>30.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>70.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**  
Anticipated BOE meeting date **07/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Cambridge**

5. Purpose of contract:

**This is a new contract to provide ongoing janitorial services for the Cambridge Center District Office.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,548.68**

Payment for services will be made at the rate of \$2,712.39 per month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial services are required to provide a clean and sanitary environment for DWSS staff and clients.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State Buildings and Grounds currently does not have the ability provide janitorial services in accordance with agreed upon scope of work for non-State owned locations due to budget constraints.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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: 05/02/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 State Public Works Division, Buildings and Ground 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:

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:

SMORRA, PATRICK, FACILITIES MANAGER Ph: (775) 684-0652

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	05/25/2021 11:05:59 AM
Division Approval	bberry	06/10/2021 08:15:19 AM
Department Approval	valpers	06/10/2021 13:11:02 PM
Contract Manager Approval	psmorr1	06/10/2021 13:39:04 PM
Budget Analyst Approval	afrantz	06/23/2021 09:04:07 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: **23874**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	University of Cincinnati Research Institute
Agency Code:	<b>409</b>	Contractor Name:	<b>University of Cincinnati Research Institute</b>
Appropriation Unit:	<b>1383-19</b>	Address:	<b>2900 Reading Road, Suite 460</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Cincinnati, OH 45206</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Pankhuri Hatfield 513-558-4232
		Vendor No.:	T27044101
		NV Business ID:	NV20212140360

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/25/2021**

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2021**

Contract term: **97 days**

4. Type of contract: **Contract**

Contract description: **CPC Training**

5. Purpose of contract:

**This is a new contract to provide training to staff on the Correctional Program Checklist quality assurance tool to conduct quality assurance reviews in accordance with NRS 62B.620.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,125.00**

Other basis for payment: \$5,562 due upon execution of contract and \$5,563 due upon completion of 4-day training; \$3,000 for 1-day booster training

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The University of Cincinnati trained 8 individuals under contract #20044 and certified them as assessors of the CPC. Contract #20044 expired May 31, 2019. Out of the 8 staff trained and certified, only 4 remain. Each review requires a minimum of 2 assessors. Increasing the number of certified assessors will expand our available assessors to 8 to help ensure assessments can be completed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Division employees can do the work but require training and certification by the vendor of the tool selected.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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 JJOC reviewed several tools prior to the selection of the CPC tool. The CPC was chosen in 2018 and there is only one vendor for the CPC tool.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor was under contract with the Division from 2018-2019 through the University of Cincinnati. The university requested we contract directly with the University of Cincinnati Research Institute for this and future services. Services were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

**NT7 501(c) Nonprofit Entity**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Leslie Bittleson, Social Services Chief 1 Ph: 775-684-4448

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	01/07/2021 08:31:01 AM
Division Approval	knielsen	04/12/2021 16:02:40 PM
Department Approval	valpers	06/22/2021 15:21:54 PM
Contract Manager Approval	sknigge	06/22/2021 15:54:26 PM
Budget Analyst Approval	afrantz	06/25/2021 12:12:29 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: <b>22315</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>NEVADA COALITION TO END DOMESTIC &amp; SEXUAL VIOLENCE</b>
Agency Code: <b>409</b>	Contractor Name: <b>NEVADA COALITION TO END DOMESTIC &amp; SEXUAL VIOLENCE</b>
Appropriation Unit: <b>3145-22</b>	Address: <b>250 S. ROCK BLVD STE 116</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-2301</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Sue Meuschke 775-828-1151</b>
	Vendor No.: <b>T80788650</b>
	NV Business ID: <b>NV19811009693</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/18/2019**

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2021**

Termination Date:  
Contract term: **3 years and 286 days**

4. Type of contract: **Contract**  
Contract description: **Grievance Policy**

5. Purpose of contract:

**This is the first amendment to the original contract which provides management of the grievance process for the division's Grants Management Unit. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$10,000 to \$20,000 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:	\$10,000.00	\$10,000.00	\$10,000.00	Yes - Info
2. Amount of current amendment (#1):	\$10,000.00	\$10,000.00	\$20,000.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$20,000.00 06/30/2023			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

It was a recommendation resulting from the Family Violence Preventions and Services Program (FVPSA) site visit that the Division should develop a plan and protocol (in conjunction with the Coalition) for the Coalition to be a part of the monitoring of FVPSA grants to the extent that it utilizes their expertise to ensure that services are comprehensive, trauma-informed and in line with FVPSA statutes and regulations and best practices.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

It was suggested by the Federal Audit from the FVPSA conducted in March 2018 to collaborate with NCEDSV to create a grievance policy.

9. Were quotes or proposals solicited? No  
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was suggested by the FVPSA audit as part of the Corrective Action Plan. They are the only coalition in 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?

**Yes** If "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 9/2019. 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:  
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	hbugg	06/04/2021 11:45:34 AM
Division Approval	knielsen	06/15/2021 13:06:27 PM
Department Approval	valpers	06/21/2021 14:13:32 PM



Contract Manager Approval  
Budget Analyst Approval

sknigge  
afrantz

06/21/2021 14:45:45 PM  
06/29/2021 10:37:55 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: <b>23299</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>Community &amp; Family Services Foundation</b>
Agency Code: <b>409</b>	Contractor Name: <b>Community &amp; Family Services Foundation</b>
Appropriation Unit: <b>3229-13</b>	Address: <b>4505 Pacific Hwy E Ste B</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Fife, WA 98424</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Shelly Genuardi 360/895-7889</b>
	Vendor No.: <b>T29043191</b>
	NV Business ID: <b>No In-State Services</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>80.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>20.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/20/2020**

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2021**

Termination Date:  
Contract term: **1 year and 164 days**

4. Type of contract: **Contract**  
Contract description: **PreAdopt Supervision**

5. Purpose of contract:

**This is the first amendment to the original contract which provides pre-adoption services to include home study preparation and assessment of family's strengths and needs when considering adoption of a child out of foster care and monthly child supervision and case management. This amendment extends the termination date from June 30, 2021 to December 31, 2021, increases the maximum amount from \$8,611.80 to \$13,333.20 due to the continued need for these service.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$8,611.80	\$8,611.80	\$8,611.80	No
2. Amount of current amendment (#1):	\$4,721.40	\$13,333.20	\$13,333.20	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$13,333.20 12/31/2021			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will fulfill requirements placed on an adoption by Washington Interstate Compact for the Placement of Children (ICPC). The contract is to provide services for a pre-adoptive family including adoption preparation and counseling to child and family; support, resources, referrals, as needed; connection with child's physician, therapist or teacher; written reports; unlimited availability; preparing family for finalization, transition family to post adoption program. NRS requires that children, who are in a pre-adoptive placement, be supervised for a minimum of 6 months prior to finalization of an adoption. It is critical to place these children into their pre-adoptive home as soon as practical to ensure a successful transition into their permanent home and not languish in a temporary foster care placement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a new contract to fulfill requirements placed on an adoption in Washington state by Washington ICPC.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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 agency that completed the Adoption Home Study is the agency that must provide services to the family until the adoption is finalized; a private adoption agency is completing the Home Study and we must pay them to supervise the placement prior to adoption finalization.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor is under current contract with the Division. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

**All services will be provided outside of the State of Nevada. The vendor is registered in Washington as a non-profit organization, UBI 601 935-734.**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**No** b. If "NO", please explain.

**All services will be provided outside the State of Nevada.**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	06/15/2021 14:46:21 PM
Division Approval	knielsen	06/22/2021 10:39:19 AM
Department Approval	valpers	06/23/2021 17:18:37 PM
Contract Manager Approval	sknigge	06/24/2021 10:49:39 AM
Budget Analyst Approval	afrantz	06/29/2021 15:56:06 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: **24490**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>FIRE AND SAFETY TECHNICIANS, LLC</b>
Agency Code: <b>431</b>	Contractor Name: <b>FIRE AND SAFETY TECHNICIANS, LLC</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>901 AMERICAN PACIFIC DRIVE, SUITE 120</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HENDERSON, NV 89015-7757</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>KYLER ROBINSON 702-567-1992</b>
	Vendor No.: <b>T29006270</b>
	NV Business ID: <b>NV20011003951</b>

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	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	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 **07/06/2021**

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2025**

Contract term: **3 years and 299 days**

4. Type of contract: **Contract**

Contract description: **Fire Extinguisher**

5. Purpose of contract:

**This is a new contract to provide ongoing fire extinguisher recharging, certification and repair, Ansul system inspection and certification, backflow certification and repair, kitchen hood cleaning and inspection services for 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?

Services range from fire extinguisher recharging, certification and repair, ansul system inspection and certification, backflow certification and repair and kitchen hood cleaning and inspection for the southern Nevada National Guard facilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency personnel do not have the equipment or the skills and certifications to perform the 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):

Fire and Safety Technicians  
Impact Fire  
Red E Fire  
Vegas Valley Fire

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to submit a 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	ctyle1	06/03/2021 15:33:01 PM
Division Approval	ctyle1	06/03/2021 15:33:03 PM
Department Approval	ctyle1	06/03/2021 15:33:06 PM
Contract Manager Approval	csnido1	06/10/2021 10:53:24 AM
Budget Analyst Approval	jrodrig9	07/06/2021 10:14:58 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: **24580**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>RESOURCE CONCEPTS, INC.</b>
Agency Code: <b>431</b>	Contractor Name: <b>RESOURCE CONCEPTS, INC.</b>
Appropriation Unit: <b>3650-10</b>	Address: <b>340 N MINNESOTA STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89703-4152</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>TODD ENKE 775-883-1600</b>
	Vendor No.: <b>T12785100</b>
	NV Business ID: <b>NV19781005208</b>

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	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 **07/20/2021**  
Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/15/2022**

Contract term: **360 days**

4. Type of contract: **Contract**

Contract description: **Surveyor to Map**

5. Purpose of contract:

**This is a new contract to provide land surveying and mapping services for a land acquisition acquired from the Department of Corrections adjacent to the Carson City ammo bunker.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Acquiring Department of Corrections land adjacent to the Carson City ammo bunker. Need a surveyor to map and stake property boundaries.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of skill and knowledge.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **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: 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	ctyle1	06/24/2021 13:29:47 PM
Division Approval	ctyle1	06/24/2021 13:29:50 PM
Department Approval	ctyle1	06/25/2021 12:00:47 PM
Contract Manager Approval	csnido1	06/25/2021 17:07:24 PM
Budget Analyst Approval	jrodrig9	07/19/2021 18:03:30 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: **24491**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: THOMSON, JAMES F JR DBA
Agency Code: <b>431</b>	Contractor Name: <b>THOMSON, JAMES F JR DBA</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>AMERICAN SOUTHWEST ELECTRIC 4485 RIVIERA RIDGE AVE.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89115-1877</b>
If "No" please explain: Not Applicable	Contact/Phone: CRAIG JOHNSON 702-643-2900
	Vendor No.: T29035625
	NV Business ID: NV20101199025

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	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	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 **07/06/2021**

Anticipated BOE meeting date 08/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 360 days**

4. Type of contract: **Contract**

Contract description: **Electric Services**

5. Purpose of contract:

**This is a new contract to provide ongoing electrical maintenance services for the 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?

Electrical services are required throughout the year as maintenance or repairs are needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have all necessary equipment to perform adequate electrical repair and maintenance.

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):

American Southwest Electric  
Pacific Electric  
Canyon Electric

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to respond with a 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 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	ctyle1	06/03/2021 15:47:25 PM
Division Approval	ctyle1	06/03/2021 15:47:27 PM
Department Approval	ctyle1	06/03/2021 15:47:29 PM
Contract Manager Approval	csnido1	06/10/2021 10:54:24 AM
Budget Analyst Approval	jrodrig9	07/06/2021 11:16:54 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24143**

Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: <b>Carrier Corporation</b>
Agency Code: <b>440</b>	Contractor Name: <b>Carrier Corporation</b>
Appropriation Unit: <b>3725-09</b>	Address: <b>5562 S. Decatur Blvd, Suite 10</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89118-6249</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>James Rice 702-861-8620</b>
	Vendor No.: <b>PUR0002775</b>
	NV Business ID: <b>NV19791006562</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2025</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 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: **Contract**

Contract description: **Chiller Maintenance**

5. Purpose of contract:

**This is a new contract to provide ongoing annual preventative maintenance inspections on the chiller at Three Lakes Valley Conservation Camp.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,920.00**

Other basis for payment: 3725-09 G/L 7060 ~ FY22: \$3,480.00 / FY23: \$3,480.00 / FY24: \$3,480.00 / \$3,480.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**For the health and safety of NDOC staff and inmates.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The department does not have the expertise and/or equipment for this service. No other State agency offers these services.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Commercial Refrigeration  
Gibson Air  
Carrier Corporation  
Cashman Equipment**

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# 18712 since 2017. Work completed 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	bweisent	06/11/2021 11:51:16 AM
Division Approval	amonro1	06/14/2021 09:21:41 AM
Department Approval	amonro1	06/14/2021 09:21:44 AM
Contract Manager Approval	aroma2	06/28/2021 09:52:47 AM
Budget Analyst Approval	bmacke1	07/01/2021 13:44:28 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: <b>23641</b>	Amendment Number: <b>1</b>
Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: <b>FDI BACKFLOW SPECIALISTS INC</b>
Agency Code: <b>440</b>	Contractor Name: <b>FDI BACKFLOW SPECIALISTS INC</b>
Appropriation Unit: <b>3751-09</b>	Address: <b>PO BOX 51537</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89435-1537</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Michael Lee 775/331-6655</b>
	Vendor No.: <b>T29030306A</b>
	NV Business ID: <b>NV20061147244</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **440**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/07/2021**  
Anticipated BOE meeting date **06/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **08/31/2024**

Contract term: **3 years and 236 days**

4. Type of contract: **Contract**

Contract description: **Backflow Testing**

5. Purpose of contract:

**This is the first amendment to the original contract which provides annual backflow testing, certification and required repairs at Ely State Prison, Ely Conservation Camp, Pioche Conservation Camp and Wells Conservation Camp. This amendment increases the maximum amount from \$21,556.81 to \$36,515.49 for additional backflow units requiring service at Ely State Prison.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$21,556.81	\$21,556.81	\$21,556.81	Yes - Info
2. Amount of current amendment (#1):	\$14,958.68	\$14,958.68	\$36,515.49	Yes - Info
3. New maximum contract amount:	\$36,515.49			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

All back flow devices require inspection and certification annually per the Nevada Administrative Code 445 A - Water Controls.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No agency employees are certified to perform this service. No other State agency offers this service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provides the lowest and most responsive bid.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cjackson	05/25/2021 11:25:24 AM
Division Approval	amonro1	05/26/2021 11:09:03 AM
Department Approval	amonro1	05/26/2021 11:09:06 AM
Contract Manager Approval	aroma2	06/09/2021 17:24:07 PM
Budget Analyst Approval	bmacke1	07/01/2021 11:54:30 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: **24474**

Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: <b>VORTEX INDUSTRIES INC</b>
Agency Code: <b>440</b>	Contractor Name: <b>VORTEX INDUSTRIES INC</b>
Appropriation Unit: <b>3761-07</b>	Address: <b>1801 W OLYMPIC BLVD FILE 1095</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PASADENA, CA 91199-1095</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Shannon Kale 702-222-9185</b>
	Vendor No.: <b>T27009348B</b>
	NV Business ID: <b>NV19871014848</b>
To what State Fiscal Year(s) will the contract be charged? <b>2021-2026</b>	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	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 **05/28/2021**

Anticipated BOE meeting date 07/2021

Retroactive? **Yes**

If "Yes", please explain

**Pursuant to NAC 333.114, the Purchasing Administrator has approved this work to be performed as required to protect the health and safety of the staff and inmates at Nevada Department of Corrections.**

3. Termination Date: **06/30/2026**

Contract term: **5 years and 34 days**

4. Type of contract: **Contract**

Contract description: **Gate Repair/Replacmt**

5. Purpose of contract:

**This is a new emergency contract to provide repair, replacement and programming of the sally port gate controller at Florence McClure Womens Correctional Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$41,297.00**

Other basis for payment: FY21: 3761-07 \$10,000.00 / 3761-50 \$31,297.00 (\$40,647.00 for controller replacement & \$650.00 for programming controller) Contract term allows for 5 year warranty terms.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This facility has one sally port gate and the existing gate control has failed, rendering it inoperable. Due to the age of the existing control, compatible replacement parts are no longer available. The failure of this gate control creates a significant safety risk for the staff and inmates at this facility, as it compromises staff ability to remain secure while allowing entrance or exit to facility. Any access to the facility now requires one to two employees to manually open and close the gate, creating a potential physical risk of harm to the correctional officer(s), due to the weight and bulk of this gate, as well as, the prolonged security exposure.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No agency employees are trained to perform this work. No other State agency performs 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):

Vortex Industries Inc.  
D & G Automatic Gates  
Tiberti Fence Company

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	dbretche	06/03/2021 09:34:05 AM
Division Approval	amonro1	06/07/2021 07:31:02 AM
Department Approval	amonro1	06/07/2021 07:31:05 AM
Contract Manager Approval	aroma2	06/09/2021 16:10:09 PM
Budget Analyst Approval	bmacke1	06/28/2021 15:12:45 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24423**

Agency Name: <b>DEPARTMENT OF AGRICULTURE</b>	Legal Entity Name: <b>AUTOMATED TEMPERATURE CONTROLS, INC.</b>
Agency Code: <b>550</b>	Contractor Name: <b>AUTOMATED TEMPERATURE CONTROLS, INC.</b>
Appropriation Unit: <b>4554-07</b>	Address: <b>8535 DOUBLE R BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-2270</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/826-7700</b>
	Vendor No.: <b>PUR0003825</b>
	NV Business ID: <b>NV19871039226</b>

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 %	<b>X Other funding</b>	<b>100.00 % Cost Allocation</b>

Agency Reference #: 24423

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 07/2021

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: **HVAC remote monitor**

5. Purpose of contract:

**This is a new contract to provide ongoing remote system monitoring of Sparks facility heating, ventilation, and air conditioning controls.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,173.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The outside monitoring of the HVAC system for the Sparks HQ is necessary to maintain accurate temperatures in the facility to prevent lab equipment potential damage and to provide suitable working conditions.

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 monitoring 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):

Nevada Yamas Control  
Sierra Air Heating and Cooling  
Automated Temperature Controls Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The other vendors were not able to monitor or service Delta controls. Automated Temperature Controls Inc. is the only company that services Delta controls.

d. Last bid date: 03/31/2021 Anticipated re-bid date: 01/03/2025

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdailey	05/24/2021 16:11:46 PM
Division Approval	kdailey	05/24/2021 16:11:50 PM
Department Approval	kdailey	05/24/2021 16:11:55 PM
Contract Manager Approval	melli2	05/25/2021 08:20:00 AM
Budget Analyst Approval	mlynn	07/01/2021 15:21:20 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: <b>23234</b>	Amendment Number: <b>1</b>
Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>ON TARGET, LLC</b>
Agency Code: <b>702</b>	Contractor Name: <b>ON TARGET, LLC</b>
Appropriation Unit: <b>4460-07</b>	Address: <b>280 MOAPA VALLEY BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>OVERTON, NV 89040</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JAMIE POLLOCK HOPKINS 702-397-2371</b>
	Vendor No.: <b>T32010175</b>
	NV Business ID: <b>NV20071343906</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>34.00 % SPORTSMEN REVENUE</b>
<b>X</b> Federal Funds	<b>66.00 %</b>		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 20-71

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/20/2020**  
Anticipated BOE meeting date 04/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **05/31/2024**

Contract term: **3 years and 316 days**

4. Type of contract: **Contract**

Contract description: **Pest Control @ WMAs**

5. Purpose of contract:

**This is the first amendment to the original contract which provides pest control services at the Overton and Key Pittman Wildlife Management Areas. This amendment increases the maximum amount from \$4,800 to \$10,500 in order to add pest control services at Kirch Wildlife Management Area.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$4,800.00	\$4,800.00	\$4,800.00	No
2. Amount of current amendment (#1):	\$5,700.00	\$10,500.00	\$10,500.00	Yes - Info
3. New maximum contract amount:	\$10,500.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Insect and rodent infestations

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Specialized work state employees do not have the expertise for

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):

WHIPPLE PEST CONTROL  
VALLEY PEST CONTROL  
ON TARGET, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost and ability to do both locations

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	nrob1	03/26/2021 16:22:46 PM
Division Approval	jneubau2	03/29/2021 08:48:43 AM
Department Approval	bvale1	05/14/2021 11:43:44 AM
Contract Manager Approval	cprasa1	06/23/2021 13:12:35 PM
Budget Analyst Approval	mlynn	07/19/2021 16:16:43 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24464**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>GoHunt, LLC</b>
Agency Code: <b>702</b>	Contractor Name: <b>GoHunt, LLC</b>
Appropriation Unit: <b>4462-10</b>	Address: <b>PO Box 31150</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89173</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Chris Porter 702-575-1844</b>
	Vendor No.: <b>T29040773A</b>
	NV Business ID: <b>NV20131538171</b>
To what State Fiscal Year(s) will the contract be charged? <b>2022</b>	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Resource Enhancement Stamp Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 21-72

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/19/2021**

Anticipated BOE meeting date 07/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **346 days**

4. Type of contract: **Contract**

Contract description: **Tag Marketing**

5. Purpose of contract:

**This is a new contract to provide ongoing marketing services for the Resource Enhancement Stamp and Dream Tag programs for the Department.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This work will provide outreach to the public to increase awareness of the Resource Enhancement Stamp and Dream Tag programs.

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 proper equipment or trained personnel 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):

Kalkomey  
GoHunt, LLC  
The Abbi Agency

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor possessed expertise and experience marketing these products that other vendors did not.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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, 2020, 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:

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:

Jack Robb, Deputy Director Ph: 775-688-1591

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	06/03/2021 16:14:32 PM
Division Approval	jneubau2	06/08/2021 14:39:24 PM
Department Approval	bvale1	07/14/2021 16:41:20 PM
Contract Manager Approval	cprasa1	07/15/2021 08:04:47 AM
Budget Analyst Approval	mlynn	07/19/2021 16:57:30 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: **24577**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4162-59**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **JERRYS SERVICES INC DBA**  
Contractor Name: **JERRYS SERVICES INC DBA**  
Address: **JERRYS JOHNS**  
**PO BOX 868**  
City/State/Zip: **CALIENTE, NV 89008-0868**  
Contact/Phone: **Tammy Hubbard 775/726-3189**  
Vendor No.: **T81073488A**  
NV Business ID: **NV19951063588**

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 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Maintenance of State Parks</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/12/2021**

Anticipated BOE meeting date 07/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **3 years and 173 days**

4. Type of contract: **Contract**

Contract description: **Service Contract**

5. Purpose of contract:

**This is a new contract to provide sewage pumping on an on-call basis at all Lincoln County State Parks.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,500.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Lincoln County Parks have septic Tanks and porta toilets that require pumping on order to be clean and safe for the public

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 required equipment to perform this service

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Jerry's Service was the only vendor that responded with a quote.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 has entered into numerous contracts with this vendor. Their work has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Jordan Adams, Park Supervisor Ph: 775.728.8108

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	07/07/2021 15:39:13 PM
Division Approval	kcopelan	07/07/2021 15:39:15 PM
Department Approval	kcopelan	07/07/2021 15:39:17 PM
Contract Manager Approval	kcopelan	07/07/2021 15:39:20 PM
Budget Analyst Approval	rjacob3	07/12/2021 09:09:45 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24558**

Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: Longoria Services
Agency Code: <b>704</b>	Contractor Name: <b>Longoria Services</b>
Appropriation Unit: <b>4162-00</b>	Address: <b>2630 Blitzen Rd</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>So Lake Tahoe, CA 96150</b>
If "No" please explain: Not Applicable	Contact/Phone: Albert Scott Longoria 775.721.8664
	Vendor No.:
	NV Business ID: NV20212067804
To what State Fiscal Year(s) will the contract be charged? <b>2022</b>	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

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 07/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2022**

Contract term: **303 days**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue Contract**

5. Purpose of contract:

**This is a new revenue contract to provide boat launching services at Lake Tahoe Nevada State - 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?

Provide boat launching services

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 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?

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 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)?

**No** b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. Not Applicable

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	06/22/2021 09:46:35 AM
Division Approval	kcopelan	06/22/2021 09:46:37 AM
Department Approval	kcopelan	06/22/2021 09:46:40 AM
Contract Manager Approval	kcopelan	07/01/2021 11:28:43 AM
Budget Analyst Approval	rjacob3	07/01/2021 11:48:07 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: **24172**

Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: Nevada Adventures LLC
Agency Code: <b>704</b>	Contractor Name: <b>Nevada Adventures LLC</b>
Appropriation Unit: <b>4162-00</b>	Address: <b>930 Tahoe Blvd Ste 36</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Incline Village, NV 89451</b>
If "No" please explain: Not Applicable	Contact/Phone: Kevin Hickey 530.913.9212
	Vendor No.:
	NV Business ID: NV20181159660
To what State Fiscal Year(s) will the contract be charged?	<b>2021-2022</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/23/2021**

Anticipated BOE meeting date 06/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2022**

Contract term: **311 days**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue Contract**

5. Purpose of contract:

**This is a new revenue contract to provide kayak, standup paddleboard, snowshoe, hiking, and mountain bike tours within Sand Harbor and Spooner Lake State Parks.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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 this activity

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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	04/02/2021 14:25:21 PM
Division Approval	kcopelan	04/02/2021 14:25:23 PM
Department Approval	kcopelan	04/02/2021 14:25:26 PM
Contract Manager Approval	kcopelan	04/02/2021 14:25:29 PM
Budget Analyst Approval	rjacob3	06/23/2021 08:48:36 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24603**

Agency Name:	<b>DCNR - DIVISION OF WATER RESOURCES</b>	Legal Entity Name:	UNITED STATES DEPT OF INTERIOR
Agency Code:	<b>705</b>	Contractor Name:	<b>UNITED STATES DEPT OF INTERIOR</b>
Appropriation Unit:	<b>4157-10</b>	Address:	<b>US GEOLOGICAL SURVEY 2730 N. Deer Run Rd.</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Carson City, NV 89701</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Megan Poff 775-887-7600
		Vendor No.:	PUR0000332D
		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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/16/2021**

Anticipated BOE meeting date 08/2021

Retroactive? **Yes**

If "Yes", please explain

**The State's portion of the funding for this project comes from pass-through funds from a Cooperative Agreement with US Fish and Wildlife Service. The effective date of June 16, 2021 is to align with the Project Period of the Cooperative Agreement with US Fish and Wildlife Service. The Division waited to enter into contract with US Geological Survey to ensure funding would be available for the agreement with US Geological Survey.**

3. Termination Date: **07/31/2022**

Contract term: **1 year and 45 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Pahranagat Ash Sprgs**

5. Purpose of contract:

**This is a new Joint Funding Agreement that provides surface-water monitoring activities consisting of the operation and maintenance of one continuous streamflow gage for determinations of water availability in the Pahranagat, NV area.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,000.00**

Other basis for payment: As invoiced by the contractor and approved by the State. The State portion is \$12,350 and the USGS portion is \$6,650.

#### 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	06/30/2021 07:18:24 AM
Division Approval	sweb4	06/30/2021 07:18:27 AM
Department Approval	kwilliam	06/30/2021 11:02:49 AM
Contract Manager Approval	sweb4	06/30/2021 12:40:09 PM
Budget Analyst Approval	rjacob3	07/13/2021 07:37:16 AM



**DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
DIVISION OF WATER RESOURCES**

**901 South Stewart Street, Suite 2002  
Carson City, Nevada 89701-5250  
(775) 684-2800 • Fax (775) 684-2811  
<http://water.nv.gov>**

**MEMORANDUM**

Date: June 29, 2021  
To: Richard Jacobs, Budget Analyst, Governor's Finance Office  
From: Shannon Webb, Management Analyst, Division of Water Resources  
Subject: Retroactive Request - Contract #24603 - Pahrnagat/Ash Springs JFA

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Accompanying this memorandum is the proposed Joint Funding Agreement (JFA) for the Pahrnagat – Ash Springs monitoring program between U.S. Geological Survey and the Division of Water Resources. The contract start date is June 16, 2021 and expires July 31, 2022. Pass-through funding for this program comes from a Cooperative Agreement that was awarded to the Division from the U.S. Fish and Wildlife Service on June 16, 2021. In communication with each other, U.S. Geological Survey and U.S. Fish and Wildlife Service established the same period of performance of the JFA Contract and the Cooperative Agreement and therefore we request that this retroactive request be approved.

Enclosed are three copies of a new Joint Funding Agreement between U.S Geological Survey and the Division of Water Resources.

Thank you for your time and consideration on this matter.

Shannon Webb  
775-684-2880  
[s.webb@water.nv.gov](mailto:s.webb@water.nv.gov)

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24409**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>CHURCHILL COUNTY</b>
Agency Code: <b>706</b>	Contractor Name: <b>CHURCHILL COUNTY</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>DEPT</b>
Is budget authority available?: <b>Yes</b>	<b>155 N TAYLOR 194</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>FALLON, NV 89406</b>
	Contact/Phone: <b>775-423-5136</b>
	Vendor No.: <b>T81095316</b>
	NV Business ID: <b>Government Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue Contract</b>

Agency Reference #: **NDF21-016**

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 **08/2021**

Retroactive? **Yes**

If "Yes", please explain

**NDF and Churchill County Fire Protection District have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Churchill County Fire Protection Districts meeting agenda prevented NDF from meeting the BOE deadline for the June meeting.**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **WFPP Churchill Count**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement, the Division and Churchill County will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,582.00**

Payment for services will be made at the rate of \$3,572.75 per Quarter

Other basis for payment: Payment in advance quarterly on the first of each quarter, starting July 1 of each fiscal year.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Churchill County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.



9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the 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?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

WFPP 2019 Interlocal Agreement C 22102 Expires 6/30/2021.

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:

Ron Bollier, Nevada State Fire Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmeyers	06/23/2021 14:15:04 PM
Division Approval	dchelin1	06/23/2021 14:26:16 PM
Department Approval	dchelin1	06/23/2021 14:26:19 PM
Contract Manager Approval	dchelin1	06/23/2021 14:26:22 PM
Budget Analyst Approval	rjacob3	06/29/2021 07:17:50 AM



STATE OF NEVADA  
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
**NEVADA DIVISION OF FORESTRY**  
2478 Fairview Drive  
Carson City, Nevada 89701  
Phone (775) 684-2500 Fax (775) 684-2570

**MEMORANDUM**

DATE: June 23, 2021

TO: Richard Jacobs, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Kacey KC, State Forester

A handwritten signature in blue ink, appearing to read "Kacey KC", written over the printed name.

RE: Request for Retroactive start date approval for WFPP Contract with Churchill County Fire Protection District, CETS #24409

This memorandum requests that the above referenced Nevada Division of Forestry (NDF) contract be approved with a retroactive effective date of July 1, 2021. It is of critical importance that the Division implements this revenue contract in order to continue to procure resources that will provide protection of life and property for the citizens of this State.

NDF and Churchill County Fire Protection District have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Churchill Fire Protection Districts meeting agenda prevented NDF from meeting the Board of Examiners' deadline for the June meeting.

Thank you for your consideration of this request. Should you have any questions, or require additional information, please do not hesitate to contact me at 775.684.2501.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24569**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>CITY OF RENO</b>
Agency Code: <b>706</b>	Contractor Name: <b>CITY OF RENO</b>
Appropriation Unit: <b>4194-00</b>	Address: <b>City of Reno PO Box 1900</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89505-1900</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/334-2080</b>
	Vendor No.: <b>T40266000</b>
	NV Business ID: <b>City of Reno</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

Agency Reference #: **NDF-21-038**

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 **08/2021**

Retroactive? **Yes**

If "Yes", please explain

**NDF and City of Reno Fire Protection District have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the City of Reno Fire Protection Districts meeting agenda prevented NDF from meeting the BOE deadline for the June meeting.**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **WFPP City of Reno**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement, the Division and City of Reno Fire Protection District will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,432.00**

Payment for services will be made at the rate of \$1,804.00 per Quarter

Other basis for payment: Payment in advance quarterly on the first of each quarter, starting July 1 of each fiscal year.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and City of Reno Fire Protection District will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

C21938 7/1/2016 to 6/30/2021

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:

Ron Bollier, State Fire Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmeyers	06/23/2021 14:07:23 PM
Division Approval	dchelin1	06/23/2021 14:13:51 PM
Department Approval	dchelin1	06/23/2021 14:13:54 PM
Contract Manager Approval	dchelin1	06/23/2021 14:13:57 PM
Budget Analyst Approval	rjacob3	06/29/2021 07:18:53 AM



STATE OF NEVADA  
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
**NEVADA DIVISION OF FORESTRY**  
2478 Fairview Drive  
Carson City, Nevada 89701  
Phone (775) 684-2500 Fax (775) 684-2570

**MEMORANDUM**

DATE: June 23, 2021

TO: Richard Jacobs, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Kacey KC, State Forester

A handwritten signature in blue ink, appearing to read "Kacey KC".

RE: Request for Retroactive start date approval for WFPP Contract with City of Reno, CETS #24569

This memorandum requests that the above referenced Nevada Division of Forestry (NDF) contract be approved with a retroactive effective date of July 1, 2021. It is of critical importance that the Division implements this revenue contract in order to continue to procure resources that will provide protection of life and property for the citizens of this State.

NDF and City of Reno have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the City of Reno meeting agenda prevented NDF from meeting the Board of Examiners' deadline for the June meeting.

Thank you for your consideration of this request. Should you have any questions, or require additional information, please do not hesitate to contact me at 775.684.2501.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19239** Amendment Number: **5**

Agency Name: **DCNR - ENVIRONMENTAL PROTECTION** Legal Entity Name: **KPS/3 INC**

Agency Code: **709** Contractor Name: **KPS/3 INC**

Appropriation Unit: **3173-04** Address: **50 W Liberty St #640**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89501**

If "No" please explain: **Not Applicable** Contact/Phone: **775/686-7420**

Vendor No.: **T80988055**

NV Business ID: **NV19941094961**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **DEP18-004**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/06/2017**

Anticipated BOE meeting date **07/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2021**

Contract term: **3 years and 360 days**

4. Type of contract: **Contract**

Contract description: **Website Redesigns**

5. Purpose of contract:

**This is the fifth amendment to the contract which provides website design and maintenance/support services for DCNR/NDEP websites. This amendment increases the total contact amount from \$147,550 to \$181,650 due to the continued need for maintenance and support services and the development of the NvFloods website.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$45,000.00	\$45,000.00	\$45,000.00	Yes - Info
a. Amendment 1:	\$1,800.00	\$1,800.00	\$46,800.00	No
b. Amendment 2:	\$22,200.00	\$24,000.00	\$69,000.00	Yes - Action
c. Amendment 3:	\$24,500.00	\$24,500.00	\$24,500.00	Yes - Info
d. Amendment 4:	\$54,050.00	\$54,050.00	\$78,550.00	Yes - Action
2. Amount of current amendment (#5):	\$34,100.00	\$34,100.00	\$34,100.00	Yes - Info
3. New maximum contract amount:	\$181,650.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

the DCNR/NDEP websites are outdated and difficult for the public and regulated entities to navigate. The regulatory programs of the agency are complex and redesigned websites with cleaner navigation will assist businesses and the public. DCNR/NDEP would like to improve and centralize access to on-line services and provide accessibility for mobile users. In addition, for the website to be useful it must be kept current and DCNR/NDEP needs a platform which will allow easy updates by non-IT, program staff.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Since the agencies websites contains a large amount of complex content, additional expertise is needed to develop the Website Redesign. Additional expertise is also needed to create the framework for the development of on-line forms as required by SB236 passed by 2013 Legislature

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 contractor was chosen by the RFP evaluation committee based on the scores of the selection criteria.

d. Last bid date: 06/21/2017 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 has held a contract with NDEP since 2012, and the quality of service has been greater than satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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:

Approval Level

User

Signature Date

Budget Account Approval	ahanso1	06/10/2021 10:48:49 AM
Division Approval	vking	06/10/2021 11:46:35 AM
Department Approval	vking	06/10/2021 11:46:45 AM
Contract Manager Approval	ssimpso2	06/11/2021 10:07:23 AM
EITS Approval	daxtel1	06/29/2021 00:46:47 AM
Budget Analyst Approval	rjacob3	07/01/2021 14:07:04 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>22717</b>	Amendment Number: <b>1</b>
Agency Name: <b>B&amp;I - REAL ESTATE DIVISION</b>	Legal Entity Name: <b>ESCRIBERS, LLC</b>
Agency Code: <b>748</b>	Contractor Name: <b>ESCRIBERS, LLC</b>
Appropriation Unit: <b>3823-18</b>	Address: <b>7227 N 16TH ST STE 207</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PHOENIX, AZ 85020</b>
If "No" please explain: Not Applicable	Contact/Phone: Rachel Weiser 602/260-0885
	Vendor No.: T32004407
	NV Business ID: NV20161632641

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	<b>25.10 %</b>	<input checked="" type="checkbox"/> Fees	<b>74.90 % License, Door and Administrative</b>
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/30/2020**  
 Anticipated BOE meeting date **07/2021**  
 Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2021**  
 Contract term: **3 years and 151 days**

4. Type of contract: **Contract**  
 Contract description: **Court Reporting**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides certified court reporting services. This amendment extends the termination date from June 30, 2021 to June 30, 2023 and increases the maximum amount from \$12,100 to \$37,440 due to the continued need for these services and the addition of a higher rate for on-site court reporting.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$12,100.00	\$12,100.00	\$12,100.00	Yes - Info
2. Amount of current amendment (#1):	\$25,340.00	\$25,340.00	\$37,440.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$37,440.00 06/30/2023			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**The Nevada Real Estate Division is in need of court reporting services in the Carson City and Las Vegas areas.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no state employees who are qualified to perform this work.

- 9. Were quotes or proposals solicited? Yes
- Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?  
 This was the only vendor who responded to our solicitation.

d. Last bid date: \_\_\_\_\_ Anticipated re-bid date: \_\_\_\_\_

- 10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor has a statewide contract for transcription services. The services are satisfactory per purchasing.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	ghilgar	06/04/2021 12:07:01 PM
Division Approval	ghilgar	06/04/2021 12:07:27 PM
Department Approval	lfiguero	06/10/2021 12:33:30 PM
Contract Manager Approval	mbenn	06/15/2021 16:28:50 PM
Budget Analyst Approval	stille	06/30/2021 17:03:00 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: **24109**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>BOARD OF REGENTS-UNLV</b>
Agency Code: <b>901</b>	Contractor Name: <b>BOARD OF REGENTS-UNLV</b>
Appropriation Unit: <b>3265-09</b>	Address: <b>UNLV OFFICE OF CONTROLLER</b>
Is budget authority available?: <b>Yes</b>	<b>4505 MARYLAND PKWY MS 1005</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>LAS VEGAS, NV 89154</b>
	Contact/Phone: <b>Karl Wennerlind 702-895-1749</b>
	Vendor No.: <b>D35000813</b>
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2021-2022</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3522-22-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/24/2021**

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2021**

Contract term: **190 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **2021 Project FOCUS**

5. Purpose of contract:

**This is a new interlocal agreement that continues Pre-Employment Transition Services (Pre-ETS) to disabled youths ages 16 - 22 with the tools that will enable them to seek and retain employment.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,926.00**

Payment for services will be made at the rate of \$796.30 per camper

Other basis for payment: Camp: minimum 12 camper, maximum 20 camper. Invoices payable only upon receipt and acceptance of final camp reports and acceptable invoices. Total Contract not to exceed: \$15,926.00.

#### 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 must 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: **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 providing satisfactory services to REHAB and other agencies since 2003.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	06/21/2021 13:07:38 PM
Division Approval	kdesoci1	06/21/2021 13:07:40 PM
Department Approval	aallen	06/22/2021 08:22:48 AM
Contract Manager Approval	aallen	06/22/2021 08:22:50 AM
Budget Analyst Approval	dbaughn	06/24/2021 10:46:11 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: **24531**

Agency Name: <b>DETR - ADMINISTRATIVE SERVICES</b>	Legal Entity Name: <b>GARTNER INC</b>
Agency Code: <b>908</b>	Contractor Name: <b>GARTNER INC</b>
Appropriation Unit: <b>3274-04</b>	Address: <b>PO BOX 911319</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>DALLAS, TX 75391-1319</b>
If "No" please explain: Not Applicable	Contact/Phone: 239/561-4815
	Vendor No.: PUR0005339A
	NV Business ID: NV19941112701
To what State Fiscal Year(s) will the contract be charged? <b>2022</b>	
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	<b>X Other funding 100.00 % Cost Allocation</b>
Agency Reference #: 3542-22-IDP	

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 08/2021

Retroactive? **Yes**

If "Yes", please explain

**Agency needed to start work on the replacement of the Unemployment Insurance program.**

3. Termination Date: **06/30/2022**

Contract term: **364 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **MSA Work Plan**

5. Purpose of contract:

**This is a new work plan under master services agreement #18964 which provides research and advisory services related to information technology. This work plan provides executive program support.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,425.00**

Other basis for payment: Annual payment \$32,425.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

DETR IDP is in need of continued independent review of the operations and department structure to develop long-term strategic planning.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DETR IDP does not have the expertise to perform this type of analysis and it needs to be independent.

9. Were quotes or proposals solicited? **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 contract is a work plan under Master Client Agreement #18964.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Gartner has provided satisfactory services to the Enterprise Information Technology Services division since 2010.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdesoci1	07/12/2021 16:44:27 PM
Division Approval	kdesoci1	07/12/2021 16:44:30 PM
Department Approval	kdesoci1	07/12/2021 16:44:33 PM
Contract Manager Approval	tzehne1	07/13/2021 11:52:01 AM
Budget Analyst Approval	dbaughn	07/16/2021 09:10:43 AM

OFFICE OF THE DIRECTOR  
Financial Management



STEVE SISOLAK  
Governor

KATHLEEN DESOCIO  
Chief Financial Officer

**MEMORANDUM**

**DATE:** July 12, 2021  
**TO:** Darlene C. Baughn, Budget Analyst IV  
Department of Administration  
**FROM:** Elisa Cafferata, Director  
**SUBJECT:** RETROACTIVE CONTRACT  
Gartner, Inc.

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On behalf of the Department of Employment, Training and Rehabilitation (DETR), I respectfully request approval to execute a retroactive contract with Gartner, Inc. This contract provides access to research and advice about information technology and the functional responsibilities of specific IT roles to IDP and will be in effect from July 1, 2021 until June 30, 2022.

Thank you for your consideration of this request.

DocuSigned by:  
*Tracy L. Zehner*  
4F1B95D788C3453...  
Tracy Zehner  
Contract Manager

**DETR, Financial Management, Approved by:**

DocuSigned by:  
*Kitty B. DeSocio*  
BF9F68829FE2420  
Kitty DeSocio  
Chief Financial Officer, DETR

Date: 7/13/2021

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24504**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>Certemy Inc</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>Certemy Inc</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>14876 Raymer Street, Suite 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Van Nuys, CA 91405</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Gabriella Soto (714) 803-36</b>
	Vendor No.:
	NV Business ID: <b>NV20201851314</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % License</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/15/2021**

Anticipated BOE meeting date **08/2021**

Retroactive? **Yes**

If "Yes", please explain

**Podiatry Board approval date was for June 15, 2021.**

3. Termination Date: **06/14/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Software Services**

5. Purpose of contract:

**This is a new contract to provide software, design and development of software services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Payment for services will be made at the rate of \$5,000.00 per Year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board of Podiatry is in need of a software system in order to track the various requirements of licensing for the Board.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The employees of the Board do not have the technical expertise or in house IT that is needed to develop licensing software.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Phentia  
Certemey Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?



Certemy Inc. best candidate for the task.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	vwind1	06/08/2021 10:46:14 AM
Division Approval	vwind1	06/08/2021 10:46:16 AM
Department Approval	vwind1	06/08/2021 10:46:18 AM
Contract Manager Approval	vwind1	06/08/2021 10:46:23 AM
Budget Analyst Approval	hfield	07/01/2021 16:24:42 PM



Steve Sisolak  
Governor

## Nevada State Board of Podiatry

1325 Airmotive Way, Suite 175-I • Reno, Nevada 89502 • [podiatry.nv.gov](http://podiatry.nv.gov) • Phone 775-789-2605

July 1, 2021

State of Nevada Board of Examiners  
209 East Musser Street, Room 200  
Carson City, NV 89701-4298

**Re: Certemy Contract # 24504**

Dear Sir or Madam:

I am documenting why the Certemy contract appears to be a retroactive contract but is not. The contract summary was generated on June 14, 2021 with the contract having a date of June 15, 2021 as the date to begin work. This date was to accommodate the Certemy contracting process which needed a specific date and could not accommodate an effective date upon signature. The Nevada State Board of Podiatry approved the contract in its entirety on June 22, 2021. Signatures were obtained and the contract forward to the Nevada Attorney General's office for approval. The contract was then hand-delivered in Carson City to the Budget Office on June 25, 2021. Work has not begun on this contract and will not being on this contract until the State of Nevada Board of Examiners approves the contract. After approval, the finalized contract will be forward to Certemy with a check for \$5,000 so work can begin. I was hoping that would be today.

I appreciate your assistance in this matter. Should you have any questions or concerns please feel free to contact our office (775) 789-2605 or [nvpodiatry@bop.nv.gov](mailto:nvpodiatry@bop.nv.gov)

Sincerely,

A handwritten signature in blue ink, appearing to read "Carolyn J. Cramer".

Carolyn J. Cramer  
Executive Director

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24669**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>Certemy, Inc.</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>Certemy, Inc.</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>14876 Raymer Street, Suite 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Van Nuys, CA 91405</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Gabrielly Soto 714-803-3667</b>
	Vendor No.:
	NV Business ID: <b>NV20201851314</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % License</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **B021**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2021**

Anticipated BOE meeting date **08/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/14/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Contract**

5. Purpose of contract:

**This is a new contract to provide licensing software that tracks regulatory compliance.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Payment for services will be made at the rate of \$5,000.00 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board staff needs licensing software to assist in tracking regulatory compliance by its licensees and applicants as their numbers increase

8. Explain why State employees in your agency or other State agencies are not able to do this work:

As the licensees and applicants grow in number, it is more efficient to have licensing software track regulatory compliance in one ecosystem

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?

Certemy is less expensive, is more willing to work with a smaller Board, and more responsive

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

**Certemy is a Delaware corporation, registered in Nevada, California, and possibly other states**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. 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	hfield	07/14/2021 16:19:57 PM
Division Approval	hfield	07/14/2021 16:19:59 PM
Department Approval	hfield	07/14/2021 16:20:02 PM
Contract Manager Approval	hfield	07/14/2021 16:20:05 PM
EITS Approval	tgalluzi	07/14/2021 16:45:18 PM
Budget Analyst Approval	hfield	07/15/2021 12:08:57 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24488**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>Fennemore Craig</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>Fennemore Craig</b>
Appropriation Unit: <b>B024 - All Categories</b>	Address: <b>300 S Fourth St, Suite 1400</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89101</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Richard Dreitzer 7026928026</b>
	Vendor No.: <b></b>
	NV Business ID: <b>NV20061183222</b>

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 %	<b>X</b>	Fees	<b>100.00 % License</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date **08/2021**

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: **Legal Services**

5. Purpose of contract:

**This is a new contract to provide required legal services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Payment for services will be made at the rate of \$200.00 per Hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Necessary engagement of Independent Contractor for purpose of accomplishing work of the Board under authority of NRS 284.173. In addition NRS Chapter 635 authorizes the hiring of attorney for legal counsel services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board requires independent legal counsel and does not have the legal expertise within the agency. Legal services to be provided regarding a specific knowledge of area and a need for continuity of 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?

[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:

Previous contracts with the Board of Podiatry.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vwind1	06/03/2021 12:12:11 PM
Division Approval	vwind1	06/03/2021 12:12:13 PM
Department Approval	vwind1	06/03/2021 12:12:16 PM
Contract Manager Approval	vwind1	06/03/2021 12:12:18 PM
Budget Analyst Approval	hfield	07/01/2021 15:23:44 PM

Steve Sisolak  
Governor

Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director



**STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division**

209 E. Musser Street, Room 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: July 19, 2021

To: Susan Brown, Clerk of the Board  
Governor's Finance Office

From: Darlene Baughn, Executive Budget Officer  
Governor's Finance Office, Budget Division *DBaughn*

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

**GOVERNOR'S FINANCE OFFICE – BUDGET DIVISION**

Agenda Item Write-up:

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of July 19, 2021.

Additional Information:

The Tort Claim Fund is the State Treasury Fund for Insurance Premiums. The Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency supplement funding for eligible agencies within statutory authority.

Below is the available balance for each account prior to any projected outstanding claims.

Tort Claim Fund	\$ 3,925,713.49
Statutory Contingency Account	\$ 14,306,039.96
State Claims Account	\$ 3,636,590.73
Emergency Account	\$ 354,763.00
Disaster Relief Account	\$ 5,958,510.95
IFC Unrestricted Contingency Fund General Fund	\$ 24,257,367.35
IFC Unrestricted Contingency Highway Fund	\$ 1,638,068.35
IFC Restricted Contingency Fund General Fund	\$ 16,674,723.00
IFC Restricted Contingency Highway Fund	\$ 2,921,846.00

Statutory Authority:

NRS 331.187, 353.097, 353.263, 353.264, 353.266, 353.268, 353.2735 and AB417, AB499, AB504, AB518, SB187 and SB553 of the 2017 Legislative Session

<b>REVIEWED:</b> 
<b>ACTION ITEM:</b> _____



**BA 4892 Statutory Contingency Account  
NRS 353.264  
FY 2021 (as of July 19, 2021)**

Beginning Cash	4,440,838.00	
Transfer from IFC Contingency Fund	3,467,578.00	
Appropriations - AB 464, CH 424 - 81st Legislative Session	12,051,658.00	
<b>Total Revenue</b>		<b>\$ 19,960,074.00</b>

Paid Claims:

Post Conviction Stale Claims	(1,380.00)	
DCFS Interstate Compact - 1st Qtr Reimbursement	(284.09)	
DCFS Interstate Compact - 2nd Qtr Reimbursement	(1,114.61)	
DCFS Interstate Compact - 3rd Qtr Reimbursement	(1,761.00)	
DCFS Interstate Compact - 4th Qtr Reimbursement		
Attorney General's Office (Professional Service)	(175,289.04)	
Wrongful Conviction: Berry	(25,000.00)	
Wrongful Conviction: Wood	(2,850,000.00)	
Wrongful Conviction: Mason	(990,000.00)	
Wrongful Conviction: Steese	(1,381,740.30)	
SOS Voter Registration	(227,465.00)	
<b>Total Payments</b>	(5,654,034.04)	
<b>Account Balance</b>		<b>\$ 14,306,039.96</b>

Claims Submitted for Payment:

	\$ -	
<b>Submitted for Payment</b>		
<b>Account Balance</b>		<b>\$ 14,306,039.96</b>

Projected Outstanding Claims:

	-	
<b>Total Pending Claims</b>	\$ -	
<b>Account Balance</b>		<b>\$ 14,306,039.96</b>

**BA 1348 TORT Claim Fund  
NRS 331.187  
FY 2021 (as of July 19, 2021)**

Beginning Cash	5,414,638.00	
Insurance Premiums - A	103,458.09	
Insurance Premiums	3,752,620.20	
AG Loan Repayment	5,000.00	
Trans from CRF	6,054.77	
	9,281,771.06	
<b>Total Revenue</b>		<b>\$ 9,281,771.06</b>

<u>Paid Claims:</u>		
Attorney General's Office (Operating)	(202,773.62)	
Tort Claims	(4,193,283.95)	
Reserve for Reversion	(960,000.00)	
	(5,356,057.57)	
<b>Total Payments</b>		<b>\$ 3,925,713.49</b>
<b>Account Balance</b>		<b>\$ 3,925,713.49</b>

Claims Submitted for Payment:

Submitted for Payment	\$ -	
<b>Account Balance</b>		<b>\$ 3,925,713.49</b>

Projected Outstanding Claims:

Attorney General's Office (projection)	-	
	-	
<b>Total Pending Claims</b>		<b>\$ -</b>
<b>Account Balance</b>		<b>\$ 3,925,713.49</b>

**BA 4888 Stale Claims Account**  
**NRS 353.097**  
**FY 2021 (as of July 19, 2021)**

Beginning Cash	538,806.00	
Transfer from Interim Finance	500,000.00	
Appropriations - AB 464, CH 424 - 81st Legislative Session	3,570,578.00	
<b>Total Revenue</b>		<b>\$ 4,609,384.00</b>

Paid Claims:

Post Conviction Claims	(173,600.82)	
Governor's Office	(855.16)	
Attorney General	(21,470.46)	
Secretary of State	(20,852.50)	
State Treasurer's Office	(3,194.64)	
State Controller's Office	(400.90)	
Supreme Court	(201.84)	
Taxation	(20,468.54)	
Veterans Affairs	(1,338.40)	
DETR - NERC	(2,430.47)	
Public Defender	(116.88)	
Dept. of Education	(223,730.99)	
Nevada State Library	(160.81)	
Museum	(2,080.27)	
Military Department	2,549.17	
Health Care Financing and Policy	(2,130.05)	
Youth Parole	(554.49)	
DHHS - Aging Services	(42,221.31)	
DHHS - Health Division	(5,690.05)	
DHHS Welfare Division	(3,782.00)	
DHHS - Mental Health Inst	(13,063.62)	
DHHS - SO Nev Adult Mental Health	(24,943.95)	
DHHS-Rural Clinics	(7,643.79)	
DHHS - Mental Health and Dev Services	(53,354.06)	
DHHS - NO Nev Mental Health	(7,445.45)	
DHHS - SO Nev Mental Health	(63,155.23)	
DHHS - LV Childrens Behavioral Services	(33,641.48)	
Public Safety - Parole & Probation	(10,891.19)	
DHHS - RNO Childrens Behavioral Services	(40,000.00)	
Hearings	(200.00)	
Fire Marshall	(585.90)	
Real Estate Division	(2,233.96)	
Gaming Control Board	(1,184.88)	
Parks	(2,123.06)	
DCNR -Water Resources	(1,671.01)	
DCNR - Forestry	(2,424.44)	
Employment Security	(107.46)	
Dept. of Administration	(948.61)	
Dept. of Corrections	(124,244.46)	
Public Safety - Parole & Probation	(187.81)	
Parole/Pardons Boards	(703.37)	
DHHS-Youth Service Division	(12,352.22)	
Judiciary	(7,770.00)	
DHHS-Child and Family Services	(39,045.19)	
Admin Director	(140.72)	
<b>Total Payments</b>	(972,793.27)	
<b>Account Balance</b>		<b>\$ 3,636,590.73</b>

**BA 4889 Emergency Fund  
NRS 353.263  
FY 2021 (as of July 19, 2021)**

Beginning Cash	114,972.00
Appropriations - AB 464, CH 424 - 81st Legislative Session	239,791.00

<b>Total Revenue</b>	<b>\$ 354,763.00</b>
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Paid Claims:

	-
Payments	\$ -
<b>Account Balance</b>	<b>\$ 354,763.00</b>

Claims Submitted for Payment:

	-
Total Submitted Payments	\$ -
<b>Account Balance</b>	<b>\$ 354,763.00</b>

Projected Outstanding Claims

	-
Total Pending Claims	\$ -
<b>Estimated Account Balance - Including all Claims</b>	<b>\$ 354,763.00</b>

**BA 1335 Disaster Relief Account  
NRS 353.2735  
FY 2021 (as of July 19, 2021)**

Beginning Cash	13,154,024.00	
Treasurer's Interest	56,306.96	
1st - 2nd Qtr Transfers Per NRS 353.288(4)	-	
3rd Qtr Transfers Per NRS 353.288(4)	500,000.00	
<b>Total Revenue</b>		<b>\$ 13,710,330.96</b>

<u>Paid Claims:</u>		
	Transfer to DEM	(751,820.01)
Reserve for Reversion		(7,000,000.00)
		-
	Payments	(7,751,820.01)
	<b>Account Balance</b>	<b>\$ 5,958,510.95</b>

<u>Projected Outstanding Claims :</u>	
	0.00
<u>Reserve for Reversion to GF</u>	0.00
Total Pending Claims	0.00

**Estimated Account Balance - Including all Claims \$ 5,958,510.95**

**IFC Contingency Fund Unrestricted**  
**NRS 353.266**  
**FY 2021 (as of July 19, 2021)**

**Unrestricted General Fund**

FY 2021 Beginning Cash Balance	26,094,977.65	
FY 2021 Appropriations		
Appropriations - AB 464, CH 424 - 81st Legislative Session	13,667,305.00	
<b>Total Revenue</b>		<b>39,762,282.65</b>

Paid Claims:

Meeting Cost	(38,525.30)	
Board of Examiners-Statutory Contingency	(3,467,578.00)	Approved @ August 20, 2020 IFC
Governor's Office -Patient Protection	(241,065.00)	Approved @ August 20, 2020 IFC
B&I Office of Labor Commission	(71,465.00)	Approved @ August 20, 2020 IFC
NDOC Hep C	(7,044,204.00)	Approved @ October 22, 2020 IFC
DCNR - Southfork Dam	(347,467.00)	Approved @ October 22, 2020 IFC
NDE SPED	(428,800.00)	Approved @ October 22, 2020 IFC
Treasurer	(16,949.00)	Approved @ October 22, 2020 IFC
BOE -State Claims Account	(500,000.00)	Approved @ December 18, 2020 IFC
Forestry	(2,463,625.00)	Approved @ December 18, 2020 IFC
Transfer to DEM	0.00	
Transfer to Judiciary	(69,000.00)	Approved @ December 18, 2020 IFC
Trans to Military Youth Center	(816,237.00)	Approved @ January 27, 2021 IFC
Dept of Indigent Defense	0.00	Approved @ January 27, 2021 IFC
<b>Total Payments</b>		<b>(15,504,915.30)</b>
<b>Account Balance</b>		<b>24,257,367.35</b>

Pending Reimbursement:

Total Pending	0.00	
<b>Account Balance-GF</b>		<b>24,257,367.35</b>

**Unrestricted Highway Fund**

Beginning Cash	1,638,068.35	
Reversion to IFC	0.00	
<b>Total Revenue</b>		<b>1,638,068.35</b>

Paid Claims:

<b>Total Payments</b>		<b>0.00</b>
<b>Account Balance-HWY</b>		<b>1,638,068.35</b>
<b>Total Unrestricted Balance</b>		<b>25,895,435.70</b>

**IFC Contingency Fund Restricted**  
**NRS 353.266**  
**FY 2021 (as of July 19, 2021)**

**Restricted General Fund**

Beginning Balance July 1, 2020	38,779,558.00	
2021 Appropriations	0.00	
AB 355 - Diversity of Leaders in Gaming Industry	750,000.00	Approved 81st Session
AB 464 - Dept of Conversation and Natural Resources Fire Suppression	2,500,000.00	Approved 81st Session
AB 464 - Dept of Taxation Refunds	267,500.00	Approved 81st Session
SB 234 - Collaboration Center Foundation	6,000,000.00	Approved 81st Session
<b>Total Revenue</b>	<b>48,297,058.00</b>	

Paid Claims:

DPS-Records, Communications and Compliance Division-SB514	(2,500,000.00)	Approved @ August 20, 2020 IFC
Governor's Finance Office -Smart 21 - AB543	(252,476.00)	Approved @ June 25, 2020 IFC
Dept. of Taxation AB445	(246,593.00)	Approved @ October 2020 IFC
Forestry	(1,352,387.00)	Approved @ October 2020 IFC
Forestry	(728,492.00)	Approved @ December 18, 2020 IFC
Nevada Atomic Testing Museum	(314,088.00)	Approved @ December 18, 2020 IFC and June 22, 2021 IFC
31st Special Session-AB3 Transfer Restricted funds to the General Fund (July 2020)	(26,228,299.00)	
<b>Total Payments</b>	<b>(31,622,335.00)</b>	
<b>Account Balance</b>	<b>16,674,723.00</b>	

Pending:

<b>Total Pending</b>	<b>0.00</b>
<b>Account Balance</b>	<b>16,674,723.00</b>

**Restricted Highway Fund**

Beginning Balance July 1, 2019	2,220,935.00	
2019 Appropriations Effective July 1, 2019	144,491.00	
AB 468 Dept of Motor Vehicles Computer Programming - 81st Legislative Session	615,643.00	Approved 81st Session
<b>Total Revenue</b>	<b>2,981,069.00</b>	

Paid Claims:

Governor's Finance Office -Smart 21 - AB543	(59,223.00)	
Department of Motor Vehicle AB 468	0.00	Approved @ June 22, 2021 IFC
<b>Total Payments</b>	<b>(59,223.00)</b>	
<b>Account Balance</b>	<b>2,921,846.00</b>	

**Total Restricted Balance:** 19,596,569.00

Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director

**STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: July 14, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Natasha Kephart, Executive Branch Budget Officer  
Budget Division  
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

**DEPARTMENT OF MOTOR VEHICLES – COMPLETE STREETS PROGRAM**

Agenda Item Write-up:

Pursuant to NRS 482.1825, Subsection 2, the Department of Motor Vehicles (DMV) shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This is the 4th quarter of State Fiscal Year 2021 (FY21) report for the period beginning April 1, 2021 and ending June 30, 2021.

Additional Information:

The Nevada Complete Streets bill was designed to provide a local funding source for transportation improvements to make local streets "Complete Streets" – streets that are safe and inviting for people using all transportation modes – walkers, baby strollers, people using canes, people using wheelchairs, bicyclist, buses, trolleys – rather than just for cars and trucks.

During the 4th quarter, the DMV collected a total of \$99,882.00 voluntary contributions for the Complete Streets Program. The following tables demonstrates the percent contributed by county alongside the previous 3<sup>rd</sup> quarter of this year and the same period last year:

REVIEWED: _____
INFO ITEM: _____



## Contributions

4th Quarter			3rd Quarter			4th Quarter		
FY 2021	Total Collected 4th		FY 2021	Total Collected 3rd		FY 2020	Total Collected 2nd	
By County	4th Quarter	% of Total	By County	3rd Quarter	% of Total	By County	4th Quarter	% of Total
Carson City	\$ 3,038.00	3.04%	Carson City	\$ 3,508.00	3.29%	Carson City	\$ 2,590.00	2.54%
Clark	\$ 77,114.00	77.21%	Clark	\$ 83,436.00	78.14%	Clark	\$ 77,642.00	76.04%
Douglas	\$ 3,252.00	3.26%	Douglas	\$ 3,140.99	2.94%	Douglas	\$ 3,016.00	2.95%
Washoe	\$ 16,478.00	16.50%	Washoe	\$ 16,694.00	15.63%	Washoe	\$ 18,854.00	18.47%
<b>Total</b>	<b>\$ 99,882.00</b>	<b>100.00%</b>	<b>Total</b>	<b>\$ 106,778.99</b>	<b>100.00%</b>	<b>Total</b>	<b>\$ 102,102.00</b>	<b>100%</b>

NRS 482.1825 subsection 3 authorizes the DMV to deduct and withhold 1% of the contributions collected to reimburse the Department for its expenses in collecting and distributing the contributions. After deducting \$998.82 for the 1% costs for DMV to administer the program, Clark County received \$76,342.86; Washoe County received \$16,313.22; Carson City received \$3,007.62; and Douglas County received \$3,219.48. The following tables demonstrate the percent of the DMV 1% commission by county alongside the previous 3<sup>rd</sup> quarter of this year and the same period last year:

## DMV Commission (1%)

4th Quarter			3rd Quarter			4th Quarter		
FY 2021	Total DMV 1% 4th		FY 2021	Total DMV 1% 3rd		FY 2020	1% DMV	
By County	4th Quarter	% of Total	By County	3rd Quarter	% of Total	By County	4th Quarter	% of Total
Carson City	\$ 30.38	3.04%	Carson City	\$ 35.08	3.29%	Carson City	\$ 25.90	2.54%
Clark	\$ 771.14	77.21%	Clark	\$ 834.36	78.14%	Clark	\$ 776.42	76.04%
Douglas	\$ 32.52	3.26%	Douglas	\$ 31.41	2.94%	Douglas	\$ 30.16	2.95%
Washoe	\$ 164.78	16.50%	Washoe	\$ 166.94	15.63%	Washoe	\$ 188.54	18.47%
<b>Total</b>	<b>\$ 998.82</b>	<b>100.00%</b>	<b>Total</b>	<b>\$ 1,067.79</b>	<b>100.00%</b>	<b>Total</b>	<b>\$ 1,021.02</b>	<b>100%</b>

As required by subsection 2 of NRS 482.1825, the tables below summarize the monthly reports for the voluntary Complete Streets contributions collected by quarter pursuant to subsection 11 of NRS 482.480 for each participating county by the Department of Motor Vehicles for the period beginning April 1, 2021 and ending June 30, 2021.

FY21 Total	Carson City	Clark	Douglas	Washoe	FY21 Total	Total FY21
Donations	6,615	161,765	6,494	34,565	Donations	209,440
Registrations	51,714	992,028	56,976	276,799	Registrations	1,377,517
<b>% of Registrations that Donate</b>	<b>12.79%</b>	<b>16.31%</b>	<b>11.40%</b>	<b>12.49%</b>	<b>Average %</b>	<b>13.25%</b>

For FY21 4<sup>th</sup> quarter, Clark County received on average 16.31% where Carson City received on average 12.79% of vehicle registrations donating.

The following table demonstrates the percentage of registrations that donated by quarter for fiscal year 2020:

FY20 Total	Carson City	Clark	Douglas	Washoe	FY20 Total	Total FY20
Donations	5,139	138,392	4,913	29,496	Donations	177,940
Registrations	41,704	830,240	46,396	241,175	Registrations	1,159,515
% of Registrations that Donate	12.32%	16.67%	10.59%	12.23%	Average %	12.95%

Uses:

The uses reports from the local jurisdictions will be reported on a fiscal year basis and is anticipated for the August 2021 Board of Examiners meeting.

Statutory Authority:

NRS 482.1825