

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:** November 9, 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

This meeting may be viewed on YouTube.  
The link will not go live until 10:00 am.

<https://www.youtube.com/watch?v=zuxwPtBJlyA>

**DUE TO THE INCREASED NUMBER OF COVID-19 CASES, ANYONE ATTENDING THE MEETING IN PERSON MUST WEAR A MASK. FOR THOSE WHO ARE UNABLE TO WEAR A MASK, WE ARE PLEASED TO MAKE REASONABLE ACCOMMODATIONS FOR YOU. PLEASE CALL 775-684-0222 FOR THE CALL-IN INFORMATION FOR THE MEETING.**

### 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 October 12, 2021 Meeting Minutes** (For possible action)

**4. State Vehicle Purchases** (For possible action)

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

<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT TO EXCEED:</b>
Department of Administration – State Public Works Division	4	\$119,111
Department of Conservation & Natural Resources – Division of Environmental Protection	1	\$36,425
Department of Corrections	1	\$11,500
Department of Public Safety – State Fire Marshal Division	1	\$24,626
<b>Total</b>	<b>7</b>	<b>\$191,662</b>

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

**A. Department of Administration – Purchasing Division**

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Elizabeth Jacobson to assist with reviewing and evaluations of groundwater modeling documents for the Division of Environmental Protection through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

**B. Department of Administration – Purchasing Division**

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to extend the contract with former employee Jeff Hardcastle to provide a review of demographic products for quality, accuracy and process improvement for the Department of Taxation through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

**C. Department of Administration – Purchasing Division**

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Richard Johnson to assist with fieldwork and oversight for the Division of Environmental Protection through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

#### **D. Department of Administration – Purchasing Division**

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to extend the contract with former employee Shannon Moyle to provide classification and sentence management for the Department of Corrections through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

#### **E. 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 David Blake to create a training curriculum and train staff in the daily use of evidence-based interventions through Master Service Agreement #23211 with Reliable Health Care.

#### **F. Department of Health and Human Services – Division of Public and Behavioral Health**

Pursuant to NRS 333.705, subsection 1, the Department of Health and Human Services, Division of Public and Behavioral Health requests authority to contract with former employee Cathy Robinson to provide supervision and direction for contracted and intermittent staff within the COVID-19 Fiscal Grant Unit through the National Foundation for the Centers for Disease Control and Prevention, Inc.

6. [Approval of Proposed Leases](#) (For possible action)
7. [Approval of Proposed Contracts](#) (For possible action)
8. [Approval of Proposed Master Service Agreements](#) (For possible action)
9. [Information Item – Clerk of the Board Contracts](#)

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from September 21, 2021 through October 18, 2021.

## 10. Information Item Reports

### A. Governor's Finance Office – Budget Division

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 September 30, 2021.

Tort Claim Fund	\$ 3,495,320.72
Statutory Contingency Account	\$ 12,269,765.00
Stale Claims Account	\$ 3,137,629.00
Emergency Account	\$ 364,763.00
Disaster Relief Account	\$ 6,996,569.00
IFC Unrestricted Contingency Fund General Fund	\$ 26,749,733.25
IFC Unrestricted Contingency Highway Fund	\$ 1,638,068.35
IFC Restricted Contingency Fund General Fund	\$ 12,042,164.00
IFC Restricted Contingency Highway Fund	\$ 334,796.00

### 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 1st quarter of State Fiscal Year 2022 report for the period beginning July 1, 2021 and ending September 30, 2021.

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

## 12. Adjournment

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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Phone: (775) 684-0222 / Fax: (775) 684-0260  
<http://budget.nv.gov/Meetings>

**Date and Time:** October 12, 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 – on the phone

### **STAFF PRESENT:**

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

### **OTHERS PRESENT:**

Elisa Cafferata, Director, Department of Employment, Training and Rehabilitation  
Tom Clark, Member of the Public

## MEETING MINUTES

### 1. Call to Order / Roll Call

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

**Board Secretary:** Governor Sisolak.

**Governor:** Here.

**Board Secretary:** Attorney General Ford.

**Attorney General:** Here.

**Board Secretary:** Secretary of State Cegavske.

**Secretary of State:** 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:** Moving on item number 2, *Public Comment*. This is the first time set aside for public comment. Anyone wishing to address the Board on any item on today's agenda please step forward, identify yourself for the record and comments will be limited to three minutes. I will start in Carson City.

**Public Comment:** Tom Clark (Attachment A)

**Governor:** Do I have any public comment in Las Vegas?

**Clerk of the Board:** We do not.

**Governor:** Do we have anyone on the phone or any written public comment? Seeing none. I'll close the public comment.

- 3. Approval of the September 14, 2021 Meeting Minutes (For possible action)**

**Governor:** I'll move on to item number 3, *Approval of the September 14, 2021 Meeting Minutes*. Do I have a motion in that regard?

**Attorney General:** Move approval.

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

- 4. State Vehicle Purchases (For possible action)**

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Administration – Fleet Services	28	\$870,001
Department of Conservation & Natural Resources – Division of Environmental Protection	1	\$23,311
Department of Conservation & Natural Resources – Forestry Division	5	\$501,264
Department of Wildlife	8	\$319,974
<b>Total</b>	<b>42</b>	<b>\$1,714,550</b>

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

**Clerk of the Board:** Good morning. There are 42 requests for vehicles under this agenda item.

The first request is from the Department of Administration Fleet Services Division to purchase 28 vehicles in an amount up to \$870,001 which will be added to their fleet. The funding is included in the legislatively approved budget.

The second request is from the Department of Conservation and Natural Resources, Division of Environmental Protection to purchase one new vehicle for an amount up to \$23,311. The vehicle that is being replaced has met the age and/or mileage requirements in the State Administrative Manual (SAM) and funding is included in the legislatively approved budget.

The next request is also from the Department of Conservation and Natural Resources. This is from the Division of Forestry to purchase five vehicles for an amount up to \$501,264. There are two vehicles that are being replaced and have met the agent and/or mileage requirements in SAM, while three are new vehicles that are additions to the fleet. Funds are included in the agency budget.

The final request is from the Department of Wildlife to purchase eight replacement vehicles for \$319,550. The vehicles being replaced have met age and/or mileage requirements in SAM and funding is included in the budget.

Are there any questions on any of these items?

**Governor:** Do we have any questions on state vehicle purchases? Do I have a motion?

**Attorney General:** Move approval.

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

**5. Request for Approval of Payment Reimbursement (For possible action)**

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

**Department of Employment, Training and Rehabilitation –  
Employment Security Special Fund**

The Department of Employment, Training and Rehabilitation is requesting approval for the payment of \$1,550,075.20 to Bank of America. The Department is contractually obligated to pay this amount due to losses incurred by Bank of America caused by unemployment insurance fraud.

**Governor:** Item number 5, *Request for Approval of Payment Reimbursement*.

**Clerk of the Board:** 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. The Department of Employment, Training and Rehabilitation is requesting approval for the payment of \$1,550,075.20 to Bank of America. The department is contractually obligated to pay this amount due to losses incurred by Bank of America through a letter agreement. This is on the agenda here rather than a contract because it's a letter of agreement, rather than a contract. Are there any questions on this item?

**Governor:** Do we have any questions at item number 5?

**Secretary of State:** Yes, Governor. This is Barbara Cegavske. I do.

**Governor:** Go ahead, Secretary.

**Secretary of State:** Thank you so much, Governor. Again, I just want to thank your staff for responding to us in a timely manner and working with us on these questions for the Board of Examiners meeting today. My question is, can you just clarify exactly what it is we're to be paying?

**Clerk of the Board:** Director Cafferata is on the phone if she would like to answer that.

**Elisa Cafferata:** Thank you for the question, Secretary Cegavske. The description doesn't one hundred percent reflect what this is which is, essentially, Bank of America let us know at the end of last year that they were going to be getting out of the debit card business and they wanted to wrap up in December of 2020 but we needed more time to bring on a new vendor for our debit cards. So, we signed this letter of agreement in

which Bank of America would agree to continue to cover our debit card services for six months. Had we not had that letter of agreement, we would not have been able to issue unemployment benefits while we brought on a new vendor which, we thought, was not a solution to our problems.

Within the agreement, we agreed to cover the cost of doing business for Bank of America. This is required under banking regulations that in certain situations, they need to offer a line of credit to someone who has a debit card and in a very few situations, that ended up in a loss to Bank of America. Essentially, it's the cost of administering the program. We're paying for the losses that they had in following the banking regulations.

To put this in context, just to finish up sort of the understanding of what's going on here, we have worked with Bank of America over the last year and a half and have been able to recover, and they have returned, over \$150 million in payments that were either made to fraudulent or imposter claims. There is money coming back to the State and will go back to the trust fund or the federal program, wherever the benefit was initially paid. This is just a very small, in this very unusual year of unemployment, this is a very small cost of doing business.

**Secretary of State:** Thank you very much for that explanation. You did a great job and I am so sorry for everything that you're having to go through in this endeavor to try to get the unemployment done and to find out who is fraudulent and who isn't. Thank you very much for everything you're doing. Thank you, Governor.

**Governor:** Thank you, Secretary Cegavske; and I echo that, Director Cafferata. I know you're going through a lot at Department of Employment, Training & Rehabilitation. The whole agency has gone through a lot during this time and trying to fight fraud and at the same time, pay legitimate claimants as quick as we possibly can and I know it's a difficult task. I do thank you for all the effort you're putting forward.

Do we have a motion on item number 5?

**Attorney General:** I move approval.

**Governor:** General Ford moves approval on item number 5. Is there any discussion? Hearing and seeing none. All in favor, signify by saying aye. Is anyone opposed? The motion passes.

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

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

<b>TORT CLAIM REQUESTS</b>	
<b>A.</b>	Claimant: Lacey Bradford Claim No: TC19844 Settlement Amount: \$100,000 Date of Loss: November 27, 2015
	Claimant: Amber Hill Claim No: TC19845 Settlement Amount: \$100,000 Date of Loss: November 27, 2015
	Claimant: Willis David Simpson Claim No: TC19846 Settlement Amount: \$100,000 Date of Loss: November 27, 2015
	Claimant: Holly Ann Ducoing Claim No: TC19847 Settlement Amount: \$100,000 Date of Loss: November 27, 2015
	<b>Total</b> <b>\$400,000</b>
	<b>B.</b>
Claimant: Raymond Elgin Claim No: TC19432 Settlement Amount: \$100,000 Date of Loss: April 2, 2020	
Claimant: Estate of Caryl Elgin Claim No: TC19433 Settlement Amount: \$100,000 Date of Loss: April 2, 2020	
Claimant: Raymond Elgin-wrongful death of Caryl Elgin Claim No: TC19846 Settlement Amount: \$100,000 Date of Loss: April 2, 2020	
Claimant: Susan Beatty-wrongful death of Caryl Elgin Claim No: TC198543 Settlement Amount: \$100,000 Date of Loss: April 2, 2020	
Claimant: Rowan Elgin Claim No: TC19542 Settlement Amount: \$100,000 Date of Loss: April 2, 2020	
<b>Total</b> <b>\$500,000</b>	

**Governor:** Item number 6, *Request for Approval to Pay a Tort Claim Pursuant to NRS 41.036*. We will take 6-A and 6-B separately.

**Clerk of the Board:** There are two agreements under this item. The first represents a \$400,000 claim for which the Attorney General recommends payment from the claims fund. A settlement agreement has been entered in the amount of \$100,000 per claimant listed on the first item.

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

**Attorney General:** Move approval.

**Secretary of State:** I just wanted to make sure I understand everything. Thank you very much for the itemized conversation that I had with your staff so that I do understand this and do know exactly what's going on here. So, thank you very much and thank you, Attorney General, for the work that you all did on this and I'll vote for it. Thank you, Governor.

**Governor:** We have a motion for approval of 6-A. Is there any discussion? Hearing none. All in favor, signify by saying aye. Are any opposed? The motion passes.

**Clerk of the Board:** Item 2, the second item requested, 6-B, represents a \$500,000 claim for which the Attorney General recommends payment from the tort claims fund. A settlement agreement has been entered in the amount of \$100,000 per claimant listed for this claim as well.

**Governor:** Do we have any questions on item number 6-B? Do I have a motion?

**Attorney General:** Move approval.

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

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

**Office of the Military – Division of Emergency Management**

Pursuant to NRS 353.268, the Division requests the Board's recommendation to the Interim Finance Committee for \$303,601 from the Interim Finance Contingency Account to cover costs associated with providing supplemental security and enhance healthcare system availability to Clark County during the upcoming New Year's Eve celebrations/activities.

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

**Clerk of the Board:** Item number 7, pursuant to NRS 353.268, the Division of Emergency Management is requesting the Board's recommendation to the interim finance committee of an allocation of \$303,601 from the Interim Finance Committee Contingency Account to cover costs associated with providing supplemental security and enhanced health care system available to Clark County during the upcoming New Year's Eve celebration activities. Representatives from the agency are here for any questions on this item.

**Governor:** Do we have any questions on item number 7? Do we have a motion on item number 7?

**Attorney General:** Move approval.

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

**8. Request to Designate Positions in State Government as Critical Labor Shortages (For possible action)**

**Department of Public Safety – Director’s Office**

Pursuant to NRS 286.523, the Director of the Department of Public Safety (DPS) requests that the Board of Examiners designate DPS Officer I and DPS Officer II positions as “critical labor shortages” and grant a Public Employees Retirement System exemption for the reemployment of qualifying retired employees to fill positions for which a critical labor shortage has been appropriately designated.

**Governor:** Item number 8, Request to Designate Positions in State Government as Critical Labor Shortages.

**Clerk of the Board:** Item number 8, pursuant to NRS 286.523, is the policy of the state to ensure that the re-employment of retired public employees is limited to positions of extreme need. An employer who desires to employ a retired public employee to fill a position for which there is a critical labor shortage must make the determination of re-employment based upon the appropriate and necessary delivery of services to the public in an open meeting. The Board of Examiners has the authority to designate positions in state government for which there are critical labor shortages. This request is from the Department of Public Safety, asking that the Board designate DPS Officer 1 and DPS Officer 2 positions as ‘critical labor shortages’ and grant a Public Employees Retirement System exemption for the re-employment of qualifying retired employees to fill positions for which a critical labor shortage has been appropriately designated. In the supporting documents on page 9, I would just note that the DPS Officer 1 position should be 14 and the DPS Officer 2 position should be at 137 so, this would be a total of 151 positions included in this request. The department is available for questions on this item.



**Governor:** I know there's a critical labor shortage here, without a doubt. Do we have any questions on item number 8?

**Secretary of State:** No, Governor, but I wanted to make you aware that we have critical labor shortages all over in the Secretary of States' office. I am down 15 employees in commercial recording, so I do appreciate this coming forward and we hope that this Board would look at other agencies as well. Thank you.

**Governor:** Thank you very much. Is there any further discussion? Do I have a motion on item number 8?

**Attorney General:** Move approval.

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

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

**Governor:** Item number 9, *Approval of Proposed Leases*.

**Clerk of the Board:** There are two leases under agenda item 9 today for approval by the Board. Are there any questions on any of these items?

**Governor:** No. Again, thank you for the briefing that you gave me on these items. Do we have any questions on item number 9? Do we have a motion on item number 9?

**Attorney General:** Move approval.

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

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

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

**Clerk of the Board:** There are 31 contracts under item 10 today for approval by the Board this morning. I would just note that at the September meeting, the threshold for these action items was increased from \$50,000 to \$100,000. Are there any questions on any of these items?

**Governor:** Do we have any questions on any of the proposed contracts on item number 10?

**Attorney General:** Move approval.

**Governor:** We have a motion for approval on Item 10. Is there any discussion? Hearing and seeing none. All in favor, signify by saying aye. The motion passes.

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

**Governor:** Item number 11, *Approval of Proposed Master Service Agreements*.

**Clerk of the Board:** There are 10 master service agreements under agenda item 11 for approval by the Board. Are there any questions on these items?

**Governor:** You answered all my questions previously. Do we have any questions on item number 11?

**Attorney General:** Move approval.

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

**12. Information Item – Clerk of the Board Contracts**

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from August 24, 2021 through September 20, 2021.

**Governor:** Item number 12, *Clerk of the Board Contracts*. This is an information item.

**Clerk of the Board:** There are 53 contracts that were approved by the Clerk of the Board that were over \$10,000 and under \$100,000 between August 24, 2021 and September 20, 2021. Are there any questions on any of these items?

**Governor:** No. Again, Director Brown, thank you so much for answering all my questions during my briefing. I know my colleagues and I appreciate the time you put into answering all of our questions so that these meetings run more smoothly. Do we have any questions on item number 12? That's an information item.

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

**Governor:** Moving on to item number 13, *Public Comment*. This is the second time set aside for public comment. Anyone wishing to address the Board on any item, please step forward, identify yourself for the record and comments will be limited to three minutes.

Do we have anybody here in Carson City? I'm looking around, nobody is getting up.

Do we have anybody in Las Vegas?

**Rosalie Bordelove:** We do not.

**Governor:** Do we have anybody on the phone or any written public comment?

**Clerk of the Board:** I have no written comments. We do not.

#### **14. Adjournment**

**Governor:** We are adjourned. Thank you all very much.

## **Attachment A**

**Tom Clark:** Thank you, Governor, members of the Board. My name is Tom Clark. I'm here on behalf of the Nevada Association of Health Plans. We are the association of private health insurers as well as MCOS here in the great state. I'm here to testify to discuss item 17, which is under item 10 on the agenda. The contract listed is for management support and technical assistance in regard to product design for the public option, Senate Bill 420, from the last session. We appreciate that the language in the contract description specifies stakeholder engagement and I'm here to offer my client's expertise as critical players in any potential public option in Nevada. Senate Bill 420 requires the state to contract with an independent actuary to study the impact a potential public option might have on Nevada's healthcare providers and by extension, their patients. This expressly includes the impact on public employees and injured workers. While Senate Bill 420 exempts this contract from the normal state purchasing rules, it's critical the selection process be transparent and result in a complete understanding of the impacts on Nevadans seeking affordable insurance options here in the state. We look forward to continuing to work with the state to develop the scope of work and ensure the most qualified consultant is selected to perform the actuarial study. Thank you, Governor.

**Governor:** Thank you. You are speaking to item number 10?

**Tom Clark:** Contract 17 under item 10.

**Governor:** Okay. Thank you.

**Tom Clark:** Thank you.

Steve Sisolak  
Governor




Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director

Melanie Young  
Administrator

**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: October 12, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Natasha Kephart, 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 ADMINISTRATION – STATE PUBLIC WORKS DIVISION – BUILDINGS  
AND GROUNDS**

Agenda Item Write-up:

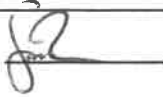
Pursuant to NRS 334.010 the Department of Administration Services – State Public Works Division, Buildings and Grounds requests approval to purchase four replacement vehicles for a total amount not to exceed \$119,111.08 during Fiscal Year 2022.

Additional Information:

This request is to purchase four vehicles to replace current vehicles that meet or exceed the replacement criteria established in SAM 316 - Vehicle Replacement Policy. The funding for this purchase was approved by the 2021 Legislature and is defined in Executive Budget decision unit E712 for a total dollar amount of \$131,756.

Statutory Authority:

NRS 334.010

REVIEWED: 

Steve Sisolak  
*Governor*



Laura Freed  
*Director*  
Matthew Tuma  
*Deputy Director*  
Ward Patrick  
*Administrator*

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
**State Public Works Division**

515 E. Musser St | Carson City, Nevada 89701  
Phone: (775) 684-4141 | [www.publicworks.nv.gov](http://www.publicworks.nv.gov) | Fax: (775) 684-4142

**Date:** October 5, 2021  
**To:** Jackie Pierrott  
Budget Analyst  
**From:** Ward Patrick Administrator  
**Subject:** November Agenda Item Request

Please place the attached Board of Examiners (BOE) vehicle request on the November BOE agenda. This request is to purchase replacement vehicles approved in the FY22 budget.

**Attachments:**

- BOE vehicle purchase form
- Requested vehicles list
- Quote

**Board of Examiners Request for Approval to Purchase a  
State Vehicle Pursuant to NRS 334.010**

<b>Agency Name:</b> <small>Department of Administration</small>	<b>Budget Account #:</b> <small>1349</small>
<b>Contact Name:</b> <small>Michael Johnson</small>	<b>Telephone Number:</b> <small>775-684-1800</small>

Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:

**Number of vehicles requested:** 4                      **Amount of the request:** \$119,111.08

**Is the requested vehicle(s) new or used:** New

**Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:**  
Pick Up 3/4 Ton 4x4

**Mission of the requested vehicle(s):** To haul tools, materials, tow man lift, and dump trailer to various buildings in Carson City, Reno and Las Vegas

<b>Were funds legislatively approved for the request?</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b> E712  <b>If no, please explain how the vehicles will be funded?</b>
--	--

**Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):**

Addition(s)     4 Replacement(s)

**Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain.**  
 Yes

<p><b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p><b>Current Vehicle Information:</b>          Vehicle #1 Model Year: 1997 GMC (EX42892)          Odometer Reading: 205,368          Type of Vehicle: <u>Pick Up</u></p> <hr/> Vehicle #2 Model Year: 1994 Chevy1500 (EX49218) Odometer Reading: 274,306 Type of Vehicle: <u>Pick up</u> <p>See attached for additional vehicles</p> <p><i>Please attach an additional sheet if necessary</i></p>	<p><b>Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.</b>  <small>Yes</small></p> <hr/> <p><b>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</b>  <small>N/A</small></p>
--	--

**APPOINTING AUTHORITY APPROVAL:**

<u>Ward D. Patrick</u> <small>Ward D. Patrick (Oct 4, 2021 15:16 PDT)</small>	Administrator	Oct 4, 2021
Agency Appointing Authority	Title	Date

**BOARD OF EXAMINERS' APPROVAL:**

Approved for Purchase     Not Approved for Purchase

Board of Examiners \_\_\_\_\_ Date \_\_\_\_\_

**Current Vehicle Information:**

Vehicle #3 Model Year: 2000 Ford (EX57498)

Odometer Reading: 241,187

Type of Vehicle: Pick up

Vehicle #4 Model Year: 2000 Ford E15 (EX60154)

Odometer Reading: 162,086

Type of Vehicle: Pick up



### Vehicle Order Information Form

Does this vehicle meet "Smart Way or Smart Way Elite" requirements? If not, agency must fill out Vehicle Order Justification Sheet.

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2022 Ford F250 Reg Cab 4x4		
<b>Dealer Name:</b>	Fallon Ford-Toyota		
<b>Delivery Location:</b>	2300 McLeod St, Las Vegas, NV 89104		
<b>Vehicle Colors:</b>	Exterior: White	Interior: Grey	<input type="checkbox"/> Cloth
			<input checked="" type="checkbox"/> Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 27,892.52	\$27,892.52
SPECIFY OPTIONS: (description)	N/A		\$
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$
DMV Title and DRS Fee's		\$28.25	\$28.25
<b>GRAND TOTAL:</b>			<b>\$27,920.77</b>

<b>Registered Owner:</b>	Agency Name & Address: Department of Administration 2300 McLeod St, Las Vegas, NV 89104
<b>Legal Owner:</b>	Agency Name & Address: Department of Administration 2300 McLeod St, Las Vegas, NV 89104
<b>County Vehicle Based In:</b>	Clark County
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Martin Fischer 702-348-5635



# PROPOSAL

1351 W. Williams Ave.  
 Fallon NV, 89406  
 (775) 423-2171 Ext. 116  
 joe@fallonfordtoyota.com

Company	STATE OF NV
Date	09/20/2021
Mileage	TBD
Exterior / Interior Color	WHITE/GRAY

ATTN: **M.FISHER**

SALESPERSON	PROJECT	PAYMENT TERMS	DUE DATE
Shaun King	2022 FORD F-250	TBD	TBD

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
1	2022 FORD F-250 REG CAB 4X2	\$ 27,892.52	
SUBTOTAL		\$ 27,892.52	
		\$ -	\$ -
TOTAL VEHICLE PRICE		\$ 27,892.52	

QUOTE PREPARED BY  
 Shaun King \_\_\_\_\_

TAX RATE	0.0%	
SALES TAX	\$ -	
DOC	\$ -	
TITLE FEE	\$ 28.25	\$ -
TOTAL	\$ 27,920.77	

To accept this proposal please sign here and return

\_\_\_\_\_ AUTHORIZED REPRESENTATIVE \_\_\_\_\_ DATE

### Vehicle Order Information Form

Does this vehicle meet "Smart Way or Smart Way Elite" requirements? If not, agency must fill out Vehicle Order Justification Sheet.

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2022 Ford F-250 Reg Cab 4x4		
<b>Dealer Name:</b>	Fallon Ford-Toyota		
<b>Delivery Location:</b>	515 E. Musser St, Carson City, NV 89423		
<b>Vehicle Colors:</b>	Exterior: White	Interior: Grey	<input type="checkbox"/> Cloth
			<input checked="" type="checkbox"/> Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
BASE PRICE (Reno, Carson City or Las Vegas delivery)	3	\$ 30,368.52	\$91,105.56
SPECIFY OPTIONS: (description)	N/A		\$
		\$0	
		\$0	
		\$0	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$0	\$0
Total purchase price with options		\$0	\$
DMV Title and DRS Fee's	3	\$28.25	\$84.75
<b>GRAND TOTAL:</b>			<b>\$91,190.31</b>

<b>Registered Owner:</b>	Agency Name & Address: Department of Administration 515 E. Musser St, Carson City, NV
<b>Legal Owner:</b>	Agency Name & Address: Department of Administration 515 E. Musser St, Carson City, NV
<b>County Vehicle Based In:</b>	Carson County
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Michael Johnson 775-690-8208



**PROPOSAL**

1351 W. Williams Ave.  
 Fallon NV, 89406  
 (775) 423-2171 Ext. 116  
 joe@fallonfordtoyota.com

Company STATE OF NV  
 Date 09/20/2021  
 Mileage TBD  
 Exterior / Interior Color WHITE/GRAY

ATTN: M.FISHER

SALESPERSON	PROJECT	PAYMENT TERMS	DUE DATE
Shaun King	2022 FORD F-250	TBD	TBD

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
3	2022 FORD F-250 REG CAB 4X4	\$ 30,368.52	\$ 91,105.56
SUBTOTAL		\$ 30,368.52	\$ 91,105.56
		\$ -	\$ -
TOTAL VEHICLE PRICE		\$ 30,368.52	\$ 91,105.56

QUOTE PREPARED BY  
 Shaun King \_\_\_\_\_

TAX RATE	0.0%	
SALES TAX	\$ -	\$ -
DOC	\$ -	\$ -
TITLE FEE	\$ 28.25	\$ 84.75
<b>TOTAL</b>	<b>\$ 30,396.77</b>	<b>\$ 91,190.31</b>

To accept this proposal please sign here and return

\_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE DATE

Steve Sisolak  
Governor




Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director

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

Melanie Young  
Administrator

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

Date: October 5, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Richard Jacobs, Executive Branch Budget Officer   
Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CONSERVATION & NATURAL RESOURCES –  
DIVISION OF ENVIRONMENTAL PROTECTION**

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Conservation & Natural Resources-Division of Environmental Protection requests approval to purchase one new vehicle for a total amount not to exceed \$36,425.

Additional Information:

This request is to purchase one vehicle to replace a current vehicle that complies with the Vehicle Replacement Policy of SAM 1316. The Division plans to replace one 2005 Dodge Dakota with a 2022 Chevrolet Colorado for a total not to exceed \$36,425. The Division received vehicle funding of \$37,614 in decision unit E-712 during the 2021 Legislative Session.

Statutory Authority:

NRS 334.010

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



## MEMORANDUM

**TO:** Richard Jacobs, Executive Branch Budget Officer 1  
**Date:** October 5, 2021  
**FROM:** Rebecca Bustos, Budget Analyst II  
**SUBJECT:** Replacement Vehicle Request for Budget Account 3197 NEBS E712


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Attached for your review and approval is a Board of Examiners Request for Approval to Purchase a State Vehicle form. The form has been reviewed and approved by the Divisions Administrator, Greg Lovato.

The Bureau would like to purchase a 2022 Chevrolet Colorado to replace a 2005 Dodge Dakota which currently has an odometer reading of 127,301.



**Board of Examiners Request for Approval to Purchase a  
State Vehicle Pursuant to NRS 334.010**

<b>Agency Name:</b> Bureau of Safe Drinking Water	<b>Budget Account #:</b> 3197
<b>Contact Name:</b> Kathryn Kochen	<b>Telephone Number:</b> 775-687-9518
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: <b>Number of vehicles requested:</b> <u>One</u> <b>Amount of the request:</b> <u>\$36,425.21</u> <b>Is the requested vehicle(s) new or used:</b> <u>New</u> <b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> <u>pick up</u>	
<b>Mission of the requested vehicle(s):</b> Statewide travel to conduct inspections & ensure Safe Drinking Water compliance.	
<b>Were funds legislatively approved for the request?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b> E712  <b>If no, please explain how the vehicles will be funded?</b>
<b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b> <input type="checkbox"/> <u>  </u> Addition(s) <input checked="" type="checkbox"/> <u>1</u> Replacement(s)	
<b>Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain.</b> Yes	
<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <b>Current Vehicle Information:</b> Vehicle #1 Model Year: 2005 Odometer Reading: 127,301 Type of Vehicle: Dodge Dakota Pickup  <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:  <hr/> Please attach an additional sheet if necessary	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.    YES          If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<b>APPOINTING AUTHORITY APPROVAL:</b> <small>DocuSigned by:</small> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;">   <small>B2AB895AC6294F3...</small>                      Agency Appointing Authority                 </div> <div style="text-align: center;">                     Administrator                      Title                 </div> <div style="text-align: center;">                     10/5/2021   8:04 AM PDT                      Date                 </div> </div>	
<b>BOARD OF EXAMINERS' APPROVAL:</b> <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase  <hr/> Board of Examiners _____ Date _____	

**Vehicle Order Information Form**

Does this vehicle meet "Smart Way or Smart Way Elite" requirements? If not, agency must fill out Vehicle Order Justification Sheet.

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2022 Chevrolet Colorado 12N43 4WD Crew Cab 128" LT Shortbed		
<b>Dealer Name:</b>	Michael Hohl Motors		
<b>Delivery Location:</b>	Carson City		
<b>Vehicle Colors:</b>	Exterior: Satin Steel Metallic	Interior: Black	X Cloth <input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	One	\$ 32,860.96	\$ 32,860.96
SPECIFY OPTIONS: (description)			\$3,535.00
Full Size Tires	Four	\$1,585.00	
Camper Shell Canopy	One	\$1,950.00	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$0.00	\$0.00
Total purchase price with options			\$36,395.96
DMV Title and DRS Fee's		\$29.25 28.25	\$29.25 28.25
GRAND TOTAL:			\$36,425.21

36,424.21

<b>Registered Owner:</b>	<b>Agency Name &amp; Address:</b> Nevada Division of Environmental Protection 901 S. Stewart St., Suite 4001 Carson City, NV 89701
<b>Legal Owner:</b>	<b>Agency Name &amp; Address:</b> Same
<b>County Vehicle Based In:</b>	Carson City
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Kathryn Kochen 775-687-9518



# MICHAEL HOHL MOTORS

TERRY ROUDA | 806-474-6654 | terry.rouda@michaelhohl.com

Vehicle: [Fleet] 2022 Chevrolet Colorado (12N43) 4WD Crew Cab 128" LT (✔ Complete)

Quote: New Quote NDEP COLORADO LT

## Quote Worksheet

	<b>MSRP</b>
Base Price	\$34,400.00
Dest Charge	\$1,195.00
Total Options	\$725.00
<b>Subtotal</b>	<b>\$36,320.00</b>
4 BGF GOODRICH AT TIRES MOUNTED AND BALANCED, REALIGNMENT, DISPOSAL FEE	\$1,585.00
R100 LEER CAB HIGH SHELL, 2 WINDOWS, PAINT TO MATCH	\$1,950.00
BID ASSIST	(\$5,300.00)
1% NV ADMIN FEE	\$365.86
<b>Subtotal Pre-Tax Adjustments</b>	<b>(\$1,399.14)</b>
Less Customer Discount	\$1,475.10
<b>Subtotal Discount</b>	<b>\$1,475.10</b>
Trade-In	\$0.00
<b>Subtotal Trade-In</b>	<b>\$0.00</b>
<b>Taxable Price</b>	<b>\$36,395.96</b>
Sales Tax	\$0.00
<b>Subtotal Taxes</b>	<b>\$0.00</b>
TITLE TRANSFER	\$29.25
<b>Subtotal Post-Tax Adjustments</b>	<b>28.25 \$29.25</b>
<b>Total Sales Price</b>	<b>\$36,425.21</b>

**Comments:**

KATHRYN, HERE IS THE QUOTE. INCLUDED ARE THE 4 MOUNTED AND BALANCED BF GOODRICH AT TIRES, AND LEAR R100 CAB HIGH SHELL PAINTED TO MATCH WITH 2 SIDE WINDOWS. IT ALSO INCLUDES THE 1% ADMIN FEE THAT GOES TO THE STATE- A MANDATORY CHARGE ON ALL GOV'T PURCHASES USING STATE BID ASSIST. THIS IS FOR THE 22 CREW CAB COLORADO LT 4WD SHORTBED.

Dealer Signature / Date

Customer Signature / Date

This document contains information considered Confidential between GM and its Clients uniquely. The information provided is not intended for public disclosure. Prices, specifications, and availability are subject to change without notice, and do not include certain fees, taxes and charges that may be required by law or vary by manufacturer or region. Performance figures are guidelines only, and actual performance may vary. Photos may not represent actual vehicles or exact configurations. Content based on report preparer's input is subject to the accuracy of the input provided.

Data Version: 14830. Data Updated: Oct 1, 2021 12:45:00 AM PDT.

Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director

Melanie Young  
Administrator

**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: October 18, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Bridgette Garrison, Executive Branch Budget Officer  
Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, appearing to be "B. Garrison".

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

**DEPARTMENT OF CORRECTIONS**

Agenda Item Write-up:

Pursuant to NRS 334.010, the department requests approval to purchase one replacement vehicle for a total cost not to exceed \$11,500.

Additional Information:

This request is to purchase one vehicle to replace a current vehicle that complies with the Vehicle Replacement Policy of SAM 1316. The agency received vehicle replacement funding in decision unit E-710 for a total of \$11,500 during the 2021 Legislative Session.

Statutory Authority:

NRS 334.010

REVIEWED: <u>   <i>BG</i> 10/22/21   </u>
ACTION ITEM: _____

Steve Sisolak  
Governor

Charles Daniels  
Director

W. C. "Bill" Quenga  
Deputy Director, Prison  
Industries



Northern Administration  
5500 Snyder Ave.  
Carson City, NV 89701  
(775) 977-5500

Southern Administration  
3955 W. Russell Rd.  
Las Vegas, NV 89118  
(725) 216-6000

STATE OF NEVADA  
Department of Corrections

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MEMORANDUM

Date: September 21, 2021

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

From: Jeff Doucet, Administrative Services Officer  
Department of Corrections, Prison Industries

Subject: NDOC Request to Purchase Surplus Vehicle from State Purchasing

The Nevada Department of Corrections (NDOC), Silver State Industries is seeking favorable approval to acquire a 1993 Kenworth T800 from State Purchasing surplus for \$11,500. This vehicle will be used for the Silver State Industries, Ranch Operation agricultural program for moving materials, supplies and livestock as well as commercial driver's training for inmates.

The 1993 Kenworth T800 will replace a 1972 International 1900 which will be surrendered to State Purchasing for surplus upon the acquisition of the 1993 Kenworth.

The 1972 International had a major transmission failure several years ago. The current mileage of the International is unknown due to the odometer not functioning. The cost of repairing the transmission is unknown due to the parts not being available for the 50 year old truck. Since the truck has been sitting, rodents have caused damage to wiring and electrical systems as well as vehicle interior. Tires are in need of replacement. Due to its age, the International lacks basic safety features such as seat belts and a tractor protection system. The truck is not safe to operate by today's standards.

Silver State Industries is a self-supporting industrial program within the State of Nevada Department of Corrections System. The cost of the truck purchase was built into the Ranch Operation SFY 22 3727 Budget. This vehicle is critical to Ranch Operations.

All indications regarding the reliability of the 1993 Kenworth T800 through maintenance history records received from State Purchasing are favorable. Vehicle records provided to State Purchasing by the NV Department of Transportation indicate that the replacement vehicle will be reliable and able to fulfill the requirements for Ranch Operations.

Thank you for your time and consideration. If you have questions or wish to discuss further, please do not hesitate to contact me at [jdoucet@doc.nv.gov](mailto:jdoucet@doc.nv.gov) or at 725-216-6073.



Jeff Doucet, Administrative Services Officer - Prison Industries  
Nevada Department of Corrections

Attachments (or Enclosures)

- Nevada State Purchasing Division Property Management Program, Vehicle/ Equipment Turn in Document
- State of Nevada On-line Agency Purchase Approval
- Board of Examiners Request for Approval to Purchase a State Vehicle Pursuant to NRS 334.010

**Board of Examiners Request for Approval to Purchase a  
State Vehicle Pursuant to NRS 334.010**

<b>Agency Name:</b> Nevada Department of Corrections, Silver State Industries	<b>Budget Account #:</b> 3727
<b>Contact Name:</b> Jeff Doucet	<b>Telephone Number:</b> 725-216-6073
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p><b>Number of vehicles requested:</b> <u>1</u>      <b>Amount of the request:</b> <u>\$11,500.00</u></p> <p><b>Is the requested vehicle(s) new or used:</b> <u>Used</u></p> <p><b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> <u>Surplus, Nevada Department of Transportation Heavy Duty Truck</u></p> <p><b>Mission of the requested vehicle(s):</b> <u>Transporting Materials for Prison Ranch</u></p>	
<p><b>Were funds legislatively approved for the request?</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>If yes, please provide the decision unit number:</b> E710</p> <p><b>If no, please explain how the vehicles will be funded?</b></p>
<p><b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b></p> <p><input type="checkbox"/> Addition(s)    <input checked="" type="checkbox"/> Replacement(s)</p>	
<p><b>Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain.</b></p> <p>Yes</p>	
<p><b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p><b>Current Vehicle Information:</b>  <b>Vehicle #1 Model Year:</b> 1972 International  <b>Odometer Reading:</b> Unknown - Unreadable  <b>Type of Vehicle:</b> Heavy Duty</p> <hr/> <p><b>Vehicle #2 Model Year:</b>  <b>Odometer Reading:</b>  <b>Type of Vehicle:</b></p>	<p><b>Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.</b></p> <p>Yes</p> <hr/> <p><b>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</b></p> <p>No – Same / Similar Type</p>
<p><i>Please attach an additional sheet if necessary</i></p>	
<p><b>APPOINTING AUTHORITY APPROVAL:</b></p> <p><u>W.C. Juergens</u>      Deputy Director, Prison Industries      9/30/2021  Agency Appointing Authority      Title      Date</p>	
<p><b>BOARD OF EXAMINERS' APPROVAL:</b></p> <p><input type="checkbox"/> Approved for Purchase    <input type="checkbox"/> Not Approved for Purchase</p> <p>_____  Board of Examiners      Date</p>	



## Vehicle Order Information Form

Does this vehicle meet "Smart Way or Smart Way Elite" requirements? If not, agency must fill out Vehicle Order Justification Sheet.

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	1993 Kenworth Transport Truck NDOT #0375		
<b>Dealer Name:</b>	State Purchasing		
<b>Delivery Location:</b>	NDOC Dairy 1721 Snyder Ave., Carson City, NV 89710		
<b>Vehicle Colors:</b>	Exterior: Blue	Interior: Tan	X Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 11,471.75	\$11,471.75
SPECIFY OPTIONS: (description)			\$
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			
DMV Title and DRS Fee's		\$28.25	\$28.25
<b>GRAND TOTAL:</b>			<b>\$11,500.00</b>

<b>Registered Owner:</b>	Agency Name & Address: Nevada Department of Corrections 5500 Snyder Ave, Bldg 89, Carson City, NV 89701
<b>Legal Owner:</b>	Agency Name & Address: Nevada Department of Corrections 5500 Snyder Ave, Bldg 89, Carson City, NV 89701
<b>County Vehicle Based In:</b>	Carson County
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Jefferey Doucet – NDOC Prison Ranch 725-216-6073

D/S 02-04 007603

DATE: 8/23/2021

STATE OF NEVADA  
DEPARTMENT OF CORRECTIONS  
SILVER STATE INDUSTRIES

SHIP PREPAID FREIGHT TO:  
Silver State Industries  
Ranch Dairy Operations  
P.O. Box 7000  
Carson City, NV 89702-7000

PURCHASE ORDER

Center Code 02-04  
P.O. Number 04-7602

State DIO NO.  
State Warehouse Purchase No.  
INVOICE TO:  
Vendor # D08300000  
Nevada State Purchasing-Exec  
515 East Musser, Suite 300  
Carson City NV 89701

FURNISHING OF DETAILED DESCRIPTION, MANUFACTURER OR SUPPLIER, MODEL NUMBER OR CATALOG NUMBER, ETC., IS REQUIRED FOR PROCESSING THIS REQUISITION.

ARTICLE AND DESCRIPTION	GL Acct Section	QUANTITY ORDERED	UNIT	QUANTITY SHIPPED	UNIT PRICE	EXTENSION
1993 Kenworth T800 Transport Truck, NDOT# 0375	8320 (02-04)	1	Ea	1	\$11,500.00	\$11,500.00

Estimated Total \$ A. C.

TO BE USED FOR: Used Major Equipment >\$5k/ (raw material, operating supply, equipment, customer order) TOTAL \$11,500.00

Requested by Justin Rom Approved Supervisor Justin Rom Date 8-24-21

Approved [Signature] , 20

Filled \_\_\_\_\_, 20 \_\_\_\_\_, By \_\_\_\_\_

Merchandise Received \_\_\_\_\_, 20 \_\_\_\_\_, By \_\_\_\_\_

(Purchase Requisitions Will Be Returned if Coded Improperly)

5	2	5	3	7	2	7	0	4	See Above								
Fund			Budget				Cat.		Gen. Ledger No.								Project No.

Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director

Melanie Young  
Administrator

**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: October 12, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Jim Rodriguez, 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 PUBLIC SAFETY – STATE FIRE MARSHAL DIVISION**

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Public Safety, State Fire Marshal's Office requests approval to purchase one replacement vehicle for a total amount not to exceed \$24,626 during fiscal year 2022.

Additional Information:

The funding in the amount of \$29,735 was approved in the agency's 2021-23 legislatively approved budget in decision unit E711 for the purpose of this vehicle replacement and includes the cost of special equipment. The replacement of this vehicle meets the vehicle replacement criteria set forth in SAM 316 – Vehicle Replacement Policy. The vehicle being replaced is a 2004 pickup with 198,678 miles.

Statutory Authority:

NRS 334.010

REVIEWED: 

Steve Sisolak  
Governor



Nevada Department of  
**Public Safety**  
DEDICATION PRIDE SERVICE

George Togliatti  
Director

Sheri Brueggemann  
Deputy Director

Mike Dzyak  
State Fire Marshal


## Nevada State Fire Marshal Division

Stewart Facility  
107 Jacobsen Way  
Carson City, Nevada 89711  
Telephone (775) 684-7501 - Fax (775) 684-7518

### Memorandum

DATE: September 20, 2021

TO: Andreas McCool, Budget Analyst  
DPS Director's Office

FROM: Brandi Salisbury, Management Analyst 3 

SUBJECT: Approval to purchase a vehicle

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Attached are the forms and backup documentation as required by the Board of Examiners requesting approval to purchase a state vehicle pursuant to NRS 334.010. The cost of the vehicle is \$24,627 to include DMV Title and DRS Fees, and it will be stationed in Carson City. The funding will be 100% from Plan Review Fees. Purchase of vehicle is contingent upon BOE approval. If you have any questions, please feel free to contact me.



**Board of Examiners Request for Approval to Purchase a  
State Vehicle Pursuant to NRS 334.010**

<b>Agency Name:</b> DPS - State Fire Marshal Division	<b>Budget Account #:</b> 3816
<b>Contact Name:</b> Brandi Salisbury	<b>Telephone Number:</b> 775-684-7509

Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:

**Number of vehicles requested:**   1   **Amount of the request:**   \$24,627    
**Is the requested vehicle(s) new or used:**   New  

**Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:**  
  (1) SUV 2022 Chevrolet Equinox  

**Mission of the requested vehicle(s):**  
  Vehicle will be utilized to travel to multiple counties conducting State building inspections and plan review related construction inspections.  

<b>Were funds legislatively approved for the request?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b> <u>  E711  </u> <b>If no, please explain how the vehicles will be funded?</b>
--	---

**Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):**

   Addition(s)       1   Replacement(s)

**Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain.**

  Yes  

<p><b>Please Complete for Replacement Vehicles Only:</b>          (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p><b>Current Vehicle Information:</b>          Vehicle #1 Model Year: <u>  2004  </u>          Odometer Reading:       <u>  198,678  </u>          Type of Vehicle:         <u>  Pick up  </u></p> <hr/> <p>Vehicle #2 Model Year:          Odometer Reading:          Type of Vehicle:</p>	<p><b>Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.</b></p> <p><u>  Yes  </u></p> <hr/> <p><b>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</b></p>
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*Please attach an additional sheet if necessary*

**APPOINTING AUTHORITY APPROVAL:**

	<u>  Nevada State Fire Marshal  </u>
Agency Appointing Authority	Title
	<u>  9/21/21  </u> Date

**BOARD OF EXAMINERS' APPROVAL:**

Approved for Purchase     Not Approved for Purchase

---

Board of Examiners \_\_\_\_\_ Date \_\_\_\_\_



### Vehicle Order Information Form

Does this vehicle meet "Smart Way or Smart Way Elite" requirements? If not, agency must fill out Vehicle Order Justification Sheet.

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	5.1 – Sport Utility Vehicle: 4X4; 4 Door; Compact; 4-5 Passengers; 2022 Chevrolet Equinox 1XX26 All Wheel Drive		
<b>Dealer Name:</b>	Champion Chevrolet		
<b>Delivery Location:</b>	Reno		
<b>Vehicle Colors:</b>	Exterior: Summit White	Interior: Medium Ash Gray	<input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 22,682.00	\$22,682.00
SPECIFY OPTIONS: (description)			\$
LT	1	\$ 1316.00	
Tire, Spare, Full Size	1	\$ 600.00	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$ 24,598.00
DMV Title and DRS Fee's		\$29.25	\$ 29.25 <i>28.25</i>
<b>GRAND TOTAL:</b>		<i>28.25</i>	<i>\$ 24,627.25</i>

*24,626.25*

<b>Registered Owner:</b>	Agency Name & Address: State Fire Marshal Division 107 Jacobsen Way Carson City, NV 89711
<b>Legal Owner:</b>	Agency Name & Address: State Fire Marshal Division 107 Jacobsen Way Carson City, NV 89711
<b>County Vehicle Based In:</b>	Carson
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Brandi Salisbury 775-684-7509

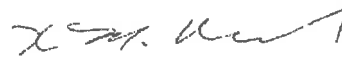




Item # 5.1 – Sport Utility Vehicle AWD Compact 4-5 Passengers

• Base Price	\$22,682.00
• Summit White	\$0.00
• Cloth Seats	\$0.00
• LT Package	\$1,316.00
• Full Size Spare(Shipped Loose)	\$600.00
Nevada DRS/Title Fee	\$28.25
Grand Total	\$24,626.25

Fleet Manager

  
Kyle M. Outland

Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director

Melanie Young  
Administrator

**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: October 8, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Dustin Speed, Executive Branch Budget Officer  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Elizabeth Jacobson to assist with reviewing and evaluations of groundwater modeling documents for the Division of Environmental Protection through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

Additional Information:

Ms. Jacobson retired from the Division of Environmental Protection on July 9, 2021 and will be receiving pension benefits. Her training and experience are needed to assist in the review of groundwater modeling documents submitted by the Department of Energy. The division intends to contract with Ms. Jacobson on a part-time as-needed basis not to exceed 600 hours per year.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: ARF  
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

October 11, 2021

**MEMORANDUM**

To: Dustin Speed

From: Annette Morfin, Purchasing Officer

Subject: CETS Contract 23927 – Marathon Staffing Group Inc.  
RFP 99SWC-S1406 – Temporary Employment Services

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Elizabeth A. Jacobsen who Marathon wants to hire. Elizabeth recently left state service and is collecting PERS.

Marathon is aware they will not be able to hire Elizabeth until BOE approval.

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If you have any questions, please contact me at 684-0185 or [amorfin@admin.nv.gov](mailto:amorfin@admin.nv.gov)



NEVADA DIVISION OF  
**ENVIRONMENTAL  
PROTECTION**

**STATE OF NEVADA**  
Department of Conservation & Natural Resources  
Steve Sisolak, Governor  
Bradley Crowell, Director  
Greg Lovato, Administrator

**Date:** October 6, 2021

**To:** Annette Morfin, Purchasing Officer  
Department of Administration, Purchasing Division

**Through:** Greg Lovato, Administrator <sup>OS</sup> GL  
Division of Environment Protection

**From:** Christine Andres, Bureau Chief, Federal *COA*  
Facilities Water Nevada Division of  
Environment Protection

**Subject:** Authorization to Contract with a Former Employee

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On behalf of the Nevada Division of Environmental Protection, I respectfully request approval to contract with a former employee, Elizabeth Jacobson, through Marathon Staffing.

We are requesting to contract with Ms. Jacobson due her expertise and experience with the groundwater characterization program at the Nevada National Security Site (NNSS) and the complex groundwater models used in this characterization. Her experience and expertise is needed to assist with reviewing groundwater flow and transport documents, external peer review documents, model evaluation documents as this last remaining groundwater area on the NNSS approaches the long-term monitoring phase. No current staff member possesses the level of education in this highly specialized field.

If you have any questions, please contact me at 702-668-3911 or [candres@ndep.nv.gov](mailto:candres@ndep.nv.gov).

Thank you for your consideration of this request.

A handwritten signature in blue ink that reads "Chris Andres".

Christine D. Andres  
Bureau Chief  
Federal Facilities  
Nevada Division of Environmental Protection



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Former Employee**

Employee Information			
<b>Former Employee Name:</b>	Elizabeth A. Jacobson		
<b>Former Employee ID Number:</b>	33619		
<b>Former Job Title:</b>	Environmental Scientist III		
<b>Former Employee Agency:</b>	Department of Conservation & Natural Resources, Division of Environmental Protection (NDEP)		
<b>Former Class and Grade:</b>	<b>Class:</b>	Environmental Scientist III	<b>Grade:</b> 36
<b>Former Employment Dates:</b>	<b>From:</b>	06/01/2005	<b>To:</b> 07/09/2021
<b>Requesting Agency:</b>	Department of Conservation & Natural Resources, Division of Environmental Protection		
<b>Vendor:</b>	Marathon Staffing		


Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<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>Review and evaluate specific groundwater modeling documents submitted by the Department of Energy (DOE) as required by the Federal Facilities Agreement and Consent Order between DOE and NDEP. Review of these documents is necessary in order to identify areas lacking information or clarity in order to ensure that the groundwater under areas of the Nevada National Security Site is properly and adequately characterized and understood.</p>
<b>B</b>	<p><b>Document former job description.</b></p> <p>Please see attached signed Work Performance Standards, specifically Job Element #1, Objective #2.</p>
<b>C</b>	<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, this employee holds a PhD in hydrology and has extensive experience in groundwater modeling. Her knowledge in the very specialized field of hydrology and groundwater modeling is crucial to an aspect of NDEP's work scope. While any new hires with the applicable education or experience will be trained to take over these job duties, given that this specific project is nearing completion, it is not cost-effective, and there is no benefit to the State/Bureau to hire a sole groundwater monitoring expert.</p>

D	<p><b>Explain why existing State employees within your agency cannot perform this function.</b></p> <p>Groundwater modeling is a very specialized field. The models used by the Department of Energy to characterize groundwater flow and transport are very complex. The incumbent's 16 years of working on this project gave her invaluable institutional knowledge, which along with her education and prior work experiences, affords her the expertise needed to review the last few modeling documents for this groundwater project.</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>There is no personal relationship between the individual (Bureau Chief) establishing the contract and the contractor.</p>
F	<p><b>List contractors' hourly rate.</b></p> <p>Bill Rate = \$30.00/hour + 24.9% markup by the Temp Agency (\$7.47) = \$37.47</p>
G	<p><b>List the range of comparable State employee rates.</b></p> <p>Grade 36 - \$25.67 to \$38.18 per hour.</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</p>
I	<p><b>Document justification for hiring contractor.</b></p> <p>Since 1989, there has been an active groundwater characterization program at the Nevada National Security Site due to underground nuclear testing from 1961 to 1992. The Bureau of Federal Facilities regulates the Department of Energy's groundwater characterization program, which focuses heavily on the use of sophisticated groundwater models to forecast flow and transport of any radionuclides present in the groundwater from any of the underground nuclear tests. This employee, contracted through Marathon Staffing, had conducted detailed reviews on all groundwater characterization documents until her retirement in July 2021. There is one remaining area on the Nevada National Security Site in active characterization. The program is scheduled to be completed in the next few years. As there is only one remaining active area, it is not cost effective for the state/division/bureau to recruit and hire a groundwater modeling expert for this small piece of the Bureau's current overall workload.</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>Upon approval through September 30, 2023. The contracted employee possesses knowledge and expertise in a very specialized field. The workload for the project she has mainly worked on as a state employee is nearing completion. While she will be working with current state employees on the project, no one has the education in, background with, or level of knowledge of, groundwater modeling that she does. It is not in the interest of the Bureau to try to recruit and retain someone with her level of expertise in this highly specialized field since the project workload has greatly decreased over the past two years and will come to an end in the foreseeable future with the completion of the active phase of groundwater characterization at the Nevada National Security Site.</p>
L	<p><b>Will the former employee be working full time or part time? If part time, how many hours?</b></p> <p>Part Time, on an as-needed basis, not to exceed 600 hours per year.</p>
M	<p><b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b></p> <p>No.</p>

**Comments – Provide any additional comments:**

Submission of documents that require this specialized level of review are not generated by the Department of Energy on a regular schedule. As such, when a document is submitted that requires review, it will be assigned through the Temp Agency with the time parameters for review will be given.

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

DocuSigned by:  
  
10/8/2021 | 9:36 AM PDT  
Signature: 82A8895AC6294F3... Authorizing Request Date

  
10/11/21  
Purchasing Administrator Signature (if a Statewide Contract) Date

  
10/11/21  
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**

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

Date: October 8, 2021

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

From: Dustin Speed, Executive Branch Budget Officer   
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to extend the contract with former employee Jeff Hardcastle to provide review of demographic products for quality and accuracy and process improvement for the Department of Taxation through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

Additional Information:

Mr. Hardcastle retired from the Department of Taxation on June 28, 2021, and is receiving pension benefits. His training and experience are needed to work with the new state Demographer to provide review of demographic products for quality and accuracy as well as identifying process improvements to demographic methods. The department intends on contracting with Mr. Hardcastle from November 10, 2021 through June 30, 2022 for a maximum duration of 100 hours.

Statutory Authority:

NRS 333.705 (1)

**REVIEWED:** \_\_\_\_\_  
**ACTION ITEM:** \_\_\_\_\_



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

515 East Musser Street, Suite 300 | Carson City, Nevada 89701

Phone: (775) 684-0170 | Fax: (775) 684-0188

October 5, 2021

**MEMORANDUM**

To: Dustin Speed

From: Annette Morfin, Purchasing Officer

Subject: CETS Contract 23928 – HAT LTD Partnership dba Manpower  
RFP 99SWC-S1406 – Temporary Employment Services

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Jeff Hardcastle who Manpower wants to hire. Jeff recently left state service and is collecting PERS.

Manpower is aware they will not be able to hire Jeff until November BOE approval.

If you have any questions, please contact me at 684-0185 or [amorfin@admin.nv.gov](mailto:amorfin@admin.nv.gov)



STEVE SISOLAK  
Governor  
JAMES DEVOLLD  
Chair, Nevada Tax Commission  
MELANIE YOUNG  
Executive Director

STATE OF NEVADA  
DEPARTMENT OF TAXATION

Web Site: <https://tax.nv.gov>

1550 College Parkway, Suite 115  
Carson City, Nevada 89706-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE  
Grant Sawyer Office Building, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada 89101  
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE  
4600 Kietzke Lane  
Building L, Suite 235  
Reno, Nevada 89502  
Phone: (775) 687-9999  
Fax: (775) 688-1303

HENDERSON OFFICE  
2550 Paseo Verde Parkway, Suite 180  
Henderson, Nevada 89074  
Phone: (702) 486-2300  
Fax: (702) 486-3377

Date: October 5, 2021  
To: Kevin Doty, Administrator  
From: Joy Grimmer, Administrative Services Officer  
Department of Taxation  
Subject: Authorization to Contract with a Former Employee

The Department of Taxation is requesting to contract with former state employee, Jeff Hardcastle, through the use of Manpower Temporary Services. This request is made in accordance with the State Administrative Manual Chapter 0323. In his previous position, Mr. Hardcastle was responsible for population products that are required for revenue distribution, planning, and budgeting at the state and local levels. These products are also used by public and private entities for information and decision making. The products are annual population estimates for counties, incorporated cities, unincorporated towns, and judicial townships; county age, sex, race, and Hispanic origin estimates and projections; 20-year long term county population projections; and 5-year new-term population projections. His position also worked with the US Census Bureau on various population estimates and projections and served as a member of the State of Nevada's Economic Forum's Technical Advisory Committee.

Through this contract, Mr. Hardcastle will work with the new State Demographer to review the demographic products for quality and accuracy, and he will help identify process improvements to demographic methods as applied to population estimates and projections; age, sex, race, and Hispanic origin estimates and projections; group quarters counts; housing unit counts; and regression modeling. He will also work with the new State Demographer to review the Census 2020 data to determine the quality and accuracy of the population and housing unit counts and their characteristics, including occupancy rate, persons per household, and group quarters population. The review of the demographic products and Census 2020 data is a highly technical area of expertise that Mr. Hardcastle has specialized knowledge of. Additionally, this contract would allow for Mr. Hardcastle to create documentation defining demographic procedures, techniques, and best practices.

Please contact me if additional information or clarification is needed. My phone number is 775-684-2136, or I can be contacted by email at [grimmerj@tax.state.nv.us](mailto:grimmerj@tax.state.nv.us).

Thank you,

Joy Grimmer, Administrative Services Officer  
Nevada Department of Taxation



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Former Employee**


Employee Information			
<b>Former Employee Name:</b>	Jeff Hardcastle		
<b>Former Employee ID Number:</b>	057567		
<b>Former Job Title:</b>	Deputy Director/State Demographer		
<b>Former Employee Agency:</b>	Department of Taxation		
<b>Former Class and Grade:</b>	<b>Class:</b>	Unclassified	<b>Grade:</b> U4300
<b>Former Employment Dates:</b>	<b>From:</b>	07/01/2015	<b>To:</b> 06/28/2021
<b>Requesting Agency:</b>	Department of Taxation		
<b>Vendor:</b>	Manpower Temporary Services		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<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> <ol style="list-style-type: none"> <li>1. Work with the State Demographer to review demographic products for quality and accuracy.</li> <li>2. Identify process improvements to demographic methods as applied to population estimates and projections; age, sex, race, and Hispanic origin estimates and projections; group quarters counts; housing unit counts; and regression modeling.</li> <li>3. Create documentation defining demographic procedures, techniques, and best practices.</li> <li>4. Review Census 2020 data to determine the quality and accuracy of the population and housing unit counts and their characteristics, including occupancy rate, persons per household, and group quarters population.</li> <li>5. Support other tasks as defined by the State Demographer.</li> </ol>
<b>B</b>	<p><b>Document former job description.</b></p> <p>The State Demographer is responsible for population products that are required for revenue distribution, planning, and budgeting at the state and local levels. These products are also used by public and private entities for information and decision making. The products are annual population estimates for counties, incorporated cities, unincorporated towns, and judicial townships; county age, sex, race, and Hispanic origin estimates and projections; 20-year long term county population projections; and 5-year near-term population projections. The State Demographer also works with the US Census Bureau on various population estimates and projections, and the position serves as a member of the State of Nevada's Economic Forum's Technical Advisory Committee.</p>

C	<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. This employee has specialized knowledge of the demographic methods used to provide population estimates, projections, and statistics. It is anticipated that documentation on the procedures and methods would be developed as part of the contracted hours.
D	<b>Explain why existing State employees within your agency cannot perform this function.</b>
	The specialized knowledge required to accurately complete the duties of the State Demographer is not available in other Divisions.
E	<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>
	Not applicable.
F	<b>List contractors' hourly rate.</b>
	\$75.00 per hour.
G	<b>List the range of comparable State employee rates.</b>
	The hourly wage for an Unclassified State Demographer, Taxation U9203 on the employee/employer paid retirement is \$69.22. (Salary \$107,676.00 + Fringe \$36,852.13 = Total \$144,528.13/2088 hours = \$69.22 per hour)
H	<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>
	The contractor's hourly rate does not exceed the rate for an Unclassified State Demographer, Taxation, on the employee/employer paid retirement, by more than 10%. The contract has not been limited as a result.
I	<b>Document justification for hiring contractor.</b>
	The hiring of the contractor is necessary to ensure that the methods used for the demographic estimates and projections are accurate and consistent with historical data. These methods require a highly technical level of expertise that was provided by Mr. Hardcastle for the last 6 years, since the position was originally added to the Department. This contract would allow for Mr. Hardcastle to pass on specialized knowledge and to oversee and assist the current State Demographer in creating documentation defining demographic procedures, techniques, and best practices.
J	<b>Will the employee be collecting PERS at any time during the contract?</b>
	Yes.
K	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	November 10, 2021 through June 30, 2022 for a maximum of 100 hours.
L	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	Part time, up to 100 hours.
M	<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:**

 10/5/2021  
\_\_\_\_\_  
Signature of Agency Head Authorizing Request Date

 10/5/21  
\_\_\_\_\_  
Purchasing Administrator Signature (if a Statewide Contract) Date

 10/8/21  
\_\_\_\_\_  
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, 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: October 8, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Dustin Speed, Executive Branch Budget Officer  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Richard Johnson to assist with fieldwork, and oversight for the Division of Environmental Protection through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

Additional Information:

Mr. Johnson retired from the Division of Environmental Protection on June 19, 2021, and will be receiving pension benefits. His training and experience are needed to assist in sanitary survey fieldwork, oversight of the Vulnerability Assessment and Waiver Program, permit review, and training of new employees. The division intends to contract with Mr. Johnson upon approval through June 30, 2022.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____
ACTION ITEM: _____





**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
Purchasing Division**

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

**Authorization to Contract with a Former Employee**

Employee Information			
<b>Former Employee Name:</b>	Richard J. Johnson		
<b>Former Employee ID Number:</b>	<u>51788</u>		
<b>Former Job Title:</b>	Environmental Scientist III		
<b>Former Employee Agency:</b>	Nevada Division of Environmental Protection		
<b>Former Class and Grade:</b>	<b>Class:</b>	6.313	<b>Grade:</b> 36
<b>Former Employment Dates:</b>	<b>From:</b>	5/13/2013	<b>To:</b> 6/19/2021
<b>Requesting Agency:</b>	Nevada Division of Environmental Protection		
<b>Vendor:</b>	Marathon		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<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>Report to Alisha Auch, Compliance Branch Supervisor</p> <ol style="list-style-type: none"> <li>Perform sanitary survey field work Perform inspections and complete associated reports for each public water system assigned by using established Standard Operating Procedure and US EPA guidance. Written reports for Public Water Systems identifying a significant deficiency during the sanitary survey must be mailed within 25-30 days of the site visit. All other parts must be mailed withing 30-45 days of the site visit. Route necessary documentation to supervisor and Data Management within the same timeframes. Deficiencies must be tracked and follow-up action(s) implemented to ensure compliance within regulatory timeframes outlined in the SOP for conducting Sanitary Surveys. As new staff are hired, Mr. Johnson will perform joint inspections with new staff to assist with training.</li> </ol> <p>Report to Linh Kieu, Data Management/Operator Certification Branch Supervisor</p> <ol style="list-style-type: none"> <li>Provide oversight of Vulnerability Assessment and Waiver Program Create and review Vulnerability Assessments for community and non-transient non-community water systems. Based on public water systems' Vulnerability Assessments, maintain the waiver program. Communicate with</li> </ol>

	<p>water systems regarding renewal of waivers. Maintain water systems' schedules in Bureau of Safe Drinking Water's (BSDWS) database – SDWIS based on waivers.</p> <p>3. Assist with Emergency Spill Reports and GIS Mapping. Review Emergency Spill reports and their potential effects on source water. Communicate and coordinate with respective parties on potential effects. Ensure GIS tools are regularly maintained to support the agency's source water protection activities.</p> <p>4. Review BWPC discharge permits with regards to wellhead protection. Review and provide technical support in respect to the Bureau of Water Pollution Control's discharge permits to ensure source water protection goals and objects are addressed.</p> <p>5. Train new staff once hired. Once PCN 0424 is hired, coordinate and train new staff in order to achieve Source Water Protection goals and objectives. Once PCN 0006 is hired, provide training on overlap between Vulnerability Assessment and Waiver Program and Bureau Water Pollution Control objective with the Source Water Protection Program. Once hired, provide sanitary survey training for PCNs 0008 and 0076.</p> <p>Mr. Johnson will alternate weekly check-ins with Linh Kieu and Alisha Auch, as he will be assisting two branches within the Bureau of Safe Drinking Water regarding the progress on task items. All documents and resources utilized to complete the tasks will be provided to Linh Kieu or Alisha Auch at the completion of each task item or the end of the contract (whichever comes sooner).</p>
	<b>Document former job description.</b>
<b>B</b>	The employee worked as an Environmental Scientist III in the Data Management and Operator Certification Branch. Job duties included providing oversight of the Vulnerability Assessment and Waiver Program, reviewing Emergency Spill Reports and GIS Mapping, writing procedures, and training new staff on procedures for Chemical Rule compliance. Previous work in the Public Water System Compliance branch included overseeing public water system compliance with Chemical Rules, performing site inspections, and overseeing compliance for approximately 70 public water systems.
	<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>
<b>C</b>	Yes, Rich Johnson has the specialized training to perform the duties. During his 8-years with the Bureau of Safe Drinking Water, Mr. Johnson was one of the senior staff who assisted with complex hydrological reviews and compliance field work and research. He's received all the formal training for performing site inspections and was always willing and capable of training new staff. Yes, Mr. Johnson will be engaging with existing staff as part of the contract work to ensure work products developed and expertise utilized is transferred.
	<b>Explain why existing State employees within your agency cannot perform this function.</b>
<b>D</b>	As of June 19, 2021, the Data Management and Operator Certification Branch with BSDW does not have staff to perform specialized Vulnerability Assessments, waiver reviews, Bureau of Water Pollution Control discharge permits reviews, and thorough spill report response. No other staff have the specialized training. Additionally, the Compliance Branch of the Safe Drinking Water Program has had five of the eight positions replaced in the last 12 months, with two current vacancies. The critical work of performing sanitary surveys must be completed to meet federal requirements. The unexpected 63% loss in trained personnel is too great for the experienced staff to fulfill all of the job duties while training staff.
	<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>
<b>E</b>	N/A
	<b>List contractors' hourly rate.</b>
<b>F</b>	\$34.90
	<b>List the range of comparable State employee rates.</b>
<b>G</b>	\$25.67-\$38.18

<b>H</b>	<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>The employee will be paid \$34.90 which is the same step at which Mr. Johnson was paid when he left State service. The vendor will invoice Bureau of Safe Drinking Water \$43.59 per hour based on their 24.9% markup under their State Contract.</p>
<b>I</b>	<p><b>Document justification for hiring contractor.</b></p> <p>Staffing vacancies have created a gap in the Bureau of Safe Drinking Water’s program which was exacerbated by the COVID-19 pandemic. Field work was not completed in 2020 due to travel restrictions, which has created a backlog of public water system inspections. At the current rate, it is anticipated that 59% of the 430 inspections will be required in 2022 to get back on track with routine inspection schedules. Furthermore, existing staff are unable to perform the work duties of the vacancies and accomplish their normal work. Training of new staff includes joining Senior staff on inspections for 6-12-months and attending US EPA sanitary survey training. With the influx of new staff and only two senior staff in the Compliance Branch, additional experienced staff are needed to effectively complete training. The next US EPA sanitary survey training is being planned for April or June 2022. Additionally, filling vacancies is taking longer this year and has ranged from 6-12 months.</p>
<b>J</b>	<p><b>Will the employee be collecting PERS at any time during the contract?</b></p> <p>Yes</p>
<b>K</b>	<p><b>What is the duration of the contract with the former employee? (Include start and end date)</b></p> <p>Upon approval thru June 30, 2022 or until at least 6 months of training with new staff is completed, whichever is later.</p>
<b>L</b>	<p><b>Will the former employee be working full time or part time? If part time, how many hours?</b></p> <p>Part Time, an average of 20 hours per week.</p>
<b>M</b>	<p><b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b></p> <p>No.</p>

**Comments – Provide any additional comments:**

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

**Andrea Seifert**  
Digitally signed by Andrea Seifert  
DN: cn=Andrea Seifert, o=BSDW, ou=NDEP,  
email=aseifert@ndep.nv.gov, c=US  
Date: 2021.10.04 15:40:30 -07'00'

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Signature of Agency Head Authorizing Request

Date

*Kevin D. Doty*

*10/4/21*

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Purchasing Administrator Signature (if a Statewide Contract)

Date

*Justin Speed*  
Budget Analyst Signature

*10/8/21*  
Date

---

Clerk of the Board of Examiners Signature

Date



**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

October 5, 2021

**MEMORANDUM**

To: Dustin Speed

From: Annette Morfin, Purchasing Officer

Subject: CETS Contract 23927 – Marathon Staffing Group Inc.  
RFP 99SWC-S1406 – Temporary Employment Services

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Richard J. Johnson who Marathon wants to hire. Richard recently left state service and is collecting PERS.

Marathon is aware they will not be able to hire Richard until November BOE approval.

If you have any questions, please contact me at 684-0185 or [amorfin@admin.nv.gov](mailto:amorfin@admin.nv.gov)



NEVADA DIVISION OF  
**ENVIRONMENTAL  
PROTECTION**

STATE OF NEVADA  
Department of Conservation & Natural Resources

Steve Sisolak, *Governor*  
Bradley Crowell, *Director*  
Greg Lovato, *Administrator*

Date: October 4, 2021

To: Annette Morfin, Purchasing Officer  
Department of Administration, Purchasing Division

From: Andrea Seifert, Bureau Chief, Safe Drinking Water  
Nevada Division of Environment Protection

Subject: Authorization to Contract with a Former Employee

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On behalf of the Nevada Division of Environmental Protection, I respectfully request approval to contract with a former employee, Richard Johnson, through Marathon Staffing.

We are requesting to contract with Mr. Johnson due his expertise and experience with hydraulic analysis and conducting field inspections. His experience is needed to assist with reviewing waste discharge permits, drinking water vulnerability assessments and waivers, emergency spill reports and field inspections as we work to fill recent vacancies within our Data Management and Operator Certification Branch and Compliance Branch.

If you have any questions, please contact me at 775-687-9521 or [aseifert@ndep.nv.gov](mailto:aseifert@ndep.nv.gov).

Thank you.

**Andrea  
Seifert**

Digitally signed by Andrea Seifert  
DN: cn=Andrea Seifert, o=BSDW,  
ou=NDEP,  
email=aseifert@ndep.nv.gov, c=US  
Date: 2021.10.04 09:57:51 -0700

Andrea Seifert  
Bureau Chief, Bureau of Safe Drinking Water  
Nevada Division of Environmental Protection




**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: October 8, 2021

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

From: Dustin Speed, Executive Branch Budget Officer   
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to extend the contract with former employee Shannon Moyle to provide classification and sentence management for the Department of Corrections through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

Additional Information:

Ms. Moyle retired from the Department of Corrections on September 15, 2020, and is receiving pension benefits. Her training and experience with the department's inmate classification system are needed to assist in documenting sentence adjustments and the corresponding accounting and legal charges associated to an offender as well as documenting all adjustments to sentence calculation algorithms and accounting processes. The department intends to contract with Ms. Moyle from November 10, 2021 through February 14, 2022.

Statutory Authority:

NRS 333.705 (1)

**REVIEWED:** \_\_\_\_\_

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





**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

October 7, 2021

**MEMORANDUM**

To: Dustin Speed

From: Annette Morfin, Purchasing Officer

Subject: CETS Contract 23928 – HAT LTD Partnership dba Manpower  
RFP 99SWC-S1406 – Temporary Employment Services

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Shannon Moyle who Manpower wants to hire. Shannon recently left state service and is collecting PERS.

Manpower is aware they will not be able to hire Shannon until November BOE approval.

If you have any questions, please contact me at 684-0185 or [amorfin@admin.nv.gov](mailto:amorfin@admin.nv.gov)

Steve Sisolak  
Governor

Charles Daniels  
Director

Charles Mahoney  
Deputy Director Support  
Services



Northern Administration  
5500 Snyder Ave.  
Carson City, NV 89701  
(775) 977-5500

Southern Administration  
3955 W. Russell Rd.  
Las Vegas, NV 89118  
(725) 216-6000

STATE OF NEVADA  
Department of Corrections

MEMORANDUM

Date: September 7, 2021

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

From: Charles Mahoney  
Deputy Director of Support Services

Subject: Request to Contract with Former State Employee Shannon Moyle

The Nevada Department of Corrections is currently contracted with Manpower to provide temporary staffing services.

The Department is respectfully requesting approval to authorize the contractor to use former NDOC employee to assist in documenting the business process for sentence calculation for the reintegration of OSM back into NOTIS. NDOC's Offender Management cannot provide the staff hours needed for this project without state-wide classification falling behind. Additionally, the former employee Ms. Moyle has all of the necessary institutional knowledge.

Attached are one (1) new requests for Authorization to Contract with a Former Employee. The former employee will not start employment with the contractor until after approval by BOE.

Thank you for your time and consideration. If you have questions or wish to discuss further, please do not hesitate to contact me at [cmahoney@doc.nv.gov](mailto:cmahoney@doc.nv.gov) or at 775-977-5007.

*Charles Mahoney* for Deputy Director Mahoney

Charles Mahoney, Deputy Director of Support Services  
Nevada Department of Corrections

Attachments: State Purchasing Authorization to Contract with a Former Employee Form



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Former Employee**

Employee Information			
<b>Former Employee Name:</b>	Shannon Moyle		
<b>Former Employee ID Number:</b>	10521		
<b>Former Job Title:</b>	Offender Management Administrator		
<b>Former Employee Agency:</b>	Nevada Department of Corrections		
<b>Former Class and Grade:</b>	<b>Class:</b>	Social Service & Rehabilitation	<b>Grade:</b> 44
<b>Former Employment Dates:</b>	<b>From:</b>	8/28/1990	<b>To:</b> 9/15/2020
<b>Requesting Agency:</b>	Nevada Department of Corrections		
<b>Vendor:</b>	Manpower		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<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>	<b>Summarize scope of contract work.</b> Document the business process requirements for all sentences and the corresponding accounting including legal charges associated with an offender. Also documenting all adjustments to sentence calculation algorithms and accounting processes associated with sentences.
<b>B</b>	<b>Document former job description.</b> Responsible for planning, organizing, implementing and controlling the department's inmate classification system, for statewide application in the classification of inmates from reception to discharge.
<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> The former employee has 30 years of NDOC institutional knowledge and in depth knowledge of classification and sentence management.
<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b>

	Offender Management cannot provide the man hours needed for this project without state-wide classification falling behind. A non-NDOC professional contractor would be more expensive and they would lack the institutional knowledge.
<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 relation
<b>F</b>	<b>List contractors' hourly rate.</b> \$35.00 Per Hour
<b>G</b>	<b>List the range of comparable State employee rates.</b> Grade 44 Title 12.551 At Step 1 Bi-Weekly \$2,918.40 Monthly \$6,347.52 Annually \$ 76,170.24 or \$36.62/Hour At Step 10 Bi-Weekly \$4,409.60 Monthly \$ 9,590.88 Annually \$115,090.56 or \$55.33/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> N/A Rate is lower than comparable State employee rate.
<b>I</b>	<b>Document justification for hiring contractor.</b> Offender Management is currently short staffed and instead of taking the current staff away from their daily duties, which would put them behind with state-wide classification.
<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> 11/10/2021 – 02/14/2022
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b> Part-time at 20 Hours Per Week \$35.00 Per Hour x 20 Hours Per Week x 13 Weeks = \$9,100 Funding is provided for this project through Budget Account 3714 One Shot Appropriations – Contracted Services
<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:**

*Christine Mowse, Chief of Fiscal* for *Deputy Director Mahoney* 9/7/21  
Signature of Agency Head Authorizing Request Date

*Kevin O. Doty* 10/7/21  
Purchasing Administrator Signature (if a Statewide Contract) Date

*Dick Spaul* 10/8/21  
Budget Analyst Signature Date

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

Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director


Melanie Young  
Administrator

**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: October 21, 2021

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

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

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee David Blake to create training curriculum and train staff on the daily use of evidence-based interventions through Master Service Agreement #23211 with Reliable Health Care.

Additional Information:

Mr. Blake retired from the Division of Child and Family Services 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. He was hired due to his specialized knowledge of the policies and procedures and overall functioning of daily operations of Desert Willow Treatment Center. In addition to 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.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: ARF

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

October 21, 2021

**MEMORANDUM**

**To:** Aaron Frantz, Executive Branch Budget Officer II  
**From:** Christine Phipps, Purchasing Officer II  
**Subject:** CETS Contract 23211 – Reliable Health Care Services of Southern Nevada, Inc  
RFP 99SWC-S947 – Temporary Medical Related Positions

Please find attached a copy of the "Authorization to Contract with a Former Employee" for David Blake whom DCFS is intending to hire as a Mental Health Technician 3 now working for Reliable Health Care. DCFS is aware that they may not hire David Blake until BOE approval.

David Blake has left State service and is within the two-year window and is collecting PERS.

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

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MEMORANDUM

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To: Christine Phipps, Purchasing Officer II

From: Ross Armstrong, Administrator, Division of Child and Family Services 

Subject: Request for Authorization to Contract with a Former Employee

Date: September 27, 2021

This Division requests authorization to continue to 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 Division received emergency BOE approval to contract with Mr. Blake at the August 10<sup>th</sup> BOE and are seeking to continue his temporary employment through June 30, 2022.

Mr. Blake is being 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**

Employee Information			
<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 Health Care		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<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>Summarize scope of contract work.</b>
<b>A</b>	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.

<b>B</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>
<b>C</b>	<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>
<b>D</b>	<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>
<b>E</b>	<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>
<b>F</b>	<p><b>List contractors' hourly rate.</b></p> <p>\$25.67</p>
<b>G</b>	<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>
<b>H</b>	<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>
<b>I</b>	<p><b>Document justification for hiring contractor.</b></p> <p>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>
<b>J</b>	<p><b>Will the employee be collecting PERS at any time during the contract?</b></p> <p>Yes</p>
<b>K</b>	<p><b>What is the duration of the contract with the former employee? (Include start and end date)</b></p> <p>November 10, 2021 – June 30, 2022</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:**

  
 \_\_\_\_\_  
 Signature of Agency Head Authorizing Request 9/28/2021  
Date

  
 \_\_\_\_\_  
 Purchasing Administrator Signature (if a Statewide Contract) 9/29/21  
Date

  
 \_\_\_\_\_  
 Budget Analyst Signature 09/30/21  
Date

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

Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director


Melanie Young  
Administrator

**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: October 11, 2021

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

From: Philene O'Keefe, 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 PUBLIC AND BEHAVIORAL HEALTH**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Health and Human Services, Division of Public and Behavioral Health, requests authority to contract with former employee Cathy Robinson to provide supervision and direction for contracted and intermittent staff within the COVID-19 Fiscal Grant Unit through the National Foundation for the Centers for Disease Control and Prevention, Inc.

Additional Information:

Ms. Robinson will retire from DPBH on November 2, 2021, as a Management Analyst III and will receive PERS benefits. Ms. Robinson will review and analyze all federal grant application budgets for completeness and accuracy, ensuring compliance with federal, state, and division policies and procedures, along with Funding Opportunity Announcement instructions and relevant grant application forms.

Multiple COVID-19 funding streams have increased the DPBH budgets by 200% since fiscal year 2018, totaling almost \$600 million of direct Federal COVID-19 funding and over \$100 million in requested Coronavirus Relief Funding. Without the necessary management to address the ongoing efforts to assist with managing the COVID-19

funding, the Division will be hindered in meeting grant objectives. The agency has limited fiscal staff and the need for fiscal experience and expertise is necessary. Ms. Robinson's ability to transfer knowledge, continue operations, and train during the recruitment for the MA III is vital. The contract begins on November 15, 2021 and ends on June 30, 2023.

Statutory Authority:

NRS 333.705 (1)

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

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

MEMORANDUM

**DATE:** October 4, 2021

**TO:** Aaron Franz, Executive Budget Officer  
Governor's Finance Office – Budget Division

**From:** Lisa Sherych   
Administrator  
Division of Public and Behavioral Health (DPBH)

**RE:** Authorization to Contract with Former State Employee – Cathy Robinson  
Management Analyst III

NRS 333.705 precludes contracting with a person who is a current employee of a state agency or a former employee of a state agency within the past two years without Board of Examiner (BOE) review and/or approval. These provisions also apply to employment through a temporary employment agency. Approval of the BOE requires the BOE to determine the person provides services that are not provided by any other employee of the using agency or for which a critical labor shortage exists or when there is a short-term need or unusual economic circumstance that exists.

DPBH is requesting approval for prior state employee Cathy Robinson to work through a subaward issued from DPBH to the CDC Foundation. The purpose of the subaward is to hire contractual staff to assist with COVID-19 activities throughout the state of Nevada; this includes hiring personnel to build capacity to address public health priorities deriving from COVID-19. Ms. Robinson will be employed by the CDC Foundation and is being hired by the CDC Foundation due to her specialized knowledge of agency operations, familiarity with the division's vast number of budget accounts and COVID-19 Grants.

Multiple COVID-19 funding streams have increased the Division's grant budgets 200% since FY2018 to include almost 600 million dollars of direct Federal COVID-19 funding and over 100 million in requested CRF funds. Without the necessary management to address the ongoing efforts to assist with managing the COVID-19 funding, the Division will be hindered in meeting grant objectives. DPBH has limited fiscal staff and the need for fiscal experience and expertise is necessary. Current staff are at capacity. Also, her ability to transfer knowledge, continue operations, and train during the recruitment for the MAIII Grants Manager is vital.

Currently, DPBH has limited fiscal staff with the expertise to maintain our efforts. Approval of this request is important as there are no other State employees dedicated to take on the duties without compromising their own duties. In the last six months we have seen a large skill gap coupled with the lack of required experience for job candidates for fiscal positions. This is a mission critical position supported by grant funding that will allow continued leadership and institutional knowledge to support the COVID-19 response and management.

Request: Cathy Robinson, Management Analyst III, Division Grant Manager, up to 40hrs per week from 11/15/2021 to 6/30/2023.

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**

Employee Information			
<b>Former Employee Name:</b>	Cathy Robinson		
<b>Former Employee ID Number:</b>	015292		
<b>Former Job Title:</b>	Management Analyst III		
<b>Former Employee Agency:</b>	Division of Public and Behavioral Health(DPBH)		
<b>Former Class and Grade:</b>	<b>Class:</b>	07.624	<b>Grade:</b> 37
<b>Former Employment Dates:</b>	<b>From:</b>	07/29/1997	<b>To:</b> 11/2/2021
<b>Requesting Agency:</b>	Division of Public and Behavioral Health (DPBH)		
<b>Vendor:</b>	National Foundation for the Centers for Disease Control and Prevention, Inc.(CDC Foundation)		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
<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. (CDC Foundation.)
	<b>Summarize scope of contract work.</b>
<b>A</b>	This position will provide supervision and direction for contracted and intermittent staff within the COVID-19 Fiscal Grant Unit with the CDC Foundation for Division of Public and Behavioral Health (DPBH) as a Management Analyst IV. This position will also lead the drafting, tracking and execution of COVID-19 contractual documents, subawards, and legal agreements; will work with program staff throughout the organization to create documents that meet organizational COVID-19 requirements. Provide appropriate reporting and legislative updates as required.
	<b>Document former job description.</b>
<b>B</b>	Review and analyze all federal grant application budgets for completeness and accuracy, ensuring compliance with federal, state, and division policies and procedures; along with Funding Opportunity Announcement (FOA) instructions; to include, all SF424 applications. Review and analyze all federal grant carry forward(s), budget redirect(s), change of personnel, and other changes or updates the agency requires regarding federal grants Provides accurate and effective consultation as assigned. Ensure division sub-recipients comply with all audit requirements such as having a timely audit conducted in accordance with the Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards. Supervision over Grant Management staff. Provide weekly/monthly fiscal updates to Program Manager and other staff.



	Prepare monthly, quarterly, annual financial reports as required by federal, state, department, division, and program policy/procedures.
C	<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, this former employee is being hired due to their specialized knowledge of agency operations, familiarity with the division's vast number of budget accounts and COVID-19 Grants. Also, the ability to transfer knowledge, continue operations, and train during the recruitment of the MAIII Grants Manager.
D	<b>Explain why existing State employees within your agency cannot perform this function.</b>
	Multiple COVID-19 funding streams have increased the Division's grant budgets 200% since FY2018 to include almost 600 million dollars of direct Federal COVID-19 funding and over 100 million in requested CRF funds. Without the necessary management to address the ongoing efforts to assist with managing the COVID-19 funding, the Division will be hindered in meeting grant objectives. DPBH has limited fiscal staff and the need for fiscal experience and expertise is necessary. Current staff are at capacity.
E	<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>
	n/a
F	<b>List contractors' hourly rate.</b>
	\$43.75
G	<b>List the range of comparable State employee rates.</b>
	The hourly rate is comparable to the Management Analyst IV hourly rate range of \$29.22 - \$43.75 on the Employee/Employer pay contribution plan (PP01).
H	<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>
	N/A
I	<b>Document justification for hiring contractor.</b>
	In the last six months we have seen a large skill gap coupled with the lack of required experience for job candidates for fiscal positions. This is a mission critical position supported by grant funding that will allow continued leadership and institutional knowledge to support the COVID-19 response and management. This employee served the State of Nevada for 24 years, and 13 of those years were spent working for the DPBH. She is an expert in DPBH and the Federal processes that helped staff deliver rapid and dependable results during this pandemic. Her skills and knowledge will be instrumental in managing COVID-19 funding and in building capacity in the sharing of institutional knowledge as we move forward to create stability in our workforce. To lose this candidate to a different entity would be a detriment to DPBH and the State of Nevada.
J	<b>Will the employee be collecting PERS at any time during the contract?</b>
	Yes, she will be collecting PERS at the time of the contract
K	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	Estimated duration 18 months and will commence upon approval. Expected start date November 15, with an end date of 6/30/2023.
L	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>

	Full Time, 40 hours per week
<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, not serving on any boards or Commissions.

**Comments – Provide any additional comments:**

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

  
 \_\_\_\_\_  
 Signature of Agency Head Authorizing Request 10/5/21  
Date

\_\_\_\_\_  
 Purchasing Administrator Signature (if a Statewide Contract) Date

  
 \_\_\_\_\_  
 Budget Analyst Signature 10/11/21  
Date

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

# LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	BOARD OF ORIENTAL MEDICINE	REMON HALTEH & MICHAEL HAIM HALTEH	\$18,300
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>11/01/2021</b> – <b>10/31/2024</b>	<b>Located in Las Vegas</b>
2.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES	DAPHNE PROPERTIES, INC.	\$377,170
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>10/01/2021</b> – <b>11/30/2023</b>	<b>Located in Carson City</b>
3.	DEPARTMENT OF PUBLIC SAFETY – HIGHWAY PATROL DIVISION	CSF TRG HOLDINGS, LLC	\$156,669
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>12/01/2021</b> – <b>11/30/2026</b>	<b>Located in Boulder City</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:	<i>[Signature]</i> 10/2/21
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Nevada State Board of Oriental Medicine  
3191 East Warm Springs Road  
Las Vegas, Nevada 89120  
Merle Lok  
T: 702.675.5326 E: omboardexecutivedirector@gmail.com

Remarks: This is a renewal of a current lease.

Exceptions/Special notes:

2. Name of Lessor: Remon Halteh & Michael Haim Halteh

3. Address of Lessor: 1657 Calabazaz Boulevard  
Santa Clara, California 95051

4. Property contact: C/O Coldwell Banker Commercial Premier  
8290 West Sahara Avenue, Suite 200  
Las Vegas, Nevada 89117  
Kristi Pritchett  
T: 702.538.7500 E: kristi.pritchett@cbcvegas.com

5. Address of Lease property: 3191 East Warm Springs Road  
Las Vegas, Nevada 89120

a. Square Footage:  Rentable  
 Usable 250

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
\$ 500.00	12	\$ 6,000.00	November 1, 2021 - October 31, 2022	\$0.00	\$0.00	\$2.00
2% \$ 510.50	12	\$ 6,126.00	November 1, 2022 - October 31, 2023	\$0.00	\$0.00	\$2.04
1% \$ 514.50	12	\$ 6,174.00	November 1, 2023 - October 31, 2024	\$0.00	\$0.00	\$2.06
	36	\$ 18,300.00				

c. Total Lease Consideration: \$0.00

d. Total Improvement Cost: \$0.00

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

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

g. Term: Three (3) years

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

i. Utilities:  Landlord  Tenant

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

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

l. Comparable Area Market Rate Average: \$2.19

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

n. Lease will be paid for by Agency Budget Account Number: B021

6. This lease constitutes:

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

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

RECEIVED

OCT 06 2021

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

**STATEWIDE LEASE INFORMATION**

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

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

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

Merle Lok  
 Merle Lok (Sep 28, 2021 13:32 PDT)  
 Authorized Agency Signature

Sep 28, 2021  
 Date

1

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:	NV19981161133	Exp: 3/31/2022
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input type="checkbox"/> YES R & M Realty, dba Coldwell Banker Premier Realty, Property Management	<input checked="" type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	NA-Board Paid	
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

Shawn D. Patrick  
 Authorized Signature  
 Public Works Division

10/5/21  
 Date

For Board of Examiners  YES  NO

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

For Budget Division Use Only	
Reviewed by:	ARF 10.7.21
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Department Health and Human Services  
Aging and Disability Services Division, Rural Regional Center  
Sierra Regional Center  
605 South 21st Street  
Sparks, Nevada 89431  
Marlana Acevedo  
T: 775.687.0532 F: 775.687.0573 E: macevedo@adsd.nv.gov

Remarks: This is an amendment of an existing lease.

Exceptions/Special notes:

2. Name of Lessor: Daphne Properties, Inc.

3. Address of Lessor: 2995 Woodside Rd. Suite 400-Box 520  
Woodside, California 94062

4. Property contact: Sperry Van Ness  
311 Up North Carson Street  
Carson City, Nevada 89701  
Dan Shaheen  
T: 775.825.3330 x 106 F: 775.825.8048 E: dan.shaheen@svn.com

5. Address of Lease property: 1685 Old Hot Springs Road, Suite 162  
Carson City, Nevada 89706

a. Square Footage:  Rentable  Usable 10,074

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
\$ 14,506.56	12	\$ 174,078.72	October 1, 2021 - September 30, 2022	\$0.00	\$0.00	\$1.44
0% \$ 14,506.56	12	\$ 174,078.72	October 1, 2022 - September 30, 2023	\$0.00	\$0.00	\$1.44
0% \$ 14,506.56	2	\$ 29,013.12	October 1, 2023 - November 30, 2023	\$0.00	\$0.00	\$1.44
c. Total Lease Consideration:		26	\$ 377,170.56			
d. Total Improvement Cost:				\$0.00		
e. Option to renew:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	365	Renewal terms:	One (1) identical term	
f. Holdover notice:		# of Days required	30	Holdover terms:	5%/90	
g. Term:		Two (2) years, one (2) month				
h. Pass-thrus/CAM/Taxes		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Utilities:		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
j. Janitorial:		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	3 day	<input checked="" type="checkbox"/> 5 day	Rural 3 day	Rural 5 day
k. Repairs:		Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant			
l. Comparable Area Market Rate Average:		\$1.87				
m. Specific termination clause in lease:		Breach/Default lack of funding				
n. Lease will be paid for by Agency Budget Account Number:		3167				

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 Unlt \_\_\_\_\_

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

 \_\_\_\_\_  
 Authorized Agency Signature Date  
 33


For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input type="checkbox"/> YES	<input checked="" 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.):	Foreign Corporation	
f. Nevada Business ID Number:	NV19941125231	Exp: 12/31/2021
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input 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:	T80888891	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

 \_\_\_\_\_  
 Authorized Signature Date  
 Public Works Division

For Board of Examiners  YES  NO

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

For Budget Division Use Only	
Reviewed by:	SJC 9/29/21
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Public Safety  
Highway Patrol Division  
555 Wright Way  
Carson City, Nevada 89706  
Melissa Sabatini  
T: 775.684.4593 E: msabatini@dps.state.nv.us

Remarks: This long term lease replaces the current month to month lease

Exceptions/Special notes: 1-day janitorial

2. Name of Lessor: CSF TRG Holdings, LLC

3. Address of Lessor: 1635 Nevada Highway  
Boulder City, Nevada 89005

4. Property contact: Shawn Fleming  
T: 702.252.0668 E: shawnf@csfcivilgroup.com

5. Address of Lease property: 1635 Boulder City Parkway  
Boulder City, Nevada 89005

a. Square Footage:  Rentable  
 Usable 1,100

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approximate cost per square foot
\$ 2,000.00	12	\$ 24,000.00	December 1, 2021 - November 30, 2022	\$0.00	\$0.00	\$1.82
\$ 2,000.00	12	\$ 24,000.00	December 1, 2022 - November 30, 2023	\$0.00	\$0.00	\$1.82
2% \$ 2,040.00	12	\$ 24,480.00	December 1, 2023 - November 30, 2024	\$0.00	\$0.00	\$1.85
2% \$ 2,040.00	12	\$ 24,480.00	December 1, 2024 - November 30, 2025	\$0.00	\$0.00	\$1.85
\$ 2,080.80	12	\$ 24,969.60	December 1, 2025 - November 30, 2026	\$0.00	\$0.00	\$1.89
		\$ 121,929.60				
Furniture Rent: \$ 579.00	60	\$ 34,740.00	December 1, 2021 - November 30, 2026			
c. Total Lease Consideration:	60	\$ 156,669.60				
d. Total Improvement Cost:				\$0.00		
e. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	365	Renewal terms:	One (1) Identical Term		
f. Holdover notice:	# of Days required	30	Holdover terms:	5%/90		
g. Term:	Five (5) Years					
h. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant					
i. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant					
j. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	<input type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day	<input checked="" type="checkbox"/> Other (see special notes)			
k. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
l. Comparable Area Market Rate Average:	\$2.04					
m. Specific termination clause in lease:	Breach/Default lack of funding					
n. Lease will be paid for by Agency Budget Account Number:	4713					



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

B. M. [Signature] 07/13/21  
 Authorized Agency Signature Date

For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? **If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Foreign	
f. Nevada Business ID Number:	NV20212107153	Exp: 5/31/2022
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:	T32011157	
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

Heard Patrick 9/21/21  
 Authorized Signature Date  
 Public Works Division

For Board of Examiners  YES  NO

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS – NON-EXEC	IMEG CORP.	BONDS	\$112,300	Professional Service
	Contract Description: This is a new contract to provide professional architectural/engineering services for the Northern Nevada Adult Mental Health Services - Buildings 1, 2, & 5 Boiler Plant Renovations CIP project, to include design, bidding services and construction administration for the boiler replacements: CIP Project No. 21-M02-19; SPWD Contract No. 114498. Term of Contract: Upon Approval - 06/30/2025 Contract # 25047					
2.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS – NON-EXEC	TJ KROB CONSULTING ENGINEERS, INC.	BONDS	\$372,000	Professional Service
	Contract Description: This is a new contract to provide professional architectural/engineering services for the Caliente Youth Center Electrical System Upgrade CIP project, to include design development, construction documents, bidding services, and construction administration services for the electrical system upgrade: CIP Project No. 21-M02-2; SPWD Contract No. 114487. Term of Contract: Upon Approval - 06/30/2025 Contract # 25014					
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS – NON-EXEC	AINSWORTH ASSOCIATES MECHANICAL ENGINEERS	BONDS	\$164,000	Professional Service
	Contract Description: This is a new contract to provide professional architectural/engineering services for the Lovelock Correctional Center - Chilled Water Plant Renovation CIP project, to include the schematic design, design development construction documents, agency review/bidding, and construction administration for the replacement of the chilled water central plant: CIP Project No. 21-M54; SPWD Contract No. 114432 Term of Contract: Upon Approval - 06/30/2025 Contract # 24996					

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS – NON-EXEC	AINSWORTH ASSOCIATES MECHANICAL ENGINEERS	BONDS	\$255,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Warm Springs Correctional Center Housing Unit 4 Air Handling Units Replacement and Multipurpose Building Chiller CIP project, to include mechanical, architectural, electrical, and structural consultation, and bid assistance for the replacement of the air handlers and chiller equipment: CIP Project No. 21-M35; SPWD Contract No. 114492.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25026		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	LUMOS & ASSOCIATES	BONDS	\$282,800	Professional Service
	Contract Description:	This is a new contract to provide architectural/engineering services for the Lovelock Correctional Center Advance Planning - Wastewater System Upgrade CIP project, to include topographic survey, geotechnical investigation, alternatives assessment, schematic design, design development, and construction documents for the advance planning of the wastewater system upgrade: CIP Project No. 21-P07; SPWD Contract No. 114482.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25027		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS – NON-EXEC	Q&D CONSTRUCTION, INC.	BONDS	\$101,675	Professional Service
	Contract Description:	This is a new contract to provide Owner - Construction Manager at Risk (CMAR) Pre-Construction services for the Heroes Memorial Building and Annex Advance Planning - Renovation and Seismic Retrofit CIP project, to include design development, construction documents, seismic structural evaluation, core sampling, window mock-up, 3D scanning, and bidding services for the Heroes Memorial Building retrofit: CIP Project No. 21-P02; SPWD Contract No. 114452.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25015		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS – NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS, LTD DBA TSK	BONDS	\$1,087,750	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Heroes Memorial and Annex Advance Planning: Seismic Retrofit and Renovation CIP project, to include seismic structural evaluation, inspection, topographic survey, design development, construction documents, and permit and bidding services for the seismic retrofit of the Heroes Memorial Building and Annex: CIP Project No. 21-P02; SPWD Contract No. 114434.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25013		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS – NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS, LTD DBA TSK	HIGHWAY	\$3,898,300	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Department of Motor Vehicles -Silverado Ranch Advance Planning CIP project, to include programming, schematic design, design development, construction documents, permitting, and bidding services for the advance planning of the Silverado Ranch facility: CIP Project No. 21-P06; SPWD Contract No. 114488.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25018		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MILITARY CIP PROJECTS – NON-EXEC	CORE CONSTRUCTION SERVICES OF NEVADA, INC.	FEDERAL	(\$1,028,915)	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional Owner Construction Manager at Risk Services for the Las Vegas National Guard Readiness Center: CIP Project No. 17-C05; SPWD Contract No. 112171. This amendment decreases the maximum amount from \$32,736,509 to \$31,707,594 due to the return of the project cost savings to the Owner.				
		Term of Contract:	01/15/2019 – 06/30/2022	Contract # 21349		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERAN'S CIP PROJECTS – NON-EXEC	HARRIS CONSULTING ENGINEERS, LLC	BONDS 54% FEDERAL 46%	\$107,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Clark County Armory - Heating, Ventilation and Air Conditioning System Renovation CIP project, to include the schematic design, design development, construction documents, bidding/permit services, and construction administration for the replacement of the evaporative coolers, unit heaters, make-up air units, fan coil units, and add additional temperature controls: CIP Project No. 21-M33, SPWD Contract No. 114246.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 24724		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERAN'S CIP PROJECTS – NON-EXEC	SGF ENGINEERING, LLC	BONDS 37% FEDERAL 63%	\$175,200	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Carlin Readiness Center - Heating, Ventilation and Air Conditioning (HVAC) System Renovation and the Domestic Water Heaters Replacement CIP projects, to include mechanical, architectural and electrical systems design services for the HVAC renovation and water heater replacement: CIP Project Nos. 21-M19 & 21-M27; SPWD Contract No. 114443.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 24993		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DCNR AND AGRICULTURE CIP PROJECTS – NON-EXEC	LGA ARCHITECTURE DBA LGA	BONDS 53% OTHER: AGENCY FUNDS 47%	\$184,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Miller Point Overlook Safety Improvements CIP project, to include site investigation, schematic design, construction documents, permitting, bidding, and construction administration for the planned safety improvements: CIP Project No. 21-M50; SPWD Contract No. 114467.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25016		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	PAUL CAVIN ARCHITECT, LLC.	BONDS	\$167,700	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the State Capitol & Annex Building Exterior Renovation CIP project, to include construction documents, bidding assistance and construction administration services for the exterior renovation of the State Capitol and Annex building: CIP Project No. 21-M46; SPWD Contract No. 14297.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 24985		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	AZTECH INSPECTIONS & TESTING, LLC	OTHER: CAPITAL PROJECT FUNDS	\$250,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing professional materials testing and inspection services, for CIP Projects: SPWD Contract No. 114030.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24994		
15.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - TOURISM	DESTINATION ANALYSTS	OTHER: LODGING TAX	\$100,000	
	Contract Description:	This is a new contract to provide ongoing web usability research and prioritize future website development.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24870		
16.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - TOURISM	DESTINATION ANALYSTS	OTHER: LODGING TAX	\$150,000	
	Contract Description:	This is a new contract to provide advertising testing to determine if future television, print, digital and mobile marketing components are communicating the state brand's intended message.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 24986		
17.	300	NEVADA DEPARTMENT OF EDUCATION – COVID - 19 FUNDING	RENAISSANCE LEARNING, INC.	FEDERAL	\$1,500,000	Sole Source
	Contract Description:	This is a new contract to provide a personalized literacy platform to support reading and writing practice for all Nevada public schools.				
		Term of Contract:	07/01/2021-06/30/2022	Contract # 25045		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - COMMUNICATION ACCESS SERVICES	SPRINT COMMUNICATIONS COMPANY, L.P.	OTHER: SURCHARGE	\$469,397	
	Contract Description:	This is the second amendment to the original contract which provides Relay Nevada telephone services to hearing or speech impaired individuals. This amendment extends the termination date from June 30, 2022 to June 30, 2023 and increases the maximum amount from \$1,236,955 to \$1,706,352 due to revised rates for fiscal year 2023.				
		Term of Contract:	07/01/2019 – 06/30/2023	Contract # 21810		
19.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	BOULDER CITY FIRE DEPARTMENT	FEDERAL	\$1,500,000	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides certified public expenditure reimbursement methodology for emergency ground transportation to Medicaid recipients and defines the reporting requirements by the entity to receive this type of reimbursement. This amendment increases the maximum amount from \$1,564,203 to \$3,064,203 due to higher-than-expected cost settlements.				
		Term of Contract:	10/01/2015 - 06/30/2022	Contract # 21218		
20.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	CITY OF ELKO FIRE DEPARTMENT	FEDERAL	\$1,740,375	Exempt
	Contract Description:	This is a new interlocal agreement to provide certified public expenditure reimbursement for emergency transportation to Medicaid recipients.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 24826		
21.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	MASON VALLEY FIRE PROTECTION DISTRICT	FEDERAL	\$580,125	Exempt
	Contract Description:	This is a new interlocal agreement to provide certified public expenditure reimbursement for emergency transportation to Medicaid recipients.				
		Term of Contract:	07/01/2022 – 06/30/2026	Contract # 24843		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	MASON VALLEY FIRE PROTECTION DISTRICT	FEDERAL	\$150,000	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides certified public expenditure reimbursement methodology for emergency ground transportation to Medicaid recipients and defines the reporting requirements by the entity to receive this type of reimbursement. This amendment increases the maximum amount from \$349,625 to \$499,625 due to higher-than-expected cost settlements.				
	Term of Contract:	07/01/2018 – 06/30/2022	Contract # 19817			
23.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	TAHOE DOUGLAS FIRE PROTECTION DISTRICT	FEDERAL	\$1,000,000	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides certified public expenditure reimbursement methodology for emergency ground transportation to Medicaid recipients and defines the reporting requirements by the entity to receive this type of reimbursement. This amendment increases the maximum amount from \$474,762 to \$1,474,762 due to higher-than-expected cost settlements.				
	Term of Contract:	07/01/2018 – 06/30/2022	Contract # 21648			
24.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNICABLE DISEASES	RAMSELL CORPORATION	FEE: PHARMACEUTICAL REBATES 70% FEDERAL 30%	\$11,707,298	
	Contract Description:	This is the third amendment to the original contract which provides Pharmacy Benefit Manager services for clients of the Ryan White Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome Part B program. This amendment increases the maximum amount from \$83,621,520.61 to \$95,328,818.37 due to increasing drug costs.				
	Term of Contract:	06/13/201 – 06/30/2022	Contract # 18693			



# 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 - YOUTH ALTERNATIVE PLACEMENT	CLARK COUNTY	GENERAL	\$1,000,000	Exempt
	Contract Description:	This is a new interlocal agreement that provides ongoing residential living care for boys who have been adjudicated delinquent and committed by the Juvenile Division of the District Court to Spring Mountain Youth Camp.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24053		
26.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CALIENTE YOUTH CENTER	LINCOLN COUNTY SCHOOL DISTRICT	GENERAL	\$643,520	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing educational services for youth in residence.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 25002		
27.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	CHURCHILL COUNTY	OTHER: REVENUE	\$811,302	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing child protective services.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24755		
28.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NEVADA YOUTH TRAINING CENTER	DANIEL C. JONES	GENERAL	\$384,000	
	Contract Description:	This is a new contract to provide ongoing physician services to ensure the health and well-being of the youth in residence.				
		Term of Contract:	03/01/2022 - 02/28/2026	Contract # 24954		

# 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 - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	GUARDIANTRAC, LLC DBA GT INDEPENDENCE	FEDERAL	\$198,000	
	Contract Description:	This is a new contract to provide ongoing fiscal management services for children whose families/guardians choose to direct their services and support through self-directed programs.				
		Term of Contract:	Upon Approval - 09/29/2023	Contract # 25005		
30.	431	OFFICE OF THE MILITARY	TRE BARNEN, LLC DBA RED STAR FENCE COMPANY	FEDERAL	\$2,000,000	
	Contract Description:	This is a new contract to provide ongoing fencing installation and repair services for the Anthony Cometa Complex, Floy Edsall Training Center, Speedway Readiness Center, Henderson Readiness Center and the Cheyenne Air Center.				
		Term of Contract:	Upon Approval - 08/09/2025	Contract # 24626		
31.	690	COLORADO RIVER COMMISSION - POWER DELIVERY PROJECT	LIGHTRIVER TECHNOLOGIES, INC.	OTHER: POWER SALES	\$275,000	
	Contract Description:	This is a new contract to provide engineering operation and maintenance support services for the high-voltage transmission and distribution system.				
		Term of Contract:	Upon Approval - 05/30/2025	Contract # 24971		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
32.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	EAGLE COPTERS MAINTENANCE, LTD	FEE: SPORTSMEN REVENUE	\$161,185	
	Contract Description:	This is the first amendment to the original contract which provides ongoing helicopter maintenance services. This amendment increases the maximum amount from \$400,000 to \$561,185 due to an increased need for these services.				
	Term of Contract:	02/13/2019 - 02/28/2023	Contract # 21398			
33.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE INSOLVENCY FUND- NON-EXEC	NEVADA ALTERNATIVE SOLUTIONS, INC.	FEE: WORKER'S COMPENSATION INSOLVENCY FUND	\$496,015	
	Contract Description:	This is a new contract to provide ongoing claims administration of insolvent self-insured employers and insolvent self-insured associations.				
	Term of Contract:	Upon Approval - 12/31/2025	Contract # 25066			
34.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - BUREAU OF SERVICES TO PERSONS WHO ARE BLIND OR VISUALLY IMPAIRED	BLINDCONNECT, INC.	OTHER: FUND FOR HEALTHY NEVADA GRANT	\$185,260	
	Contract Description:	This is a new contract to provide soft skills and job seeking training to individuals who are blind or visually impaired.				
	Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24693			
35.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	MARKET DECISIONS RESEARCH, LLC	GENERAL 21.3% FEDERAL 78.7%	\$333,050	
	Contract Description:	This is a new contract to provide ongoing consumer satisfaction experience surveys, longitudinal analysis and proposed project innovation to determine customer satisfaction with services provided and to assess basic needs of individuals with disabilities who seek employment.				
	Term of Contract:	01/09/2022 - 01/08/2026	Contract # 24883			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
36.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF - WESTERN NEVADA COLLEGE	FEDERAL	\$460,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide a pilot program to foster collective action among Western Nevada College's direct partners with the goal of enhancing the skills of Nevada's workers who are unemployed and/or underemployed.				
		Term of Contract:	Upon Approval - 10/31/2023	Contract # 24937		
37.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	THE CAREER INDEX CORPORATION	GENERAL 5% FEDERAL 95%	\$1,556,660	Sole Source
	Contract Description:	This is a new contract to provide an ongoing software solution to gather and report data required for the performance measures contained in the Workforce Innovation and Opportunity Act.				
		Term of Contract:	10/01/2021 – 09/30/2025	Contract # 24819		
38.	950	PUBLIC EMPLOYEES' BENEFITS PROGRAM	CLAIM TECHNOLOGIES, INC.	OTHER: PARTICIPANT PREMIUM/STATE SUBSIDY	\$144,006	
	Contract Description:	This is the first amendment to the original contract which provides health plan auditing services. This amendment increases the maximum amount from \$1,407,656 to \$1,551,662 due to the addition of a focus audit and the option to request focus audits for specific needs.				
		Term of Contract:	04/13/2021 - 06/30/2027	Contract # 24030		

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25047**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b> Agency Code: <b>082</b> Appropriation Unit: <b>1535-53</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>IMEG CORP.</b> Contractor Name: <b>IMEG CORP.</b> Address: <b>4599 LONGLEY LANE</b> City/State/Zip: <b>RENO, NV 89502</b> Contact/Phone: <b>775-828-4889</b> Vendor No.: <b>T29044530A</b> NV Business ID: <b>NV20171192966</b>
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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 %	<b>X</b>	Bonds	<b>100.00 %</b>
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 114498

2. Contract start date:

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

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 242 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Northern Nevada Adult Mental Health Services - Buildings 1, 2, & 5 Boiler Plant Renovations CIP project, to include design, bidding services and construction administration for the boiler replacements: CIP Project No. 21-M02-19; SPWD Contract No. 114498.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$112,300.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/05/2021 16:54:16 PM
Division Approval	nmann	10/05/2021 16:54:21 PM
Department Approval	nmann	10/05/2021 16:54:23 PM
Contract Manager Approval	lwildes	10/05/2021 16:55:06 PM
Budget Analyst Approval	nkephart	10/06/2021 13:36:49 PM
BOE Agenda Approval	jrodrig9	10/13/2021 21:09:04 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25014**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>TJ KROB CONSULTING ENGINEERS, INC.</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>TJ KROB CONSULTING ENGINEERS, INC.</b>
Appropriation Unit:	<b>1535-53</b>	Address:	<b>8728 SPANISH RIDGE AVE. SUITE 100</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89148</b>
If "No" please explain:	Not Applicable		
		Contact/Phone:	702-871-3621
		Vendor No.:	T80972581
		NV Business ID:	NV19861003493

To what State Fiscal Year(s) will the contract be charged? **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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114487

2. Contract start date:

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

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 242 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Caliente Youth Center Electrical System Upgrade CIP project, to include design development, construction documents, bidding services, and construction administration services for the electrical system upgrade: CIP Project No. 21-M02-2; SPWD Contract No. 114487.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$372,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

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

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

19. Agency Field Contract Monitor:  
Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/05/2021 15:06:35 PM
Division Approval	nmann	10/05/2021 15:06:38 PM
Department Approval	nmann	10/05/2021 15:06:40 PM
Contract Manager Approval	lwildes	10/05/2021 15:18:02 PM
Budget Analyst Approval	nkephart	10/06/2021 13:30:39 PM
BOE Agenda Approval	jrodrig9	10/13/2021 21:12:43 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: **24996**Agency Name: **ADMIN - STATE PUBLIC WORKS  
DIVISION**Agency Code: **082**Appropriation Unit: **1550-20**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **AINSWORTH ASSOCIATES  
MECHANICAL ENGINEERS**Contractor Name: **AINSWORTH ASSOCIATES  
MECHANICAL ENGINEERS**Address: **1420 HOLCOMB AVE., STE. 201**City/State/Zip **RENO, NV 89502-8003**Contact/Phone: **775-502-4241**Vendor No.: **T27012245A**NV Business ID: **NV20201704362**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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114432

2. Contract start date:

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

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2025**Contract term: **3 years and 242 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 Lovelock Correctional Center - Chilled Water Plant Renovation CIP project, to include the schematic design, design development construction documents, agency review/bidding, and construction administration for the replacement of the chilled water central plant: CIP Project No. 21-M54; SPWD Contract No. 114432**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$164,000.00**

Other basis for payment: Monthly progress payments based on services provided.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**2021 Leg approved CIP**

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.w

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

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

18. 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	09/28/2021 13:43:22 PM
Division Approval	nmann	09/28/2021 13:43:25 PM
Department Approval	nmann	09/28/2021 13:43:27 PM
Contract Manager Approval	lwildes	09/29/2021 07:35:59 AM
Budget Analyst Approval	nkephart	10/07/2021 13:52:05 PM
BOE Agenda Approval	jrodrig9	10/13/2021 21:41:52 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25026**

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>1550-18</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? **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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114492

2. Contract start date:

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

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 242 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 Warm Springs Correctional Center Housing Unit 4 Air Handling Units Replacement and Multipurpose Building Chiller CIP project, to include mechanical, architectural, electrical, and structural consultation, and bid assistance for the replacement of the air handlers and chiller equipment: CIP Project No. 21-M35; SPWD Contract No. 114492.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$255,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**2021 Leg approved CIP**

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

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

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

19. Agency Field Contract Monitor:  
Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/05/2021 14:04:45 PM
Division Approval	nmann	10/05/2021 14:04:47 PM
Department Approval	nmann	10/05/2021 14:04:50 PM
Contract Manager Approval	lwildes	10/05/2021 14:09:21 PM
Budget Analyst Approval	nkephart	10/07/2021 14:05:43 PM
BOE Agenda Approval	jrodrig9	10/13/2021 21:39:04 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25027**

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>1558-17</b>	Address: <b>308 N. CURRY ST. #200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 8973</b>
If "No" please explain: Not Applicable	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? **2022-2025**

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

Agency Reference #: 114482

2. Contract start date:

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

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 242 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide architectural/engineering services for the Lovelock Correctional Center Advance Planning - Wastewater System Upgrade CIP project, to include topographic survey, geotechnical investigation, alternatives assessment, schematic design, design development, and construction documents for the advance planning of the wastewater system upgrade: CIP Project No. 21-P07; SPWD Contract No. 114482.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$282,800.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

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

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

19. Agency Field Contract Monitor:  
Smith, Aaron, Project Manger Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/05/2021 11:47:47 AM
Division Approval	nmann	10/05/2021 11:47:49 AM
Department Approval	nmann	10/05/2021 11:47:52 AM
Contract Manager Approval	lwildes	10/05/2021 12:07:35 PM
Budget Analyst Approval	nkephart	10/11/2021 08:53:00 AM
BOE Agenda Approval	jrodrig9	10/13/2021 21:31:14 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25015**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b> Agency Code: <b>082</b> Appropriation Unit: <b>1558-11</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>Q&amp;D CONSTRUCTION, INC.</b> Contractor Name: <b>Q&amp;D CONSTRUCTION, INC.</b> Address: <b>1050 S. 21ST ST</b> City/State/Zip: <b>SPARKS, NV 89431</b> Contact/Phone: <b>775-786-2677</b> Vendor No.: <b>T81009604A</b> NV Business ID: <b>NV19671000639</b>
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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 %	<b>X</b>	Bonds	<b>100.00 %</b>
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 114452

2. Contract start date:

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

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 242 days**

4. Type of contract: **Contract**

Contract description: **OWNER-CMAR PRE**

5. Purpose of contract:

**This is a new contract to provide Owner - Construction Manager at Risk (CMAR) Pre-Construction services for the Heroes Memorial Building and Annex Advance Planning - Renovation and Seismic Retrofit CIP project, to include design development, construction documents, seismic structural evaluation, core sampling, window mock-up, 3D scanning, and bidding services for the Heroes Memorial Building retrofit: CIP Project No. 21-P02; SPWD Contract No. 114452.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$101,675.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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:

Benjamin, Adrianna, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/05/2021 10:06:00 AM
Division Approval	nmann	10/05/2021 10:06:04 AM
Department Approval	nmann	10/05/2021 10:06:07 AM
Contract Manager Approval	lwildes	10/05/2021 10:10:35 AM
Budget Analyst Approval	nkephart	10/07/2021 15:24:19 PM
BOE Agenda Approval	jrodrig9	10/13/2021 21:36:19 PM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25013**

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

Agency Code: **082**

Appropriation Unit: **1558-11**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TATE SNYDER KIMSEY ARCHITECTS, LTD DBA TSK**

Contractor Name: **TATE SNYDER KIMSEY ARCHITECTS, LTD DBA TSK**

Address: **314 S. WATER ST.**

City/State/Zip: **HENDERSON, NV 89015-7311**

Contact/Phone: **775-857-2949**

Vendor No.: **T80883470**

NV Business ID: **NV20212004081**

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

Agency Reference #: 114434

2. Contract start date:

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

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 242 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 Heroes Memorial and Annex Advance Planning: Seismic Retrofit and Renovation CIP project, to include seismic structural evaluation, inspection, topographic survey, design development, construction documents, and permit and bidding services for the seismic retrofit of the Heroes Memorial Building and Annex: CIP Project No. 21-P02; SPWD Contract No. 114434.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,087,750.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

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

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

19. Agency Field Contract Monitor:  
Benjamin, Adrianna, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/05/2021 11:22:23 AM
Division Approval	nmann	10/05/2021 11:22:26 AM
Department Approval	nmann	10/05/2021 11:22:28 AM
Contract Manager Approval	lwildes	10/05/2021 12:09:48 PM
Budget Analyst Approval	nkephart	10/07/2021 14:26:57 PM
BOE Agenda Approval	jrodrig9	10/13/2021 21:37:53 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25018**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>TATE SNYDER KIMSEY ARCHITECTS, LTD DBA TSK</b>
Agency Code: <b>082</b>	Contractor Name: <b>TATE SNYDER KIMSEY ARCHITECTS, LTD DBA TSK</b>
Appropriation Unit: <b>1558-16</b>	Address: <b>314 S. WATER ST.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HENDERSON, NV 89015-7311</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-456-3000</b>
	Vendor No.: <b>T80883470</b>
	NV Business ID: <b>NV20212004081</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 %
<b>X Highway Funds</b>	<b>100.00 %</b>	Other funding	0.00 %
Agency Reference #:	114488		

2. Contract start date:

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

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 242 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Department of Motor Vehicles -Silverado Ranch Advance Planning CIP project, to include programming, schematic design, design development, construction documents, permitting, and bidding services for the advance planning of the Silverado Ranch facility: CIP Project No. 21-P06; SPWD Contract No. 114488.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,898,300.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

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

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

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/05/2021 08:33:27 AM
Division Approval	nmann	10/05/2021 08:33:29 AM
Department Approval	nmann	10/05/2021 08:33:31 AM
Contract Manager Approval	lwildes	10/05/2021 08:37:25 AM
Budget Analyst Approval	nkephart	10/07/2021 15:47:45 PM
BOE Agenda Approval	jrodrig9	10/13/2021 21:32:12 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>21349</b>	Amendment Number: <b>2</b>	
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CORE CONSTRUCTION SERVICES OF Nevada, Inc.</b>	Contractor Name: <b>CORE CONSTRUCTION SERVICES OF Nevada, Inc.</b>
Agency Code: <b>082</b>	Address: <b>7150 CASCADE VALLEY CT.</b>	
Appropriation Unit: <b>1577-33</b>	City/State/Zip: <b>LAS VEGAS, NV 89128-0455</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>702-794-0500</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>T81092744</b>	
	NV Business ID: <b>NV19861002524</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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 112171

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/15/2019**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 166 days**

4. Type of contract: **Contract**

Contract description: **Owner-CMAR**

5. Purpose of contract:

**This is the second amendment to the original contract which provides professional Owner Construction Manager at Risk Services for the Las Vegas National Guard Readiness Center: CIP Project No. 17-C05; SPWD Contract No. 112171. This amendment decreases the maximum amount from \$32,736,509 to \$31,707,594 due to the return of the project cost savings to the Owner.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$32,121,999.00	\$32,121,999.00	\$32,121,999.00	Yes - Action
a. Amendment 1:	\$614,510.00	\$614,510.00	\$614,510.00	Yes - Action
2. Amount of current amendment (#2):	-\$1,028,915.00	-\$1,028,915.00	-\$1,028,915.00	Yes - Action
3. New maximum contract amount:	\$31,707,594.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2017 CIP

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

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Owner Construction Manager at Risk (CMAR) 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: 11/12/2018 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	05/04/2021 11:11:06 AM
Division Approval	nmann	05/04/2021 11:11:10 AM
Department Approval	nmann	10/05/2021 14:19:54 PM
Contract Manager Approval	lwildes	10/05/2021 14:23:07 PM
Budget Analyst Approval	nkephart	10/11/2021 09:07:59 AM
BOE Agenda Approval	dlenzner	10/22/2021 11:23:02 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: **24724**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>HARRIS CONSULTING ENGINEERS, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>HARRIS CONSULTING ENGINEERS, LLC</b>
Appropriation Unit: <b>1577-56</b>	Address: <b>680 PILOT RD., STE. A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89119-9015</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-269-1575</b>
	Vendor No.: <b>T27003439</b>
	NV Business ID: <b>NV20011085889</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 %
<b>X</b> Federal Funds	<b>46.00 %</b>	<b>X</b> Bonds	<b>54.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114246

2. Contract start date:

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

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 242 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 Clark County Armory - Heating, Ventilation and Air Conditioning System Renovation CIP project, to include the schematic design, design development, construction documents, bidding/permit services, and construction administration for the replacement of the evaporative coolers, unit heaters, make-up air units, fan coil units, and add additional temperature controls: CIP Project No. 21-M33, SPWD Contract No. 114246.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$107,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg. approved CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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:

Marshall, Benton, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	08/11/2021 12:14:12 PM
Division Approval	nmann	08/11/2021 12:14:14 PM
Department Approval	nmann	10/05/2021 14:35:40 PM
Contract Manager Approval	lwildes	10/05/2021 14:46:21 PM
Budget Analyst Approval	nkephart	10/11/2021 10:01:16 AM
BOE Agenda Approval	jrodrig9	10/13/2021 21:24:12 PM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24993**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>SGF ENGINEERING, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>SGF ENGINEERING, LLC</b>
Appropriation Unit: <b>1577-55</b>	Address: <b>9500 PROTOTYPE COURT</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89521-2989</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-591-4123</b>
	Vendor No.: <b>T27042760A</b>
	NV Business ID: <b>NV20181807757</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 %
<b>X</b> Federal Funds	<b>63.00 %</b>	<b>X</b> Bonds	<b>37.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114443

2. Contract start date:

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

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 242 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 Carlin Readiness Center - Heating, Ventilation and Air Conditioning (HVAC) System Renovation and the Domestic Water Heaters Replacement CIP projects, to include mechanical, architectural and electrical systems design services for the HVAC renovation and water heater replacement: CIP Project Nos. 21-M19 & 21-M27; SPWD Contract No. 114443.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$175,200.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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:

Kono, Ian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/29/2021 14:58:56 PM
Division Approval	nmann	09/29/2021 14:58:58 PM
Department Approval	nmann	09/29/2021 14:59:01 PM
Contract Manager Approval	lwildes	09/30/2021 07:05:17 AM
Budget Analyst Approval	nkephart	10/07/2021 13:46:16 PM
BOE Agenda Approval	jrodrig9	10/13/2021 21:05:50 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: **25016**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>LGA ARCHITECTURE DBA LGA</b>
Agency Code: <b>082</b>	Contractor Name: <b>LGA ARCHITECTURE DBA LGA</b>
Appropriation Unit: <b>1591-45</b>	Address: <b>241 W. CHARLESTON BLVD. SUITE 107</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89102-2592</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-263-7111</b>
	Vendor No.: <b>T27041309</b>
	NV Business ID: <b>NV19861005290</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 %	<b>X</b> Bonds	<b>53.00 %</b>
Highway Funds	0.00 %	<b>X</b> Other funding	<b>47.00 % Agency funds</b>

Agency Reference #: 114467

2. Contract start date:

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

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 242 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 Miller Point Overlook Safety Improvements CIP project, to include site investigation, schematic design, construction documents, permitting, bidding, and construction administration for the planned safety improvements: CIP Project No. 21-M50; SPWD Contract No. 114467.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$184,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**2021 Leg approved CIP**

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

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

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

19. Agency Field Contract Monitor:  
Nalley, Kirsten, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/05/2021 09:18:07 AM
Division Approval	nmann	10/05/2021 09:18:10 AM
Department Approval	nmann	10/05/2021 09:18:13 AM
Contract Manager Approval	lwildes	10/05/2021 09:25:26 AM
Budget Analyst Approval	nkephart	10/11/2021 10:23:07 AM
BOE Agenda Approval	jrodrig9	10/13/2021 21:23:12 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24985**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>PAUL CAVIN ARCHITECT, LLC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>PAUL CAVIN ARCHITECT, LLC.</b>
Appropriation Unit: <b>1594-23</b>	Address: <b>1575 DELUCCHI LN., STE, 120</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-6581</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-284-7083</b>
	Vendor No.: <b>T29033842</b>
	NV Business ID: <b>NV20131182382</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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114297

2. Contract start date:

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

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 242 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 State Capitol & Annex Building Exterior Renovation CIP project, to include construction documents, bidding assistance and construction administration services for the exterior renovation of the State Capitol and Annex building: CIP Project No. 21-M46; SPWD Contract No. 14297.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$167,700.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

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

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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:

Benjamin, Adrianna, project manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/28/2021 13:21:55 PM
Division Approval	nmann	09/28/2021 13:21:57 PM
Department Approval	nmann	09/28/2021 13:22:00 PM
Contract Manager Approval	lwildes	09/29/2021 07:38:20 AM
Budget Analyst Approval	nkephart	10/06/2021 15:09:47 PM
BOE Agenda Approval	jrodrig9	10/13/2021 21:07:31 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24994**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>AZTECH INSPECTIONS &amp; TESTING, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>AZTECH INSPECTIONS &amp; TESTING, LLC</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>4700 COPPER SAGE ST.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89115-0906</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-247-7645</b>
	Vendor No.: <b>T27036634</b>
	NV Business ID: <b>NV200914555648</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 #: 114030

2. Contract start date:

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

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 241 days**

4. Type of contract: **Contract**

Contract description: **Materials Plan Ck**

5. Purpose of contract:

**This is a new contract to provide ongoing professional materials testing and inspection services, for CIP Projects: SPWD Contract No. 114030.**

6. NEW CONTRACT

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

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

**Not Applicable**

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/29/2021 13:28:39 PM
Division Approval	nmann	09/29/2021 13:28:42 PM
Department Approval	nmann	09/29/2021 13:28:45 PM
Contract Manager Approval	lwildes	09/30/2021 07:10:15 AM
Budget Analyst Approval	nkephart	10/06/2021 09:44:43 AM
BOE Agenda Approval	jrodrig9	10/13/2021 21:29:35 PM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24870**

Agency Name: <b>DTCA - DIVISION OF TOURISM</b>	Legal Entity Name: <b>DESTINATION ANALYSTS</b>
Agency Code: <b>101</b>	Contractor Name: <b>DESTINATION ANALYSTS</b>
Appropriation Unit: <b>1522-31</b>	Address: <b>1304 LOMBARD ST STE 8</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SAN FRANCISCO, CA 94109</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>DAVID BRATTON 415/307-3283</b>
	Vendor No.: <b>T32000645</b>
	NV Business ID: <b>NV20121290187</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 % LODGING TAX</b>

Agency Reference #: **RFP #10TCA-S1624 AM**

2. Contract start date:

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

Anticipated BOE meeting date: **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 241 days**

4. Type of contract: **Contract**

Contract description: **Web Usability Study**

5. Purpose of contract:

**This is a new contract to provide ongoing web usability research and prioritize future website development.**

6. NEW CONTRACT

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

Other basis for payment: upon invoice and approval, per cost schedule; FY22 approximately \$50,000 and FY23 approximately \$50,000

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The state's promotional website carries our advertising and marketing messages to the world. The website therefore stands as an extremely important tool in the agency's ability to carry out its mission and attract visitors to the state. Website usability testing will generate insight which will help the agency make the website more effective, by answering questions such as:

1. How do visitors of the site use the site to plan vacations, explore and interact with the State of Nevada?
2. How effective is the site in converting users to book, register for programs/services, share through social networking, and bookmarking
3. What are the strengths and weaknesses of the site?
4. Are there any key content features that are missing and what areas of the site should be revised or improved?
5. What feedback do audiences have on specific features and functionality of the site?
6. What are comments that key audiences have on competitor sites?
7. Does the site convey the brand promise and engage users in the brand experience?
8. Is there any non-essential information, content or services on the site?
9. What are the paths that visitors take to get to the site in order to determine potential partners such as social media, online travel agencies, search engines, etc.? In answering each question, the research will be designed to generate actionable recommendations to make the website more effective in promoting the state.

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

Various reasons apply:

1. For the sake of credibility, research such as this needs to be conducted by an independent third party. State employees are responsible for development of the website and may have pride of authorship or personal relationships that would get in the way of clear analysis and frank reporting.
2. The state lacks the technical capacity to conduct this research in the online video conference facilities we propose to use.
3. Website usability testing is a specialty profession that requires specific training and experience to conduct.

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):

Stevens Advertising  
Augustine Agency  
Destination Analysts  
Guidehouse Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #10TCA-S1624, 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: 06/28/2021 Anticipated re-bid date: 05/01/2025

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

Yes If "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 Division of Tourism 2007-2009; Nevada Division of Tourism 2009-2011; Nevada Division of Tourism 2015-2016; Nevada Division of Tourism 2018-2020; Nevada Division of Tourism 2021. This company has 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	amathies	08/24/2021 17:05:50 PM
Division Approval	amathies	08/24/2021 17:05:52 PM
Department Approval	amathies	08/24/2021 17:05:54 PM
Contract Manager Approval	amathies	09/15/2021 12:32:25 PM
Budget Analyst Approval	stilley	10/01/2021 17:00:46 PM
BOE Agenda Approval	hfield	10/05/2021 11:11:46 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24986**

Agency Name: <b>DTCA - DIVISION OF TOURISM</b>	Legal Entity Name: <b>DESTINATION ANALYSTS</b>
Agency Code: <b>101</b>	Contractor Name: <b>DESTINATION ANALYSTS</b>
Appropriation Unit: <b>1522-31</b>	Address: <b>1304 LOMBARD ST STE 8</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SAN FRANCISCO, CA 94109</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>DAVID BRATTON 415/307-3283</b>
	Vendor No.: <b>T27030585</b>
	NV Business ID: <b>NV20121290187</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 % Lodging Tax</b>

Agency Reference #: **RFP #10TCA-S1625AM**

2. Contract start date:

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

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 241 days**

4. Type of contract: **Contract**

Contract description: **Ad Evaluation Study**

5. Purpose of contract:

**This is a new contract to provide advertising testing to determine if future television, print, digital and mobile marketing components are communicating the state brand's intended message.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The state's advertisements (and marketing vehicles such as our promotional website) are vitally important to our ability to attract new visitors to the state. They are the most important tools that give us our ability to carry out our mission and attract visitors to the state. The copy used in these advertisements and promotions must be effective in attracting interest in visiting Nevada. Copy testing will generate insight which will help us make these tools more effective, by answering questions such as:

- What are the words, phrases and promotional content that generate the most interest in visiting the state?
- How do real world travelers react to proposed advertising copy?
- Is the copy developed by our advertising agency and marketing staff consistent with the state's brand guidelines?
- What possible pitfalls exist in using this copy?
- How could it be improved?

In answering each question, the research will be designed to generate actionable recommendations to make the state's advertisements more effective in promoting the state.

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

For the sake of credibility, research such as this needs to be conducted by an independent third party. State employees and ad agency staff are responsible for development of the state's advertisements and may have pride of authorship or personal relationships that would get in the way of clear analysis and frank reporting. Advertising copy testing is a specialty profession that requires specific experience to conduct. The state lacks the technical capacity to conduct this research.

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

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

Amplify Relations  
Destination Analysts  
R&R Partners Inc  
Strategy Horizon Consulting LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #10TCA-S1625, and in accordance with NRS 333, the selected vendor was the only vendor to submit a proposal and the agency did an internal review.

d. Last bid date: 07/20/2021 Anticipated re-bid date: 01/15/2025

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Nevada Division of Tourism - 2007-2009, 2011, 2015-2016, 2018-2021. This company has 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	amathies	09/21/2021 09:42:44 AM
Division Approval	amathies	09/21/2021 09:42:46 AM

Department Approval	amathies	09/21/2021 09:42:48 AM
Contract Manager Approval	amathies	09/21/2021 10:07:14 AM
Budget Analyst Approval	stilley	10/06/2021 10:31:13 AM
BOE Agenda Approval	hfield	10/06/2021 15:10:09 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **25045**

Agency Name:	<b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name:	RENAISSANCE LEARNING, INC.
Agency Code:	<b>300</b>	Contractor Name:	<b>RENAISSANCE LEARNING, INC.</b>
Appropriation Unit:	<b>2710-13</b>	Address:	<b>2911 Peach Street</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Wisconsin Rapids, WI 54494-1905</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Terre Bommarito 888-338-4204
		Vendor No.:	T32010525
		NV Business ID:	NV20021408831

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 11/2021

Retroactive? **Yes**

If "Yes", please explain

<b>NDE was unable to amend the contract in place during FY 21 prior to its expiration on June 30, 2021. The intent is to provide uninterrupted access to this services, which benefits students and families.</b>
---

3. Termination Date: **06/30/2022**Contract term: **364 days**4. Type of contract: **Contract**Contract description: **myOn Reader**

5. Purpose of contract:

<b>This is a new contract to provide a personalized literacy platform to support reading and writing practice for all Nevada public schools.</b>
--

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

Other basis for payment: Itemized invoice

**II. JUSTIFICATION**

7. What conditions require that this work be done?

As NDE shifts to COVID-19 recovery, there is a need for digital learning tools for Nevada schools.
--

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

NDE does not have its own digital literacy platform and it would be cost and time prohibitive to create one.
--

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the 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 #: 210706**

**Approval Date: 07/21/2007**

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

Per NAC 333-114, this was approved previously as an emergency contract due to the COVID-19 pandemic, under Emergency Directive 005. The current waiver allows continuity of services with this previously approved vendor.

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	hsakelar	10/05/2021 15:29:46 PM
Division Approval	hsakelar	10/05/2021 15:29:49 PM
Department Approval	hsakelar	10/05/2021 15:29:51 PM
Contract Manager Approval	hsakelar	10/05/2021 15:29:54 PM
EITS Approval	msemi40	10/14/2021 11:31:42 AM
Budget Analyst Approval	mranki1	10/07/2021 11:14:59 AM
BOE Agenda Approval	dlenzner	10/14/2021 12:10:55 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

<b>Purchasing Use Only:</b>	
Approval#:	#210706@

**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:	Department of Education		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Dave Brancamp, Director	775-687-5930	dbrancamp@doe.nv.gov
		Amanda Pinter, AIII	775-687-5931	apinter@doe.nv.gov

1b	<b>Vendor Information:</b>	
	Identify Vendor:	Renaissance Learning, Inc.
	Contact Name:	Terre Bommarito
	Complete Address:	PO Box 8036, Wisconsin Rapids, WI 54495-8036
	Telephone Number:	812.987.5385
	Email Address:	terre.bommarito@renaissance.com

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

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:	July 1, 2021	End Date: June 30, 2022

\* Retro Memo required to be submitted to GFO\*

1f	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	100%
	Grant Funds:	
	Other (Explain):	

Rec'd 07/21/21 2:10PM

Purchasing Use Only:

Approval #:

#210706 (6)

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$1,509,300.00

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>This service contract will purchase 24/7 access for all students PK-12 to myON Reader, a digital library of thousands of digital books.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<p><i>While other vendors offer digital library collections available online and offline, myON is unique in two ways:</i></p> <ol style="list-style-type: none"><li><i>1) myON allows educators to search according to Nevada Academic Content Standards in the core subject areas. This ability to match titles to curricular units is unique to myON.</i></li><li><i>2) Unlike any other digital library platforms, myON personalizes the reading experience for each student with an interest inventory that assists in matching age-appropriate books to students' interests. As students continue to read, myON suggest additional titles to encourage continued reading.</i></li><li><i>3) myON offers titles in Spanish &amp; English allowing students to leverage their home language to access content and titles of interest.</i></li></ol>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<p><i>On Sunday, March 15, 2020 Nevada Governor, Steve Sisolak, announced the difficult decision to close all school buildings in Nevada. The Nevada Department of Education began the collaborative work with Renaissance Learning, Inc to provide the myON Reader, a service which personalizes reading for students based on their interests and reading level. The previous contract provided the myON Reader free of charge to all students preK-12 in Nevada and has shown significant engagement with students. As of July 9<sup>th</sup> 2021, Nevada students have accessed over 6 million books, finished 2.5 million books, and spent more than 58 million minutes reading since May 2020. The myON Reader subscription would enable Nevada's students to access this widely used tool through September 30, 2022.</i></p> <p><i>This program is already supported by districts and libraries across Nevada, with resources and trainings supported by the Department and proven engagement with students and families. The proposed cost for the term of the contract is \$1,509,300.00. We hope to have the contract in place as soon as possible so that there is no loss of continuity for users.</i></p> <p><i>On March 9, 2021 NDE was approved by the Board of Examiners to proceed with an emergency contract with Renaissance Learning, Inc. in response to COVID-19. As it relates to this specific work Renaissance Learning, Inc. is uniquely positioned to engage in this work in alignment with the NDE statewide priorities.</i></p>

Purchasing Use Only:	
Approval #:	#210700②

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>				
As previously noted, the Board of Examiners approved NDE to proceed with an emergency contract with Renaissance Learning, Inc. in response to COVID-19, and Renaissance is uniquely positioned to engage in this work in alignment with the NDE statewide priorities.					

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.				Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>							
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)			
	3/9/21	6/30/21	\$500,000.00	Provide a personalized literacy platform to support reading and writing practice for all Nevada public schools	Emergency Contract per NAC 333.114			
			\$					
			\$					

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>If the State is unable to continue this work with Renaissance Learning, Inc., NDE would not be able to provide this widely used tool to Nevada's preK-12 students.</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>Comparable services are being rendered in Arizona, South Carolina, and Idaho.</i>

<b>Purchasing Use Only:</b>	
Approval #:	#210706 @

<b>9</b>	<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:		No:	X
	<b>a. <i>If yes, please provide details regarding future obligations or needs.</i></b>				

<b>Purchasing Use Only:</b>	
Approval #:	#210706@

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.

David J. Brancamp  
 Agency Representative Initiating Request

David J. Brancamp \_\_\_\_\_ 7/21/21  
 Print Name of Agency Representative Initiating Request Date

Jonathan P. Moore  
 Signature of Agency Head Authorizing Request

Jonathan P. Moore \_\_\_\_\_ 7/21/21  
 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.*

*\* Note: Agency must work with EITS on*

Name of agency or entity who provided information or review:  
*an updated TIN PRIOR to contracting with this vendor \**

\_\_\_\_\_  
 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: *\* Note: Agency to work with your assigned Purchasing Officer to conduct RFP prior to new term date of 06/30/2022 \**

Kevin D. Doty  
 Administrator, Purchasing Division or Designee

\_\_\_\_\_  
 Date

Steve Sisolak  
Governor



Laura E. Freed  
Director  
Colleen Murphy  
Deputy Director  
Alan Cunningham  
State Chief Information Officer

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

MEMORANDUM

**TO:** Amanda Pinter, Admin Assistant, SIS, DOE  
Glenn Meyer, IT Manager, DOE  
Heidi Haartz, Deputy Superintendent, Fiscal, DOE  
Dave Brancamp, Director SIS, DOE

**CC:** Alan Cunningham, State CIO, EITS, DOA  
Hugo Schlesener, Deputy Administrator, EITS, DOA

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

**SUBJECT:** TIN Completion Memo - DOE - 226 - Renaissance myOn – BA2675  
TIN226

**DATE:** January 15, 2021

We have completed the review of DOE's – *Renaissance myOn* – TIN-226.

The submitted TIN, for an estimated value of \$500,000 this biennium to engage in a statewide contract to provide digital content to Nevada students. The Renaissance myON Reader and myON News will support personalized learning wherever students and teachers are.

The Renaissance solution is a Software-as-a-Service (SaaS) that will not be accessed by state employees or from within SilverNet.

This will benefit approximately 500,000 students and 45,000 teachers statewide.

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

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

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

Steve Sisolak  
Governor

Jhone M. Ebert  
Superintendent of Public  
Instruction



Southern Nevada Office  
2080 East Flamingo Rd,  
Suite 210  
Las Vegas, Nevada 89119-0811  
(702) 486-6458  
Fax: (702) 486-6450

**STATE OF NEVADA**  
**DEPARTMENT OF EDUCATION**  
700 E. Fifth Street | Carson City, Nevada 89701-5096  
Phone: (775) 687-9200 | www.doe.nv.gov | Fax: (775) 687-9101

MEMORANDUM

TO: Susan Brown  
Clerk of the Board of Examiners  
Governor's Finance Office – Budget Division

THROUGH: Catherine Bartlett  
Executive Budget Officer 2, Governor's Finance Office – Budget Division

FROM: Heidi Haartz *Heidi Haartz*  
Deputy Superintendent, Student Investment Division

DATE: September 30, 2021

SUBJECT: Request for Retroactive Contract with Renaissance Learning Inc.

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This memorandum serves as a request for retroactive approval to July 1, 2021 on a contract with Renaissance Learning, Inc to provide literacy supports for all Nevada students and educators. This retroactive date is being requested due to the previous contract with Renaissance Learning, Inc. unfortunately not being extended prior to it expiring. During the contract process, Renaissance has continued to provide literacy supports to students and educators in Nevada so that there is no loss of continuity in learning and resources. This request for a retroactive contract will be avoided in the future by closely monitoring contract end dates, and the amount of time needed for the Solicitation Waiver and TIN approval process. If the State is unable to continue this work with Renaissance Learning, Inc., NDE would not be able to provide this widely used resource in support of literacy to Nevada's preK-12 students and educators.

We appreciate your consideration in this matter.

CC: Jhone M. Ebert, Superintendent of Public Instruction  
CC: Jonathan Moore, Deputy Superintendent, Student Achievement Division  
CC: Dave Brancamp, Director, Standards & Instructional Support

Steve Sisolak  
Governor



Laura E. Freed  
Director  
Matthew Tuma  
Deputy Director  
Alan Cunningham  
State Chief Information Officer  
Timothy Galluzi  
Administrator

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

**M E M O R A N D U M**

**TO:** Dave Brancamp, Director SIS, NDE  
Glenn Meyer, IT Manager, NDE  
Amanda Pinter, Admin Assistant, SIS, NDE  
Heidi Haartz, Deputy Superintendent, Fiscal, NDE

**CC:** Alan Cunningham, State CIO, EITS, DOA  
Tim Galluzi, Administrator, EITS, DOA  
David Axtell, Chief Enterprise Architect, EITS, DOA

**FROM:** Michael Smith, Enterprise Architect, EITS, DOA

**SUBJECT:** TIN Completion Memo - NDE - 226 - Renaissance myOn - 2675 - Update a

**DATE:** September 7, 2021

We have completed the review of NDE's – Renaissance myOn – TIN 226 Update a.

The submitted TIN is for an estimated value of \$1,509,300.00 in the current biennium (100% Federal Grant) to renew or update a maintenance, licensing, or consulting agreement already in place.

Renaissance is a Software-as-a-Service (SaaS) solution that will provide digital content and benefit approximately 500,000 students and 45,000 teachers statewide.

This TIN update is for a new contract to cover an additional year of these services.

The product was offered at a reduced rate for FY 21 due to the COVID pandemic.



NDE will now pay full price for the product going forward. No Scope changes have been made.

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

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

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **21810** Amendment Number: **2**  
 Agency Name: **DHHS - AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **Sprint Communications Company, L.P.**  
 Agency Code: **402** Contractor Name: **Sprint Communications Company, L.P.**  
 Appropriation Unit: **3206-15** Address: **6200 Sprint Parkway**  
 Is budget authority available?: **Yes** City/State/Zip: **Overland Park, KS 66251**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Chris Smith 913-226-6641**  
 Vendor No.: **PUR0000771**  
 NV Business ID: **NV19881004212**

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2019**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2022**

Termination Date:

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **CapTel Relay Service**

5. Purpose of contract:

**This is the second amendment to the original contract which provides Relay Nevada telephone services to hearing or speech impaired individuals. This amendment extends the termination date from June 30, 2022 to June 30, 2023 and increases the maximum amount from \$1,236,955 to \$1,706,352 due to revised rates for fiscal year 2023.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,135,150.00	\$1,135,150.00	\$1,135,150.00	Yes - Action
a. Amendment 1:	\$101,805.00	\$101,805.00	\$101,805.00	Yes - Action
2. Amount of current amendment (#2):	\$469,397.00	\$469,397.00	\$469,397.00	Yes - Action
3. New maximum contract amount:	\$1,706,352.00			
and/or the termination date of the original contract has changed to:	06/30/2023			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Relay and CapTel services are required by statute for deaf/hard of hearing individuals.

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

This is a specialized service the State employees cannot provide.

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):

Hamilton Telephone Company  
Sprint Communications Company, LP

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S366, 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: 10/17/2018 Anticipated re-bid date: 08/01/2022

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

ADSD 2009 - 2014 and various state agencies. Satisfactory

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

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

Not Applicable

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

LP

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sewart	08/31/2021 14:01:55 PM
Division Approval	amanocha	09/03/2021 09:57:31 AM
Department Approval	dschmid5	09/28/2021 11:55:15 AM
Contract Manager Approval	maceved1	09/29/2021 09:09:47 AM
Budget Analyst Approval	afrantz	10/05/2021 15:10:03 PM
BOE Agenda Approval	afrantz	10/05/2021 15:15:55 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

<b>Purchasing Use Only:</b>	
Approval #:	3670

**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>		
	<b>State Agency Name:</b>	<i>Aging and Disability Services Division</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Mariana Acevedo, Management Analyst</i>	<i>775-687-0545</i>	<i>macevedo@adsd.nv.gov</i>
	<i>Salvatore Fiorentino, CAS Program SSPM</i>	<i>702-830-9103</i>	<i>sfiorentino@adsd.nv.gov</i>
	<i>Adrienne Navarro, Social Services Chief</i>	<i>775-687-0523</i>	<i>amnavarro@adsd.nv.gov</i>

<b>2</b>	<b>Contractor Information:</b>	
	Contractor:	<i>Sprint Communications Company, L.P.</i>
	Contact Name:	<i>Chris Smith, Sprint Accessibility, Client Director</i>
	Complete Address:	<i>6200 Sprint Parkway, Overland Park, KS 66251</i>
	Phone Number:	<i>913-226-6641</i>
	Email Address:	<i>Chris.smith@sprint.com</i>

<b>3</b>	<b>List <u>all previous</u> Contract Information:</b>			
	Solicitation Type, if applicable:	<i>RFP</i>	#:	<i>405366</i>
	CETS #:	<i>#21810</i>		
	Contract Amount:	<i>\$1,135,150.00</i>		
	Contract Term:	Start Date:	<i>07/01/2019</i>	End Date:

**Purchasing Use Only:**

Approval #: 3670

<b>Current Contract Information:</b>				
4	Solicitation Type, if applicable:	<i>RFP</i>	#:	405366
	CETS #:	#21810		
	Initial Contract Amount:	\$1,135,150.00		
	Contract Term:	Start Date:	07/01/2019	End Date:

<b>Amendment Information – List <u>all previously</u> approved amendments:</b>				
5	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>

<b><u>Proposed</u> Amendment Information:</b>				
6	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
	1	<i>Extend contract for 2 years.</i>	\$1,706,352.00	06/30/23

7	<b>What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338)?</b>
	<i>Asking to extend the contract 2 additional years for a total of a 4-year contract, instead of the one-year extension requested in the original contract.</i>

8	<b>What are the potential consequences to the State if the contract extension request is denied?</b>
	<i>Sprint would be keeping the contract for four years keeping within re-solicitation policy saving the State man hours and funds, as switching relay services is not a quick or easy process. Relay services in Nevada are required per Federal Communications Commission (FCC). If contract extension is denied, Nevada will not be in compliance with federal requirements per FCC, as it will result in no Relay provider. Relay service is a telephone service that allows people with hearing or speech disabilities to place and receive telephone calls. Telecommunications relay service is available in all U.S. states and territories for local and/or long-distance calls at no additional cost to the consumer.</i>

<i>Purchasing Use Only:</i>	
Approval #:	3670

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.

*Adrienne Navarro*

\_\_\_\_\_  
Signature of Agency Representative Initiating Request

Adrienne Navarro 2/8/2021  
\_\_\_\_\_  
Print Name of Agency Representative Initiating Request Date

*Rique Robb* 2/09/2021  
\_\_\_\_\_  
Signature of Agency Head Authorizing Request

Rique Robb, Deputy Administrator 02/09/2021  
\_\_\_\_\_  
Print Name of Agency Head Authorizing Request Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Signed:

*Kevin D. Doty* 2/16/21  
\_\_\_\_\_  
Administrator, Purchasing Division or Designee Date

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>21218</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>BOULDER CITY FIRE DEPARTMENT</b>
Agency Code: <b>403</b>	Contractor Name: <b>BOULDER CITY FIRE DEPARTMENT</b>
Appropriation Unit: <b>3243-24</b>	Address: <b>1101 ELM STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>BOULDER CITY, NV 89005</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Will Gray, Fire Chief 702-589-9641</b>
	Vendor No.: <b>T81025966</b>
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2016-2022**

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

General Funds	0.00 %	Fees	0.00 %
<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 **10/01/2015**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2022**

Termination Date:

Contract term: **6 years and 274 days**

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

Contract description: **GEMT**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides certified public expenditure reimbursement methodology for emergency ground transportation to Medicaid recipients and defines the reporting requirements by the entity to receive this type of reimbursement. This amendment increases the maximum amount from \$1,564,203 to \$3,064,203 due to higher than expected cost settlements.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,564,203.00	\$1,564,203.00	\$1,564,203.00	Yes - Action
2. Amount of current amendment (#1):	\$1,500,000.00	\$1,500,000.00	\$1,500,000.00	Yes - Action
3. New maximum contract amount:	\$3,064,203.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

DHCFP needs fire districts to provide emergency transportation. The Title XIX of the Social Security Act and accompanying regulations require that states cover medical care, services, and fulfill administrative requirements necessary to operate the Medicaid program efficiently. The transportation services ensure individuals get needed care.

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

DHCFP since 2015 - Satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmayhall	09/28/2021 15:24:13 PM
Division Approval	dmartin3	09/28/2021 15:28:26 PM
Department Approval	pburrel1	10/04/2021 14:18:13 PM
Contract Manager Approval	dmartin3	10/11/2021 15:57:14 PM
Budget Analyst Approval	cbrekken	10/15/2021 09:32:07 AM
BOE Agenda Approval	cbrekken	10/15/2021 09:32:10 AM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24826**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>City of Elko Fire Department</b>
Agency Code: <b>403</b>	Contractor Name: <b>City of Elko Fire Department</b>
Appropriation Unit: <b>3243-24</b>	Address: <b>911 W. Idaho Street Elko</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>Matthew Griego 775-777-7345</b>
	Vendor No.: <b>T81072742</b>
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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 **07/01/2022**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2026**

Contract term: **4 years**

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

Contract description: **Fire District - CPE**

5. Purpose of contract:

**This is a new interlocal agreement to provide certified public expenditure reimbursement for emergency transportation to Medicaid recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,740,375.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

**Not Applicable**

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

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

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

Yes If "Yes", please provide details of the litigation and facts supporting approval of the contract:

DHCFP since 2018 - Satisfactory

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	10/11/2021 10:25:11 AM
Division Approval	ltuttl1	10/11/2021 10:36:01 AM
Department Approval	pburrel1	10/11/2021 11:47:42 AM
Contract Manager Approval	ltuttl1	10/11/2021 12:00:39 PM
Budget Analyst Approval	afrantz	10/14/2021 07:48:14 AM
BOE Agenda Approval	afrantz	10/14/2021 07:48:17 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24843**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Mason Valley Fire Protection District
Agency Code:	<b>403</b>	Contractor Name:	<b>Mason Valley Fire Protection District</b>
Appropriation Unit:	<b>3243-24</b>	Address:	<b>118 South Main Street</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Yerington, NV 89447</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Theresa Spinuzzi 775-463-2261
		Vendor No.:	T29035634
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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 **07/01/2022**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2026**

Contract term: **4 years**

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

Contract description: **Fire District - CPE**

5. Purpose of contract:

**This is a new interlocal agreement to provide certified public expenditure reimbursement for emergency transportation to Medicaid recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$580,125.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

**Not Applicable**

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP since 2018 - Satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	10/11/2021 10:23:34 AM
Division Approval	ltuttl1	10/11/2021 10:32:34 AM
Department Approval	pburrel1	10/11/2021 11:47:59 AM
Contract Manager Approval	ltuttl1	10/11/2021 11:55:46 AM
Budget Analyst Approval	hfield	10/20/2021 09:28:04 AM
BOE Agenda Approval	hfield	10/20/2021 09:28:06 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19817** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Mason Valley Fire Protection District**

Agency Code: **403** Contractor Name: **Mason Valley Fire Protection District**

Appropriation Unit: **3243-24** Address: **118 S MAIN ST**

Is budget authority available?: **Yes** City/State/Zip: **Yerington, NV 89447**

If "No" please explain: **Not Applicable** Contact/Phone: **Theresa Spinuzzi, Administrative Secretary 775-463-2261**

Vendor No.: **T29035634**

NV Business ID: **Governmental Entity**

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

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

General Funds	0.00 %	Fees	0.00 %
<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 **07/01/2018**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

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

Contract description: **Fire District**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides certified public expenditure reimbursement methodology for emergency ground transportation to Medicaid recipients and defines the reporting requirements by the entity to receive this type of reimbursement. This amendment increases the maximum amount from \$349,625 to \$499,625 due to higher than expected cost settlements.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$349,625.00	\$349,625.00	\$349,625.00	Yes - Action
2. Amount of current amendment (#1):	\$150,000.00	\$150,000.00	\$150,000.00	Yes - Action
3. New maximum contract amount:	\$499,625.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

DHCFP needs fire districts to provide emergency transportation. The Title XIX of the Social Security Act and accompanying regulations require that states cover medical care, services, and fulfill administrative requirements necessary to operate the Medicaid program efficiently. The transportation services ensure individuals get needed care.

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP since 2018 - Satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmayhall	09/28/2021 14:21:16 PM
Division Approval	dmartin3	09/28/2021 14:29:48 PM
Department Approval	pburrel1	10/04/2021 14:20:21 PM
Contract Manager Approval	dmartin3	10/08/2021 13:49:46 PM
Budget Analyst Approval	cbrekken	10/15/2021 09:40:05 AM
BOE Agenda Approval	cbrekken	10/15/2021 09:40:07 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: **21648** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **TAHOE DOUGLAS FIRE PROTECTION DISTRICT**

Agency Code: **403** Contractor Name: **TAHOE DOUGLAS FIRE PROTECTION DISTRICT**

Appropriation Unit: **3243-24** Address: **PO BOX 919**

Is budget authority available?: **Yes** City/State/Zip: **ZEPHYR COVE, NV 89448-0919**

If "No" please explain: **Not Applicable** Contact/Phone: **Scott Lindgren, Fire Chief 775-586-3591**

Vendor No.: **T81010933**

NV Business ID: **Governmental Entity**

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

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

General Funds	0.00 %	Fees	0.00 %
<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 **07/01/2018**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

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

Contract description: **Fire District**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides certified public expenditure reimbursement methodology for emergency ground transportation to Medicaid recipients and defines the reporting requirements by the entity to receive this type of reimbursement. This amendment increases the maximum amount from \$474,762 to \$1,474,762 due to higher than expected cost settlements.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$474,762.00	\$474,762.00	\$474,762.00	Yes - Action
2. Amount of current amendment (#1):	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
3. New maximum contract amount:	\$1,474,762.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

DHCFP needs fire districts to provide emergency transportation. The Title XIX of the Social Security Act and accompanying regulations require that states cover medical care, services, and fulfill administrative requirements necessary to operate the Medicaid program efficiently. The transportation services ensure individuals get needed care.

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

The state does not have the resources or expertise to perform these services.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

DHCFP since 2015 - satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmayhall	10/04/2021 11:41:36 AM
Division Approval	dmartin3	10/04/2021 11:50:53 AM
Department Approval	pburrel1	10/04/2021 14:21:28 PM
Contract Manager Approval	dmartin3	10/11/2021 15:56:57 PM
Budget Analyst Approval	cbrekken	10/18/2021 12:56:40 PM
BOE Agenda Approval	cbrekken	10/18/2021 12:56:44 PM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **18693** Amendment Number: **3**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **Ramsell Corporation**

Agency Code: **406** Contractor Name: **Ramsell Corporation**

Appropriation Unit: **3215-24** Address: **200 Webster Street, Suite 300**

Is budget authority available?: **Yes** City/State/Zip: **Oakland, CA 94607**

If "No" please explain: **Not Applicable** Contact/Phone: **Sophia Byndloss 510-587-2600**

Vendor No.: **T27041405**

NV Business ID: **NV20171253641**

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 %	<b>X</b>	Fees	<b>70.00 % Pharmaceutical rebates</b>
<b>X</b> Federal Funds	<b>30.00 %</b>		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP 3412/C 16023**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/13/2017**

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **5 years and 18 days**

4. Type of contract: **Contract**

Contract description: **Rx Benefits Manager**

5. Purpose of contract:  
**This is the third amendment to the original contract which provides Pharmacy Benefit Manager services for clients of the Ryan White Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome Part B program. This amendment increases the maximum amount from \$83,621,520.61 to \$95,328,818.37 due to increasing drug costs.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$57,221,520.61	\$57,221,520.61	\$57,221,520.61	Yes - Action
a. Amendment 1:	\$26,400,000.00	\$26,400,000.00	\$26,400,000.00	Yes - Action
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$11,707,297.76	\$11,707,297.76	\$11,707,297.76	Yes - Action
3. New maximum contract amount:	\$95,328,818.37			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

We as a state do not possess the ability to handle over 6,000 prescription claims per month utilizing over 200 pharmacies statewide.

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

State employees do not possess the skills or abilities to perform 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):

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3412, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/13/2017 Anticipated re-bid date: 12/01/2021

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Current vendor with DPBH with satisfactory services.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdesoci1	10/05/2021 13:50:14 PM
Division Approval	kdesoci1	10/05/2021 13:50:17 PM
Department Approval	lsherych	10/05/2021 15:54:51 PM
Contract Manager Approval	rmille8	10/05/2021 15:59:09 PM
Budget Analyst Approval	pokeefe	10/12/2021 10:49:26 AM
BOE Agenda Approval	afrantz	10/12/2021 11:22:48 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: **24053**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>CLARK COUNTY</b>
Agency Code: <b>409</b>	Contractor Name: <b>CLARK COUNTY</b>
Appropriation Unit: <b>3147-11</b>	Address: <b>DEPT OF JUVENILE JUSTICE SVCS 601 N PECOS RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89101-2408</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Brett Allen 702/455-4960</b>
	Vendor No.: <b>T81026920C</b>
	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.

<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 %

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

**This interlocal contract is retroactive due to the need for final Legislative Approval and the subsequent need for the County Board of Commissioners to review and approve the contract.**

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

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

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

Contract description: **Spring Mt Youth Camp**

5. Purpose of contract:

**This is a new interlocal agreement that provides ongoing residential living care for boys who have been adjudicated delinquent and committed by the Juvenile Division of the District Court to Spring Mountain Youth Camp.**

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$500,000.00 per Fiscal Year

Other basis for payment: \$41,666.67 per month (with the last payment of the Fiscal Year being \$41,666.63)

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Legislative appropriation for the operation of Spring Mountain Youth Camp, a regional juvenile justice facility as defined by NRS 62A.280.

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

The State operates the correctional facilities and this facility is an alternative to State placement and is run by Clark county.

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

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

**Yes** If "Yes", please explain

Clark County

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

**Yes** If "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 contracted with the Division since 2017. Services have been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Brian Dalhberg, Management Analyst III Ph: 702-486-5369

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bdahlber	03/09/2021 22:34:00 PM
Division Approval	knielsen	07/08/2021 09:06:21 AM
Department Approval	rarmstr3	10/12/2021 15:17:20 PM
Contract Manager Approval	sknigge	10/12/2021 16:44:23 PM
Budget Analyst Approval	vfajota	10/15/2021 12:33:58 PM
BOE Agenda Approval	afrantz	10/18/2021 15:18:02 PM
BOE Final Approval	Pending	

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES  
*Helping people. It's who we are and what we do.*





Ross Armstrong  
Administrator

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**DATE:** June 30, 2021

**TO:** Venus Fajota, Executive Branch Budget Officer I  
Governor's Finance Office, Budget Division

**THROUGH:** Ross Armstrong, Administrator   
Department of Health and Human Services, Division of Child and Family Services

**FROM:** Katrina Nielsen, Acting Deputy Administrator, Administrative Services  
Division of Child and Family Services 

**RE:** Retroactive Interlocal Contract Request – Clark County Spring Mountain Youth Camp

---

A retroactive effective date of July 1, 2021 is requested for Interlocal Contract between the Division of Child and Family Services (DCFS) and the Clark County Spring Mountain Youth Camp Facility in order to continue to provide financial support to this regional facility for the detention of children who have been adjudicated delinquent by Nevada courts under the statutory authority of NRS 62B.150.

This interlocal contract is retroactive due to the need for final Legislative Approval and the subsequent need for the County Board of Commissioners to review and approve the contract.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact me at (775) 684-4414.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25002**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: LINCOLN COUNTY SCHOOL DISTRICT
Agency Code: <b>409</b>	Contractor Name: <b>LINCOLN COUNTY SCHOOL DISTRICT</b>
Appropriation Unit: <b>3179-13</b>	Address: <b>LINCOLN COUNTY HIGH SCHOOL PO BOX 268</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PANACA, NV 89042-0268</b>
If "No" please explain: Not Applicable	Contact/Phone: Matt Cameron 775/728-4481
	Vendor No.: T40234500D
	NV Business ID: Governmental Entity

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

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

<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 12/2021

Retroactive? **Yes**

If "Yes", please explain

**This request for a retroactive contract is required due to ongoing negotiations taking substantially longer than anticipated, causing delays in processing the contract request.**

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

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

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

Contract description: **Education at CYC**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing educational services for youth in residence.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$643,520.00**

Payment for services will be made at the rate of \$80,440.00 per Quarter

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Superintendent of Caliente Youth Center is mandated by NRS 63.210 to provide educational needs of the youth in residence. These educational services are contracted with the Lincoln County School District.

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

Caliente Youth Center does not have the accredited staff available to meet these educational needs.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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?

**Yes** If "Yes", please explain

Lincoln County School District

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

**Yes** If "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 1999. 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:

Bruce Burgess, Superintendent CYC Ph: 775-726-8200

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	09/27/2021 15:36:39 PM
Division Approval	knielsen	10/07/2021 08:02:44 AM
Department Approval	rarmstr3	10/12/2021 12:22:21 PM
Contract Manager Approval	sdotte1	10/12/2021 14:01:10 PM
Budget Analyst Approval	vfajota	10/15/2021 12:13:14 PM
BOE Agenda Approval	afrantz	10/18/2021 15:28:08 PM
BOE Final Approval	Pending	



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## MEMORANDUM

**DATE:** September 16, 2021  
**TO:** Jeffrey Haag, Administrator, Purchasing Division  
**FROM:** Ross Armstrong, Administrator, Division of Child and Family Services  
**RE:** DCFS Retroactive Interlocal Contract Request – Lincoln County School District

---

A retroactive contract with an effective date of July 01, 2021, is requested for the contract between the Division of Child and Family Services and the Lincoln County School District in order to provide for the educational needs of the youth in residence at the Caliente Youth Center.

The Caliente Youth Center (CYC) is a secure juvenile residential facility located 150 miles North of Las Vegas in Caliente. CYC is authorized and governed by NRS Chapter 63, State Facilities for Detention of Children, and those applicable statutes contained within NRS Chapter 62A, Juvenile Justice General Provisions. The programming at CYC addresses delinquent youth who also may have been victims of abuse, abandonment and neglect, working closely with both public and private agencies in accomplishing goals. CYC is required by NRS 63.210 to provide a department of educational instruction for the children of the facility. Many of the youth in residence are deficient from their previous education experience and require specialized educational counseling and assistance in order to expand their credit recovery and bring their education up to the standard. There is only one school district in Lincoln County, Nevada, and it is the only State-run accredited educational entity within the geographical area of Caliente Youth Center.

This request for a retroactive contract is required due to ongoing negotiations taking substantially longer than anticipated, causing delays in processing the contract request.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact me at (775) 684-4440 or [rarmstrong@health.nv.gov](mailto:rarmstrong@health.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: **24755**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>Churchill County</b>
Agency Code: <b>409</b>	Contractor Name: <b>Churchill County</b>
Appropriation Unit: <b>3229-00</b>	Address: <b>155 Taylor Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Fallon, NV 89406</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Shannon Ernst 775-423-4092</b>
	Vendor No.: <b>T81032440</b>
	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>

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 11/2021

Retroactive? **Yes**

If "Yes", please explain

**The Division is requesting a retroactive contract due to the need for the assessment amounts to be determined through the legislative process and the subsequent need for the County Board of Commissions to review and approve the contract.**

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

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

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

Contract description: **CPS Assessments**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide ongoing child protective services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$811,302.00**

Payment for services will be made at the rate of \$408,045.00 per Fiscal Year 2022

Other basis for payment: \$403,257 for Fiscal Year 2023

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is a revenue contract pursuant to NRS 432B.326.

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

This is a revenue contract pursuant to NRS 432B.326.

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

Was the solicitation (RFP) done by the 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.

This is a revenue contract pursuant to NRS 432B.326.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

Churchill County

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

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

This is a revenue contract. The relationship between Churchill County and the Division has been satisfactory for several biennium.

14. Is the contractor currently involved in litigation with the State 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	09/16/2021 16:07:41 PM
Division Approval	knielsen	09/22/2021 13:16:24 PM
Department Approval	ramstr3	09/27/2021 16:49:08 PM
Contract Manager Approval	sknigge	09/28/2021 17:28:26 PM
Budget Analyst Approval	vfajota	10/05/2021 08:13:29 AM
BOE Agenda Approval	afrantz	10/05/2021 10:47:48 AM
BOE Final Approval	Pending	

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



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



Ross Armstrong  
Administrator

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**MEMORANDUM**

TO: Venus Fajota Executive Branch Budget Officer I  
Governor's Finance Office, Budget Division

THROUGH: Ross Armstrong, Administrator  
Division of Child and Family Services Department of Health and Human Services

FROM: Katrina Nielsen, Acting Deputy Administrator Administrative Services  
Division of Child and Family Services *KN*

DATE: July 30, 2021

SUBJECT: Retroactive Contract Request – CETS #24755 Churchill County Child Protective Services Assessments

---

A retroactive date of July 1, 2021 is requested for the interlocal contract between the Division of Child and Family Services (DCFS) and Churchill County in order to issue an assessment for child protective services to the County pursuant to NRS 432B.3262.

DCFS is requesting the retroactive contract due to the need for the assessment amount to be determined through the legislative process and the subsequent need for the County Board of Commissioners to review and approve the contract.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact me at (775) 684-4414.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24954**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>DANIEL C. Jones</b>
Agency Code: <b>409</b>	Contractor Name: <b>DANIEL C. Jones</b>
Appropriation Unit: <b>3259-04</b>	Address: <b>HC 64 BOX 70</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>DEETH, NV 89823-9702</b>
If "No" please explain: Not Applicable	Contact/Phone: Daniel C. Jones 775/340-3286
	Vendor No.: T29038210
	NV Business ID: NV20161574025

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.

<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 **03/01/2022**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/28/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Physician Services**

5. Purpose of contract:

**This is a new contract to provide ongoing physician services to ensure the health and well-being of the youth in residence.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$384,000.00**

Payment for services will be made at the rate of \$8,000.00 per Month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Youth Training Center requires the performance of any necessary medical/surgical services to the ward.

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

There are no employees on staff with the required medical license.

9. Were quotes or proposals solicited? Yes

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

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

TJ Hunt Med Services  
Professional Consultative Examination  
Adelphi Medical Staffing

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S1582, 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: 07/01/2021 Anticipated re-bid date: 07/01/2025

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The vendor has been under contract with the Division since 2017. Services have been satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

null, null Ph: null

Vern Harlow, Admin Services Officer I Ph: 775-738-7182

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	09/22/2021 15:05:04 PM
Division Approval	knielsen	09/29/2021 07:33:53 AM
Department Approval	rarmstr3	10/04/2021 16:11:59 PM
Contract Manager Approval	sknigge	10/05/2021 10:44:16 AM
Budget Analyst Approval	vfajota	10/14/2021 09:43:28 AM
BOE Agenda Approval	afrantz	10/15/2021 14:51:05 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25005**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>Guardiantrac, LLC dba GT Independence</b>
Agency Code: <b>409</b>	Contractor Name: <b>Guardiantrac, LLC dba GT Independence</b>
Appropriation Unit: <b>3646-18</b>	Address: <b>215 Broadus St.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sturgis, MI 49091</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Holly Carmichael 269-569-2332</b>
	Vendor No.: <b>T32011614</b>
	NV Business ID: <b>NV20212210795</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 %

Agency Reference #: **S1659 CP**

2. Contract start date:

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

Anticipated BOE meeting date **12/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 301 days**

4. Type of contract: **Contract**

Contract description: **Fiscal Intermediary**

5. Purpose of contract:

**This is a new contract to provide ongoing fiscal management services for children whose families/guardians choose to direct their services and support through self-directed programs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$198,000.00**

Payment for services will be made at the rate of \$55.00 per Month per Participant

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The State requires a fiscal intermediary service to manage the Self-Directed program.**

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

**The State does not have the personnel or expertise to provide this service.**

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

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

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

**IVA Inc.  
Public Partnerships  
Palco**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S1659, 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: 07/19/2021 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:

Kelsey McCann-Navarro, Social Servicers Chief 3 Ph: 775-684-4431

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	09/27/2021 06:36:32 AM
Division Approval	knielsen	10/10/2021 16:32:58 PM
Department Approval	rarmstr3	10/11/2021 13:13:26 PM
Contract Manager Approval	sknigge	10/13/2021 16:15:29 PM
Budget Analyst Approval	vfajota	10/14/2021 14:30:37 PM
BOE Agenda Approval	afrantz	10/15/2021 13:56:00 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **24626**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>TRE BARNEN LLC DBA RED STAR FENCE COMPANY</b>
Agency Code: <b>431</b>	Contractor Name: <b>TRE BARNEN LLC DBA RED STAR FENCE COMPANY</b>
Appropriation Unit: <b>3650-10</b>	Address: <b>4755 W DEWEY DR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-2244</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JELINDO A. TIBERTI II 702-733-7827</b>
	Vendor No.: <b>T27034022</b>
	NV Business ID: <b>NV20091247702</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 %

Agency Reference #: 431

2. Contract start date:

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

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/09/2025**

Contract term: **3 years and 282 days**

4. Type of contract: **Contract**

Contract description: **Southern NV Fencing**

5. Purpose of contract:

**This is a new contract to provide ongoing fencing installation and repair services for the Anthony Cometa Complex, Floy Edsall Training Center, Speedway Readiness Center, Henderson Readiness Center and the Cheyenne Air Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Secure the facility from wildlife and others who do not have permission to be on the grounds.

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

The tools and equipment to do the job.

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):



Red Star Fence Co.  
American Fence Co.  
JP Fence  
Tahoe Fence

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:  
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	csnido1	10/05/2021 10:42:41 AM
Division Approval	csnido1	10/05/2021 10:42:44 AM
Department Approval	csnido1	10/05/2021 10:42:46 AM
Contract Manager Approval	csnido1	10/05/2021 10:42:48 AM
Budget Analyst Approval	jrodrig9	10/13/2021 17:48:33 PM
BOE Agenda Approval	jrodrig9	10/13/2021 17:48:36 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: **24971**

Agency Name:	<b>COLORADO RIVER COMMISSION</b>	Legal Entity Name:	<b>LIGHTRIVER TECHNOLOGIES, INC.</b>
Agency Code:	<b>690</b>	Contractor Name:	<b>LIGHTRIVER TECHNOLOGIES, INC.</b>
Appropriation Unit:	<b>4501-10</b>	Address:	<b>2150 John Glenn Dr. #200</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Concord, CA 94520</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Rick Jarrell 925/363-9000
		Vendor No.:	T32009216A
		NV Business ID:	NV20212181742
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 % Power Sales</b>

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 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **05/30/2025**Contract term: **3 years and 211 days**4. Type of contract: **Other (include description): Joinder Contract**Contract description: **LightRiver**

5. Purpose of contract:

**This is a new contract to provide engineering operation and maintenance 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: **\$275,000.00**

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

Agency was approved by purchasing to use a solicitation done by Southern Nevada Water Authority. Request to use Another Governmental Solicitation approval G21.0701. The contractor was chosen based upon the needs to continue to provide imperative constant flow communication for over thirty facilities.

d. Last bid date: 03/30/2021 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Other

NT7 Business License

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gbenton	09/15/2021 11:56:49 AM
Division Approval	gbenton	09/15/2021 11:56:56 AM
Department Approval	gbenton	09/15/2021 11:57:00 AM
Contract Manager Approval	dbeatty	09/16/2021 14:12:39 PM
EITS Approval	msmi40	10/05/2021 15:34:17 PM
Budget Analyst Approval	cbrekken	10/07/2021 06:47:42 AM
BOE Agenda Approval	cbrekken	10/07/2021 06:47:45 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

**Purchasing Use Only:**

Approval #: **G21.07010**

**REQUEST TO USE ANOTHER GOVERNMENTAL SOLICITATION**

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

<b>1</b>	<b>Agency Contact Information - Note: Approval notification will be sent to only the contact(s) listed below:</b>		
	<b>State Agency Name:</b>	Colorado River Commission of Nevada	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Robert Reese – Assistant Director of Engineering and Operations	702-682-6972	breese@crc.nv.gov

<b>2</b>	<b>Vendor Information:</b>	
	<b>Identify Vendor:</b>	LightRiver Technologies
	<b>Contact Name:</b>	Rick Jarrell
	<b>Complete Address:</b>	2150 John Glenn Dr. #200 Concord, CA 94520
	<b>Telephone Number:</b>	(303) 808-8542
	<b>Email Address:</b>	rjarrell@lightriver.com

<b>3</b>	<b>State/Entity that Released the Solicitation &amp; Type of Solicitation. Must be Competitively Bid.</b>	
	<b>Type of Solicitation:</b>	Request for Proposal (RFP)
	<b>Identify Original State/Entity:</b>	Southern Nevada Water Authority (SNWA)
	<b>Contact Name:</b>	Scott Rhiner
	<b>Telephone Number:</b>	(702) 567-2024
	<b>Email Address:</b>	scott.rhiner@lvvwd.com

<b>4</b>	<b>Contract Dates: Your Contract Term Date Cannot Exceed Term Date of Original Contract.</b>				
	<b>Original Contract:</b>	<b>Start Date:</b>	February 2019	<b>End Date:</b>	January 2026
	<b>New Contract:</b>	<b>Start Date:</b>	May 2021	<b>End Date:</b>	May 2025

<b>5</b>	<b>Funding for this new contract:</b>	
	<b>State Appropriated:</b>	N/A
	<b>Federal Funds:</b>	N/A
	<b>Grant Funds:</b>	N/A
	<b>Other (Explain):</b>	SNWA

<b>Purchasing Use Only:</b>	
Approval #:	G21.07010

6	Does the Scope of Work (SOW) in the original contract meet/exceed your needs?	Yes:	X	No:	
	To ensure such, requesting agency must request a copy of the State/entities Contract and SOW to be reviewed and approved by the agency's Deputy Attorney General (DAG). A copy of the Contract and written approval from the agency's DAG must be included with the request to the Purchasing Division.				
7	Did the agency receive awarded vendors permission to contract?	Yes:	X	No:	
	Written approval from the awarded vendor must accompany the agency's request/submission to the Purchasing Division.				
8	To ensure fair & reasonable pricing to the State, did the agency request a copy of the awarded vendors technical and cost proposals?	Yes:	X	No:	
	Copies of such must be included with submission to the Purchasing Division.				
9	Did the agency address any Federal Requirements associated with the contract?	Yes:	X	No:	
10	Is this vendor registered in NevadaEPro?	Yes:	X	No:	
	Per Executive Order 2019-2, prior to entering into a contract with a vendor they must be registered in NevadaEPro.				
11	Is this vendor registered with the Nevada Secretary of State's Office?	Yes:		No:	X
	Pursuant to NRS 76, prior to entering into a contract with a vendor they must obtain a Nevada Business License.				
12	Is a Business Associate Addendum or other agency specific form(s) required?	Yes:		No:	X
	If so, please include copies with submission to the Purchasing Division.				

<b>Purchasing Use Only:</b>	
Approval #:	G21.0701 (2)

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

Walter Shupe  
Walter Shupe (Mar 30, 2021 11:35 PDT)

Agency Representative Initiating Request

Walter Shupe,  
Print Name of Agency Representative Initiating Request

3/30/21  
Date

Robert D. Reese

Signature of Agency Head Authorizing Request

Robert D. Reese  
Print Name of Agency Head Authorizing Request

03/30/21  
Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NRS 333.475. 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 300.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

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

Approved by:

Kevin D. Doty

Administrator, Purchasing Division or Designee

7/6/21  
Date



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

**M E M O R A N D U M**

**TO:** Eric Witkoski, Executive Director, CRC  
Kaleb Hall, Assistant Director, Energy Information Systems, CRC  
Doug Beatty, Chief, Finance & Administration, CRC

**CC:** Alan Cunningham, State CIO, EITS, DOA  
Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Michael Smith, Enterprise Architect, EITS, DOA

**SUBJECT:** TIN Completion Memo - CRC – 252 – Colorado River Commission’s next generation communications network – 4490 – Update a

**DATE:** October 4, 2021

We have completed the review for CRC’s - Colorado River Commission’s next generation communications network - TIN 252 Update a.

The submitted TIN is for an estimated value of \$273,200.00 in the current biennium and \$1,800.00 next biennium (100% Other – 269-4501) to replace an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

The Colorado River Commission currently uses a blended network platform with the Southern Nevada Water Authority. This network platform is utilized for Supervisory Control and Data Acquisition (SCADA) and Revenue Metering and is used to provide emergency callouts as well. The Southern Nevada Water Authority has begun upgrading their network peripherals to this blended network.

Due to this upgrading and the requirement to implement modernized network security to comply with industry standards the Colorado River Commission is requesting to modernize its blended network platform with Southern Nevada Water Authority. This is required to maintain their networks continuity.

This proposal provides the services to design, engineer, assemble, test, stage, train and implement a next generation communications platform for the Colorado River Commission. LightRiver will implement the Ciena Carrier Ethernet (CE) platform as the core network due to the innovative feature sets of the products and the continual investment in product development. Additionally, the solution will include the Ciena Manage, Control, Plan (MCP), network management system.

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

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

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **21398** Amendment Number: **1**

Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **Eagle Copters Maintenance, Ltd**

Agency Code: **702** Contractor Name: **Eagle Copters Maintenance, Ltd**

Appropriation Unit: **4464-23** Address: **823 McTavish Road NE**

Is budget authority available?: **Yes** City/State/Zip: **CANADA,**

If "No" please explain: **Not Applicable** Contact/Phone: **Wes Semeniuk 403-250-7370**

Vendor No.: **F00000343**

NV Business ID: **NV20181905535**

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.

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

Agency Reference #: **72DOW-S380**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/13/2019**

Anticipated BOE meeting date **10/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **02/28/2023**

Contract term: **4 years and 16 days**

4. Type of contract: **Contract**

Contract description: **Helicopter Maint.**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing helicopter maintenance services. This amendment increases the maximum amount from \$400,000 to \$561,185 due to an increased need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$400,000.00	\$400,000.00	\$400,000.00	Yes - Action
2. Amount of current amendment (#1):	\$161,185.00	\$161,185.00	\$161,185.00	Yes - Action
3. New maximum contract amount:	\$561,185.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The agency cannot perform all the necessary repairs.**

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

**State employees do not possess the necessary certifications to perform the 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):

Eagle Copter Ltd  
Arista Aviation Services LLC  
Advanced Helicopter Services

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #72DOW-S380, 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: 10/22/2018 Anticipated re-bid date: 09/22/2023

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Department of Wildlife  
2016-2018  
Satisfactory

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

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

Not Applicable

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

Other

**Non-Title 7 Business Entity**

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mespinoz	08/04/2021 12:28:33 PM
Division Approval	jneubau2	08/04/2021 15:39:01 PM
Department Approval	bvale1	08/11/2021 16:01:03 PM
Contract Manager Approval	bvale1	10/15/2021 16:01:20 PM
Budget Analyst Approval	mlynn	10/15/2021 16:04:11 PM
BOE Agenda Approval	cbrekken	10/15/2021 16:09:30 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: **25066**

Agency Name: <b>B&amp;I - INSURANCE DIVISION</b>	Legal Entity Name: <b>NEVADA ALTERNATIVE SOLUTIONS, INC.</b>
Agency Code: <b>741</b>	Contractor Name: <b>NEVADA ALTERNATIVE SOLUTIONS, INC.</b>
Appropriation Unit: <b>3802-15</b>	Address: <b>INC</b>
Is budget authority available?: <b>Yes</b>	<b>9506 W FLAMINGO RD STE 103</b>
If "No" please explain: <b>Not Applicable</b>	<b>LAS VEGAS, NV 89147-5722</b>
	Contact/Phone: <b>CHARLES NORT 702/796-1333</b>
	Vendor No.: <b>T81042202B</b>
	NV Business ID: <b>NV19931097191</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 %</b>	<b>Worker's Compensation Insolvency Fund</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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **4 years and 61 days**

4. Type of contract: **Contract**

Contract description: **SI Insolvencies**

5. Purpose of contract:

**This is a new contract to provide ongoing claims administration of insolvent self-insured employers and insolvent self-insured associations.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$496,015.00**

Payment for services will be made at the rate of \$4,835.00 per month

Other basis for payment: \$500 for initial set-up of existing claims, \$875 for each new or reopened insolvency claim.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

A third party administrator (TPA) is required to manage the Worker's Compensation Insolvency claims.

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

This is a specialized field and the Division does not have the staff to complete these duties.

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):

Sierra Nevada Administrators  
NOVO Consulting Group  
York Risk Services Group

b. Solicitation Waiver: **Not Applicable**

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

Purchasing received two proposals for this solicitation. Both vendors were determined to be well qualified for the contract. The selected vendor's costs are significantly less than the other vendor.

d. Last bid date: 09/09/2021 Anticipated re-bid date: 01/01/2025

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Business & Industry, Division of Insurance. Work is satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Maurice Fuller, Insurance Examiner II Ph: 775-687-0776

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhanse4	10/12/2021 13:28:48 PM
Division Approval	jhanse4	10/12/2021 13:28:51 PM
Department Approval	jhanse4	10/12/2021 13:28:54 PM
Contract Manager Approval	tbouas	10/12/2021 13:30:53 PM
Budget Analyst Approval	hfield	10/18/2021 12:56:32 PM
BOE Agenda Approval	hfield	10/18/2021 12:56:35 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24693**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>BlindConnect, Inc.</b>
Agency Code: <b>901</b>	Contractor Name: <b>BlindConnect, Inc.</b>
Appropriation Unit: <b>3254-75</b>	Address: <b>5165 W. Sunset Rd.</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>Las Vegas, NV 89118-4384</b>
If "No" please explain: Budget authority is contingent upon October 2021 IFC work program C55669.	Contact/Phone: <b>Raquel O'Neill 702-292-9496</b>
	Vendor No.: <b>T27033361</b>
	NV Business ID: <b>NV19971361986</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 % Fund for Healthy Nevada Grant</b>

Agency Reference #: **3558-23-REHAB**

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 **11/2021**Retrospective? **Yes**

If "Yes", please explain

**Vocational Rehabilitation did not receive the official Notice of Grant Award from the Nevada Dept. of Health and Human Services until July 14, 2021. The vendor, as required by the grant proposal and grant award, has started holding monthly training development meetings to create a program that would directly benefit Nevada's Blind and Visually Impaired community to find and retain employment.**

3. Termination Date: **06/30/2023**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **BlindConnect Grant**

5. Purpose of contract:

**This is a new contract to provide soft skills and job seeking training to individuals who are blind or visually impaired.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$185,260.00**

Other basis for payment: Program Development: \$29,500; SFY22 Training: \$77,880; SFY23 Training: \$77,880. Blindconnect will submit to the Project Manager a Pre-Training survey, a Post-Training survey and a six month, after completion, survey. Invoices will only be paid after receipt of required documentation and approval of the invoice by Project Manager and the Deputy Administrator for Programs. Total contract not to exceed: \$185,260.00.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Per a 2018 research report by Cornell University, 42.5% of Nevadans with disabilities are employed. In comparison 78.2% of Nevadans without disabilities are employed. The primary goal of this collaboration is to close the employment gap by increasing the number of employed Nevadans with disabilities who are Blind or Visually Impaired and promote independence.

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

State employees will be working with the vendor to provide services to the Blind and Visually Impaired community.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Vendor mandated in NOGA

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

The vendor has provided satisfactory services to VR since 2015 and DHHS since 2014.

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jben2	09/24/2021 15:43:38 PM
Division Approval	jmarhev	09/24/2021 15:50:12 PM
Department Approval	jmarhev	09/24/2021 15:50:15 PM
Contract Manager Approval	ghein	09/24/2021 15:50:51 PM
Budget Analyst Approval	dbaughn	09/30/2021 11:53:14 AM
BOE Agenda Approval	dlenzner	10/14/2021 13:23:21 PM
BOE Final Approval	Pending	



**MEMORANDUM**

**DATE:** July 22, 2021

**TO:** Darlene Baughn, Executive Budget Manager I  
Department of Administration

**FROM:** Elisa Cafferata, Director

**SUBJECT:** RETROACTIVE CONTRACT  
BlindConnect Inc

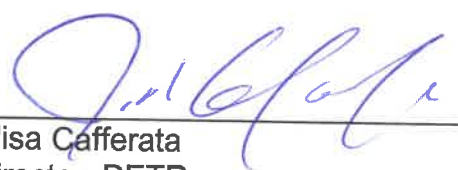
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On behalf of the Department of Employment, Training and Rehabilitation (DETR), I respectfully request approval to execute a retroactive contract with BlindConnect Inc. This contract is based off the Nevada Department of Health and Human Services' Healthy Nevada Grant. Notification of this grant award was not received by DETR until July 14, 2021 for a contract that was required to begin July 1, 2021. Work Program C55669 was created in relation to this grant to bring in the revenue. The vendor, as required by the grant proposal and award, has already started holding monthly training meetings to create an employment assistance program that directly benefits Nevada's blind and visually impaired community. This contract will be in effect from July 1, 2021 to June 30, 2023.

Thank you for your consideration of this request.

Amanda Thompson on behalf of Tracy Zehner  
Contract Manager

**DETR, Financial Management, Approved by:**

  
\_\_\_\_\_  
Elisa Cafferata  
Director, DETR

Date: 9/24/21

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24883**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>Market Decisions Research, LLC</b>
Agency Code: <b>901</b>	Contractor Name: <b>Market Decisions Research, LLC</b>
Appropriation Unit: <b>3265-09</b>	Address: <b>75 Washington Ave, Suite 2C</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Portland , ME 04101-2665</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Mark Noyes 207-767-6440</b>
	Vendor No.: <b>T27041974</b>
	NV Business ID: <b>NV20171743897</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.

<input checked="" type="checkbox"/> General Funds	<b>21.30 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>78.70 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP# 90DETR-S1581 PSM Initials: tb**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/09/2022**Anticipated BOE meeting date **11/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **01/08/2026**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Satisfaction Survey**

5. Purpose of contract:

**This is a new contract to provide ongoing consumer satisfaction experience surveys, longitudinal analysis and proposed project innovation to determine customer satisfaction with services provided and to assess basic needs of individuals with disabilities who seek employment.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$333,050.25**

Other basis for payment: As invoiced by the Contractor and approved by the State. Contract not to exceed: \$333,050.25.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Pursuant to 34CFR 361.17 (h)(4), 361.16 (C)(v). the Rehabilitation Act of 1973, as Amended, Section 105 (c)(2)(B)(4) and the Nevada State Rehabilitation Council (NSRC), consumer satisfaction surveys must be undertaken yearly.**

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

**State employees do not possess the expertise 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):



b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #90DETR-S1581, 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: 07/01/2021 Anticipated re-bid date: 07/01/2025

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

The vendor has provided satisfactory services to DETR since 01/09/2017.

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

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

Not Applicable

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

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmartin7	09/22/2021 11:16:04 AM
Division Approval	bmartin7	09/22/2021 11:16:07 AM
Department Approval	bmartin7	09/22/2021 11:16:09 AM
Contract Manager Approval	ghein	09/22/2021 11:19:36 AM
Budget Analyst Approval	dbaughn	09/23/2021 10:51:15 AM
BOE Agenda Approval	dlenzner	10/13/2021 14:27:32 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24937**

Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>BOARD OF REGENTS-WESTERN NEVADA COLLEGE</b>
Agency Code: <b>902</b>	Contractor Name: <b>BOARD OF REGENTS-WESTERN NEVADA COLLEGE</b>
Appropriation Unit: <b>4770-11</b>	Address: <b>WNC CONTROLLERS OFFICE 2201 W COLLEGE PKWY CARSON CITY, NV 89703-7316</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89703-7316</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Niki Gladys 775/445-3239</b>
	Vendor No.: <b>D35000822</b>
	NV Business ID: <b>Governmental Entity</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 %

Agency Reference #: **3580-24-ESD**

2. Contract start date:

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

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

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

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

Contract description: **ROADS Partnership**

5. Purpose of contract:

**This is a new interlocal agreement to provide a pilot program to foster collective action among Western Nevada College's direct partners with the goal of enhancing the skills of Nevada's workers who are unemployed and/or underemployed.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$460,000.00**

Other basis for payment: **\$230,000 per year**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The ROADS program will capitalize on the existing strengths and resources of WNC and its partners to focus on industry-determined priorities in order to align training with industry demands.**

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

**DETR does not have the resources to accomplish this program alone.**

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

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

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

**Not Applicable**

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

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

Governmental Agency

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is 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	carnol1	09/07/2021 16:36:00 PM
Division Approval	lparven	09/08/2021 12:21:54 PM
Department Approval	carnol1	09/09/2021 08:34:20 AM
Contract Manager Approval	carnol1	09/09/2021 08:34:22 AM
Budget Analyst Approval	dbaughn	09/17/2021 11:54:56 AM
BOE Agenda Approval	dlenzner	09/28/2021 15:02:10 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24819**Agency Name: **DETR - EMPLOYMENT SECURITY**Agency Code: **902**Appropriation Unit: **4770-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **THE CAREER INDEX CORPORATION**Contractor Name: **THE CAREER INDEX CORPORATION**Address: **601 E. Sherman Ave., Suite 4**City/State/Zip: **COEUR D'ALENE, ID 83814-7793**Contact/Phone: **Cody Dixon 208-819-4956**Vendor No.: **T32005302**NV Business ID: **NV2017145474770**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.

**X** General Funds **5.00 %** Fees 0.00 %**X** Federal Funds **95.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **3570-26-DETR**

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 **11/2021**Retroactive? **Yes**

If "Yes", please explain

**This new contract will continue the current services of contract #18924 which expires September 30, 2021. There are no alternatives to this contract due to it being a sole source vendor. Not approving this contract will cause Nevada not to meet the Federal WIOA requirements and would be a disservice to Nevada citizens.**3. Termination Date: **09/30/2025**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **SARA**

5. Purpose of contract:

**This is a new contract to provide an ongoing software solution to gather and report data required for the performance measures contained in the Workforce Innovation and Opportunity Act.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,556,660.00**

Other basis for payment: The state will remit payment upon receipt and approval of an itemized invoice. Y1 \$386,090; Y2 \$390,190; Y3 390,190; Y4 \$390,190

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The purpose of the SARA project is a solution to the gathering and reporting of data required for the performance measures contained in the Workforce Innovation and Opportunity Act (WIOA) across care management systems for the core partners without modifying these existing systems. This project also increases the core partners ability to share common clients, documentation and recording for those clients.

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

This project crosses across multiple state and local participating agencies. There is no state agency which provides similar services.

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

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

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

Not Applicable

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

**Approval #: 210803**

**Approval Date: 08/10/2021**

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

This is a sole source vendor that is currently under contract

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:

DETR since 2017 and is satisfactory

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	carnol1	10/05/2021 09:38:33 AM
Division Approval	carnol1	10/05/2021 09:38:36 AM
Department Approval	carnol1	10/05/2021 09:38:38 AM
Contract Manager Approval	carnol1	10/05/2021 09:38:42 AM
EITS Approval	msmi40	10/05/2021 15:19:11 PM
Budget Analyst Approval	dlenzner	10/19/2021 07:59:21 AM
BOE Agenda Approval	dlenzner	10/19/2021 07:59:24 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#:	210803 (1)

**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: Approved copy will be sent to only the contact(s) listed below:</b>			
	State Agency Name:	DETR – Rehabilitation Division		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Tracy Zehner, Contract Manager	775-684-3823	jmcu@detr.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	Identify Vendor:	The Career Index Corporation
	Contact Name:	KD Nygaard
	Complete Address:	1078 W Peninsula Dr, Coeur D'Alene, ID 83184
	Telephone Number:	(888) 558-1658 ext 804
	Email Address:	kdn@thecareerindex.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:	

<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:			
	Contract:	Start Date:	October 1, 2021	End Date: September 30, 2025

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	Cost Allocated

Recd 07/29/21

Purchasing Use Only:

Approval #:

210803 @

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase: \$1,747,740.00
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2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b> <i>To provide automated, web-based mobile compatible virtual assistant (SARA) and an on-demand internet network (ODIN) to communicate with clients of DETR Vocational Rehabilitation (VR), Employment Security Divisions (ESD), Local Workforce Development Boards, Department of Education, and DHHS Division of Welfare Support Services. It also shares data on clients between partner agencies and is a common intake system which has increased efficiency and improved quality of service to clients.</i>
---	--

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b> <i>Using SARA and ODIN has reduced redundancy in service delivery among the partner agencies and has enabled the State to meet the requirements of Federal Workforce Innovation and Opportunity Act (WIOA) and fulfill the goals outlined in Nevada's Unified State Plan to deliver core and intensive services to dislocated workers and other job-seeking clients.</i>
---	--

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> <i>There are no know alternatives to this service. SARA was part of a pilot program funded by the Rehabilitation Division's Federal oversight agency, the Rehabilitation Services Administration (RSA). Nevada was selected as one of only three states to participate in this pilot and has thus far been successful. The pilot program ended 9/30/2020 and since then the three states, NV, KY, AK, have continued as subscription customers. Additionally, WI, MS, TX, and the Veterans Administration's VR&amp;E department also subscribe.</i>
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Were alternative services or commodities evaluated? Check One.		Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
5	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i> <i>No known alternatives to this service exist. The RSA, through its Workforce Innovation Technical Assistance Center chose The Career Index program to solve data sharing and reporting requirements for states to meet WIOA requirements.</i>				

<b>Purchasing Use Only:</b>	
Approval #:	210803 @

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</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>			
	<i>Start and End Dates</i>							
	08/08/2017	09/30/2021	\$1,401,193.00	SARA	Waiver #170502			
			\$					
		\$						
		\$						

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>Loss of the ability to use the intake system between all WIOA core programs, which would cause Nevada not to meet the Federal WIOA requirements.</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>Per the RSA's Workforce Innovation Technical Assistance Center there are no other vendors providing similar products. Online search results also came up negative.</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:		No:	X
	a. <i>If yes, please provide details regarding future obligations or needs.</i>							



<b>Purchasing Use Only:</b>	
Approval #:	210803 (C)

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

  
 \_\_\_\_\_  
 Agency Representative Initiating Request

Tracy Zehner  
 Print Name of Agency Representative Initiating Request

7/28/21  
 Date

By   
 \_\_\_\_\_  
 Signature of Agency Head Authorizing Request

Elisa Cafferata  
 Print Name of Agency Head Authorizing Request

CHRISTOPHER SEWELL, DEPUTY DIRECTOR

7-29-21  
 Date

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

\_\_\_\_\_  
 Name of agency or entity who provided information or review:

\_\_\_\_\_  
 Representative Providing Review

\_\_\_\_\_  
 Print Name of Representative Providing Review

\_\_\_\_\_  
 Date

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

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

Approved by:

  
 \_\_\_\_\_  
 Administrator, Purchasing Division or Designee

8/10/21  
 Date

OFFICE OF THE DIRECTOR

Financial Management



STEVE SISOLAK  
Governor

ELISA CAFFERATA  
Director

**MEMORANDUM**

**DATE:** August 16, 2021

**TO:** Darlene C. Baughn, Executive Budget Officer  
Department of Administration

**FROM:** Elisa Cafferata, Director

**SUBJECT:** RETROACTIVE CONTRACT  
The Career Index

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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 The Career Index. This sole source vendor, approved by Purchasing Administrator Kevin Doty, is under current contract #18924 which expires September 30, 2021. This contract will continue services to gather and report data required for performance measures under the Federal Workforce Innovation and Opportunity Act (WIOA). This contract will be in effect from October 1, 2021 through September 30, 2025.

Thank you for your consideration of this request.

Tracy Zehner  
Contract Manager

**DETR, Financial Management, Approved by:**

*Elisa Cafferata on behalf of*  
Elisa Cafferata  
Director, DETR

Date: 5 October 2021

Steve Sisolak  
Governor



Laura E. Freed  
Director

Matthew Tuma  
Deputy Director

Alan Cunningham  
State Chief Information Officer

Timothy Galluzi  
Administrator

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*

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

**M E M O R A N D U M**

**TO:** Elisa Cafferata, Director, DETR  
Laxmi Bokka, IT Chief Manger, DETR  
Kristine Nelson, ESD Program Chief, DETR  
Josh Marhevka, Management Analyst IV, DETR

**CC:** Alan Cunningham, State CIO, EITS, DOA  
Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Michael Smith, Enterprise Architect, EITS, DOA

**SUBJECT:** TIN Completion Memo - DETR - SARA – BA 4770 - TIN 297

**DATE:** September 8, 2021

We have completed the review for DETR's – SARA TIN 297.

The submitted TIN for an estimated value of \$871,470 current biennium and \$875,570 next biennium (100% Federal Grant) to renew or update a maintenance, licensing, or consulting agreement already in place.

SARA provides an automated, web-based mobile compatible virtual assistant (SARA) and an on-demand internet network (ODIN) to communicate with clients of DETR's Employment Security Division, Local Workforce Development Boards, Department of Education, DHHS Division of Welfare Support Services, and DETR's Vocational Rehabilitation. SARA also shares data on clients between partner agencies and is a common intake system, which has increased efficiency and improved quality of service to clients.

This TIN request is a renewal of a TIN approved for SARA on 09/17/2018.

The contract with the current vendor (The Career Index/TCI) is expiring on 9/30/2021.

DETR received an approved Solicitation Waiver/Sole Source for a continuing contract amendment with TCI.

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

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

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **24030** Amendment Number: **1**  
 Agency Name: **PUBLIC EMPLOYEES' BENEFITS PROGRAM** Legal Entity Name: **Claim Technologies, Inc.**  
 Agency Code: **950** Contractor Name: **Claim Technologies, Inc.**  
 Appropriation Unit: **1338-04** Address: **100 Court Ave Suite 306**  
 Is budget authority available?: **Yes** City/State/Zip: **Des Moines, IA 50309**  
 If "No" please explain: **Not Applicable** Contact/Phone: **515-244-7322**  
 Vendor No.: **T32010673**  
 NV Business ID: **NV20212025321**  
 To what State Fiscal Year(s) will the contract be charged? **2021-2027**  
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2021**  
 Anticipated BOE meeting date **11/2021**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2027**  
 Contract term: **6 years and 79 days**

4. Type of contract: **Contract**  
 Contract description: **Health Plan Auditor**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides health plan auditing services. This amendment increases the maximum amount from \$1,407,656 to \$1,551,662 due to the addition of a focus audit and the option to request focus audits for specific needs.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,407,656.00	\$1,407,656.00	\$1,407,656.00	Yes - Action
2. Amount of current amendment (#1):	\$144,006.00	\$144,006.00	\$144,006.00	Yes - Action
3. New maximum contract amount:	\$1,551,662.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?  
Terms and conditions of PEBP vendor contracts require periodic audits to monitor compliance and performance.

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 experience or certifications to perform these audits

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?

RFP 95PEBP-S1388

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ceaton	09/14/2021 09:13:47 AM
Division Approval	ceaton	09/14/2021 09:13:56 AM
Department Approval	ceaton	09/14/2021 09:14:00 AM
Contract Manager Approval	ceaton	09/14/2021 09:14:03 AM
Budget Analyst Approval	hfield	10/19/2021 14:27:36 PM
BOE Agenda Approval	hfield	10/19/2021 14:27:43 PM

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	AMERICAN INSTITUTES FOR RESEARCH	OTHER: VARIOUS AGENCIES	\$20,000,000	
	Contract Description:	This is a new contract to provide ongoing grant related professional services.				
		Term of Contract:	01/01/2022 - 12/31/2025	Contract # 24890		
2.		VARIOUS STATE AGENCIES	ANYPLACE MANAGEMENT AND DIAGNOSTICS, DBA ANYPLACE MD, INC.	OTHER: VARIOUS AGENCIES	\$24,000,000	
	Contract Description:	This is the second amendment to the original contract which provides COVID-19 mobile testing sites, facility-based specimen collection, community-based testing sites, and vaccine distribution site services. This amendment increases the maximum amount from \$1,000,000 to \$25,000,000 due to the increased need for these services.				
		Term of Contract:	01/12/2021 - 08/31/2024	Contract # 23797		
3.		VARIOUS STATE AGENCIES	CROP JET AVIATION, LLC	OTHER: VARIOUS AGENCIES	\$400,000	
	Contract Description:	This is a new contract to provide fire fuel and vegetation reduction services.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 24831		
4.		VARIOUS STATE AGENCIES	CENTURYLINK COMMUNICATIONS, LLC DBA CENTURYLINK	OTHER: VARIOUS AGENCIES	\$8,000,000	
	Contract Description:	This is a new contract to provide ongoing telecommunication services including voice and data transport systems.				
		Term of Contract:	Upon Approval - 06/30/2024	Contract # 23212		
5.		VARIOUS STATE AGENCIES	GARRETT CONSULTING, LLC	OTHER: VARIOUS AGENCIES	\$20,000,000	
	Contract Description:	This is a new contract to provide ongoing grant related professional services.				
		Term of Contract:	01/01/2022 - 12/31/2025	Contract # 24878		
6.		VARIOUS STATE AGENCIES	H. GIL PEACH & ASSOCIATES, LLC	OTHER: VARIOUS AGENCIES	\$20,000,000	
	Contract Description:	This is a new contract to provide ongoing grant related professional services.				
		Term of Contract:	01/01/2022 - 12/31/2025	Contract # 24879		
7.		VARIOUS STATE AGENCIES	HEALTH SCREENING SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$24,000,000	
	Contract Description:	This is the second amendment to the original contract which provides COVID-19 mobile testing sites, facility-based specimen collection, community-based testing sites, and vaccine distribution site services. This amendment increases the maximum amount from \$1,000,000 to \$25,000,000 due to the increased need for these services.				
		Term of Contract:	10/13/2020 - 08/31/2024	Contract # 23574		

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.		VARIOUS STATE AGENCIES	MORRIS AG AIR & SONS, INC.	OTHER: VARIOUS AGENCIES	\$255,000	
	Contract Description:	This is a new contract to provide fire fuel reduction and forest management services.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 24829		
9.		VARIOUS STATE AGENCIES	NIZNIK LAB CORP.	OTHER: VARIOUS AGENCIES	\$24,000,000	
	Contract Description:	This is the second amendment to the original contract which provides COVID-19 mobile testing sites, facility-based specimen collection, community-based testing sites, and vaccination distribution site services. This amendment increases the maximum amount from \$1,000,000 to \$25,000,000 due to the increased need for these services.				
		Term of Contract:	10/13/2020 - 08/31/2024	Contract # 23573		
10.		VARIOUS STATE AGENCIES	OPTIMUMEDICINE	OTHER: VARIOUS AGENCIES	\$24,000,000	
	Contract Description:	This is the first amendment to the original contract which provides COVID-19 mobile testing sites, facility-based specimen collection, community-based testing sites, and vaccine distribution site services. This amendment increases the maximum amount from \$1,000,000 to \$25,000,000 due to the addition of vaccination sites and the continued need for these services.				
		Term of Contract:	10/13/2020 - 08/31/2024	Contract # 23575		
11.		VARIOUS STATE AGENCIES	PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION	OTHER: VARIOUS AGENCIES	\$20,000,000	
	Contract Description:	This is a new contract to provide ongoing grant related professional services.				
		Term of Contract:	01/01/2022 - 12/31/2025	Contract # 24891		
12.		VARIOUS STATE AGENCIES	RMC RESEARCH CORPORATION	OTHER: VARIOUS AGENCIES	\$20,000,000	
	Contract Description:	This is a new contract to provide ongoing grant related professional services.				
		Term of Contract:	01/01/2022 - 12/31/2025	Contract # 24889		
13.		VARIOUS STATE AGENCIES	RANGELANDS RESTORATION SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$1,200,500	
	Contract Description:	This is a new contract to provide fire fuel and vegetation reduction and forest management services.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 24930		
14.		VARIOUS STATE AGENCIES	STRATEGIC PROGRESS, LLC	OTHER: VARIOUS AGENCIES	\$20,000,000	
	Contract Description:	This is a new contract to provide ongoing grant related professional services.				
		Term of Contract:	01/01/2022 - 12/31/2025	Contract # 24880		
15.		VARIOUS STATE AGENCIES	THOMAS SCIENTIFIC, LLC	OTHER: VARIOUS AGENCIES	\$24,000,000	
	Contract Description:	This is the first amendment to the original contract which provides COVID-19 mobile testing sites, facility-based specimen collection, community-based testing sites, and vaccine distribution site services. This amendment increases the maximum amount from \$1,000,000 to \$25,000,000 due to the increased need for these services.				
		Term of Contract:	03/09/2021 - 12/31/2024	Contract # 23964		



# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.		VARIOUS STATE AGENCIES	TURNING POINT, INC.	OTHER: VARIOUS AGENCIES	\$20,000,000	
	Contract Description:	This is a new contract to provide ongoing grant related professional services.				
		Term of Contract:	01/01/2022 - 12/31/2025	Contract # 24877		

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24890**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	<b>AMERICAN INSTITUTES FOR RESEARCH</b>
Agency Code:	<b>MSA</b>	Contractor Name:	<b>AMERICAN INSTITUTES FOR RESEARCH</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>PO BOX 28126</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>NEW YORK, NY 10087-8126</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>202/403-5139</b>
		Vendor No.:	<b>T81077847A</b>
		NV Business ID:	<b>NV20121141774</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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Various Agencies</b>

Agency Reference #: RFQ 99SWC-S1656 NF

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Grant Project Serv.**

5. Purpose of contract:

**This is a new contract to provide ongoing grant related professional services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Vendors will be available to assist State of Nevada agencies with grant professional services.

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

The State does not employ grant professional 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):

H. Gil Peach  
Garrett Consulting  
Turning Point

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ 99SWC-S1656 and in accordance with NRS 333, this vendor met the qualifications of the RFQ and is one of 7 vendors selected by the appointed evaluation committee.

d. Last bid date: Anticipated re-bid date: 07/15/2025

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Grants Division, and Department of Education 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:

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:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	09/15/2021 16:30:13 PM
Division Approval	gdavi6	09/15/2021 16:30:17 PM
Department Approval	ldeloch	09/28/2021 10:56:03 AM
Contract Manager Approval	nfese1	10/05/2021 14:28:16 PM
Budget Analyst Approval	dspeed1	10/07/2021 12:48:45 PM
BOE Agenda Approval	hfield	10/11/2021 10:33:47 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23797** Amendment Number: **2**

Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **AnyPlace Management and Diagnostics, DBA Anyplace MD, Inc.**

Agency Code: **MSA** Contractor Name: **AnyPlace Management and Diagnostics, DBA Anyplace MD, Inc.**

Appropriation Unit: **9999 - All Categories** Address: **2001 Windy Ter, Ste F**

Is budget authority available?: **Yes** City/State/Zip: **Cedar Park, TX 78613-4290**

If "No" please explain: **Not Applicable** Contact/Phone: **Shane Stevens 312-296-4280**

To what State Fiscal Year(s) will the contract be charged? **2021-2025** Vendor No.: **T29043758**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. NV Business ID: **NV20201967970**

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 #: **99SWC-S1284 GD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/12/2021**

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **08/31/2024**

Contract term: **3 years and 231 days**

4. Type of contract: **MSA**

Contract description: **COVID-19 Testing**

5. Purpose of contract:  
**This is the second amendment to the original contract which provides COVID-19 mobile testing sites, facility-based specimen collection, community-based testing sites, and vaccine distribution site services. This amendment increases the maximum amount from \$1,000,000 to \$25,000,000 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:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$24,000,000.00	\$24,000,000.00	\$24,000,000.00	Yes - Action
3. New maximum contract amount:	\$25,000,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
State agencies and local governments are currently providing COVID-19 testing using a combination of National Guard staff, employees, temporary staff, and volunteers. These contracts will give entities additional options to provide test collection services if additional sites are needed or if current sites need to be transition to a contracted model.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Some using agencies do not have staffing resources or proper training to operate test collection sites, others are operating sites but need additional resources in preparation for a surge in COVID-19 cases.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The Statewide solicitation is a request for qualifications, and all qualified vendors are awarded contracts. Using entities can solicit proposals from multiple contracted vendors.

d. Last bid date: 08/12/2020 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 because the legal entity is a:

Other

**NT7 Business License Other**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**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	gdavi6	10/08/2021 11:50:07 AM
Division Approval	gdavi6	10/08/2021 11:50:10 AM
Department Approval	ldeloach	10/08/2021 13:24:50 PM
Contract Manager Approval	gdavi6	10/11/2021 09:12:05 AM

Budget Analyst Approval  
BOE Agenda Approval

pokeefe  
hfield

10/11/2021 10:21:22 AM  
10/12/2021 10:42:10 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24831**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>CROP JET AVIATION, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>CROP JET AVIATION, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>1921 S 1700 E</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>GOODING, ID 83330-5183</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>208/358-1802</b>
	Vendor No.: <b>T27042988</b>
	NV Business ID: <b>NV20191405677</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 % Various Agencies</b>

Agency Reference #: **RFQ 99SWC-S1426 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/07/2025**

Contract term: **3 years and 219 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

**This is a new contract to provide fire fuel and vegetation reduction services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$400,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**To reduce the risk of wildfire, fuels reduction and other services must be completed in various locations.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Swaggart Enterprise  
Leslie Heavy Haul  
Lost River**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 23 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser , Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	09/15/2021 13:59:02 PM
Division Approval	gdavi6	09/15/2021 13:59:04 PM
Department Approval	ldeloach	09/16/2021 09:02:17 AM
Contract Manager Approval	nfese1	09/16/2021 11:35:30 AM
Budget Analyst Approval	dspeed1	09/29/2021 15:21:03 PM
BOE Agenda Approval	hfield	10/04/2021 15:13:00 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: **23212**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	CenturyLink Communications, LLC DBA CENTURYLINK
Agency Code:	<b>MSA</b>	Contractor Name:	<b>CenturyLink Communications, LLC DBA CENTURYLINK</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>100 CenturyLink Drive</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Monroe, LA 71203</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Joe Walden 602-563-3378
		Vendor No.:	PUR0000402
		NV Business ID:	NV19901012165

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</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: 99SWC-S804 tb

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **2 years and 242 days**

4. Type of contract: **MSA**

Contract description: **Telecommunications**

5. Purpose of contract:

**This is a new contract to provide ongoing telecommunication services including voice and data transport systems.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,000,000.00**

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?

State employees need access to local telephone services in order to do their jobs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Telecommunications are a regulated service and must be provided by a company certified by the Nevada Public Utilities Commission

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):

Cox  
AT&T  
Charter

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 99SWC-S804, and in accordance with NRS333, this contractor was one of four selected as the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 09/30/2019 Anticipated re-bid date: 09/30/2021

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently holds statewide contracts. Service is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	10/07/2021 10:57:59 AM
Division Approval	gdavi6	10/07/2021 10:58:01 AM
Department Approval	ldeloach	10/07/2021 11:39:35 AM
Contract Manager Approval	tbeck1	10/07/2021 11:45:51 AM
Budget Analyst Approval	dspeed1	10/08/2021 11:01:29 AM
BOE Agenda Approval	hfield	10/11/2021 11:03:27 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: **24878**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>GARRETT CONSULTING, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>GARRETT CONSULTING, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>4325 STATTON RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LOUISVILLE, KY 40220-2784</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>502/762-3515</b>
	Vendor No.: <b>PUR0005798</b>
	NV Business ID: <b>NV20151639508</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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **RFQ 99SWC-S1656 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Grant Project Serv.**

5. Purpose of contract:

**This is a new contract to provide ongoing grant related professional services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Vendors will be available to assist State of Nevada agencies with grant professional services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not employ grant professional 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):

H Gil Peach  
Turning Pointe  
RMC Research

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ 99SWC-S1656 and in accordance with NRS 333, this vendor met the qualifications of the RFQ and is one of 7 vendors selected by the appointed evaluation committee.

d. Last bid date: Anticipated re-bid date: 07/15/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	09/07/2021 12:04:55 PM
Division Approval	ldeloach	09/07/2021 12:04:59 PM
Department Approval	ldeloach	09/07/2021 12:05:03 PM
Contract Manager Approval	nfese1	09/22/2021 09:51:24 AM
Budget Analyst Approval	dspeed1	10/04/2021 14:53:27 PM
BOE Agenda Approval	hfield	10/11/2021 11:18:31 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: **24879**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>H GIL PEACH &amp; ASSOCIATES, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>H GIL PEACH &amp; ASSOCIATES, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>16232 NW OAKHILLS DR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>BEAVERTON, OR 97006-5242</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>503/645-0716</b>
	Vendor No.: <b>T27006339</b>
	NV Business ID: <b>NV20031164254</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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **RFQ 99SWC-S1656**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Grant Project Serv.**

5. Purpose of contract:

**This is a new contract to provide ongoing grant related professional services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Vendors will be available to assist State of Nevada agencies with grant professional services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not employ grant professional 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):

RMC Research  
Garrett Consulting  
Turning Point

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ 99SWC-S1656 and in accordance with NRS 333, this vendor met the qualifications of the RFQ and is one of 7 vendors selected by the appointed evaluation committee.

d. Last bid date: Anticipated re-bid date: 07/15/2025

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	09/15/2021 13:55:33 PM
Division Approval	gdavi6	09/15/2021 13:55:36 PM
Department Approval	ldeloach	09/16/2021 08:51:56 AM
Contract Manager Approval	nfese1	09/22/2021 09:34:20 AM
Budget Analyst Approval	dspeed1	10/05/2021 10:32:35 AM
BOE Agenda Approval	hfield	10/08/2021 15:00:30 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>23574</b>	Amendment Number: <b>2</b>
Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Health Screening Services, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Health Screening Services, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>Health Screening Solutions 924 Valmont St, Suite 300 New Orleans, LA 70115</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>New Orleans, LA 70115</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Scott Crompton 504-539-4759</b>
	Vendor No.: <b>T27043797</b>
	NV Business ID: <b>NV20201890076</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 %	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 #: **99SWC-S1284 GD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/13/2020**  
Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **08/31/2024**

Contract term: **3 years and 323 days**

4. Type of contract: **MSA**

Contract description: **COVID-19 Testing**

5. Purpose of contract:

**This is the second amendment to the original contract which provides COVID-19 mobile testing sites, facility-based specimen collection, community-based testing sites, and vaccine distribution site services. This amendment increases the maximum amount from \$1,000,000 to \$25,000,000 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:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$24,000,000.00	\$24,000,000.00	\$24,000,000.00	Yes - Action
3. New maximum contract amount:	\$25,000,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies and local governments are currently providing COVID-19 testing using a combination of National Guard staff, employees, temporary staff, and volunteers. These contracts will give entities additional options to provide test collection services if additional sites are needed or if current sites need to be transition to a contracted model.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Some using agencies do not have staffing resources or proper training to operate test collection sites, others are operating sites but need additional resources in preparation for a surge in COVID-19 cases.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The Statewide solicitation is a request for qualifications, and all qualified vendors are awarded contracts. Using entities can solicit proposals from multiple contracted vendors.

d. Last bid date: 08/12/2020 Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	10/08/2021 11:49:10 AM
Division Approval	gdavi6	10/08/2021 11:49:14 AM
Department Approval	ldeloach	10/08/2021 13:17:02 PM
Contract Manager Approval	gdavi6	10/11/2021 09:11:09 AM
Budget Analyst Approval	pokeefe	10/11/2021 10:22:14 AM
BOE Agenda Approval	hfield	10/12/2021 10:17:12 AM





### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24829**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>MORRIS AG AIR &amp; SONS, INC.</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>MORRIS AG AIR &amp; SONS, INC.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>PO BOX 209</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>OROVADA, NV 89425</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Michael Morris 775.272.3365</b>
	Vendor No.: <b>T27036309</b>
	NV Business ID: <b>NV20101885383</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 % Various Agencies</b>

Agency Reference #: **RFQ 99SWC-S1426 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/07/2025**

Contract term: **3 years and 219 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

**This is a new contract to provide fire fuel reduction and forest management services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$255,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**To reduce the risk of wildfire, fuels reduction and other services that must be completed in various locations.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Logan Simpson  
Giles Construction  
Cutting Edge**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 23 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	09/15/2021 13:57:46 PM
Division Approval	gdavi6	09/15/2021 13:57:48 PM
Department Approval	ldeloach	09/28/2021 11:06:38 AM
Contract Manager Approval	nfese1	10/05/2021 14:27:35 PM
Budget Analyst Approval	dspeed1	10/06/2021 16:12:23 PM
BOE Agenda Approval	hfield	10/08/2021 11:53:17 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23573** Amendment Number: **2**

Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **Niznik Lab Corp.**

Agency Code: **MSA** Contractor Name: **Niznik Lab Corp.**

Appropriation Unit: **9999 - All Categories** Address: **1515 NW 167th St #410**

Is budget authority available?: **Yes** City/State/Zip: **Miami Gardens, FL 33169**

If "No" please explain: **Not Applicable** Contact/Phone: **Humberto Buniotto 888-688-9177**

Vendor No.: **T32010348**

NV Business ID: **NV20201926177**

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **99SWC-S1284 GD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/13/2020**

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **08/31/2024**

Contract term: **3 years and 323 days**

4. Type of contract: **MSA**

Contract description: **COVID-19 Testing**

5. Purpose of contract:  
**This is the second amendment to the original contract which provides COVID-19 mobile testing sites, facility-based specimen collection, community-based testing sites, and vaccination distribution site services. This amendment increases the maximum amount from \$1,000,000 to \$25,000,000 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:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$24,000,000.00	\$24,000,000.00	\$24,000,000.00	Yes - Action
3. New maximum contract amount:	\$25,000,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
State agencies and local governments are currently providing COVID-19 testing using a combination of National Guard staff, employees, temporary staff, and volunteers. These contracts will give entities additional options to provide test collection services if additional sites are needed or if current sites need to be transition to a contracted model.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Some using agencies do not have staffing resources or proper training to operate test collection sites, others are operating sites but need additional resources in preparation for a surge in COVID-19 cases.

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?

The Statewide solicitation is a request for qualifications, and all qualified vendors are awarded contracts. Using entities can solicit proposals from multiple contracted vendors.

d. Last bid date: 08/12/2020 Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	10/08/2021 11:48:54 AM
Division Approval	gdavi6	10/08/2021 11:48:56 AM
Department Approval	ldeloach	10/08/2021 13:02:41 PM
Contract Manager Approval	gdavi6	10/11/2021 09:12:25 AM
Budget Analyst Approval	pokeefe	10/11/2021 10:22:39 AM
BOE Agenda Approval	hfield	10/12/2021 09:41:31 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: <b>23575</b>	Amendment Number: <b>1</b>
Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>OptimuMedicine</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>OptimuMedicine</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>5010 S Decatur Blvd, Suite G&amp;H</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>Devon Eisma 702-286-6490</b>
	Vendor No.: <b>T27043788</b>
	NV Business ID: <b>NV20171435677</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 %	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 #: **99SWC-S1284 GD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/13/2020**  
 Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **08/31/2024**

Contract term: **3 years and 323 days**

4. Type of contract: **MSA**

Contract description: **COVID-19 Testing**

5. Purpose of contract:

**This is the first amendment to the original contract which provides COVID-19 mobile testing sites, facility-based specimen collection, community-based testing sites, and vaccine distribution site services. This amendment increases the maximum amount from \$1,000,000 to \$25,000,000 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:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
2. Amount of current amendment (#1):	\$24,000,000.00	\$24,000,000.00	\$24,000,000.00	Yes - Action
3. New maximum contract amount:	\$25,000,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

State agencies and local governments are currently providing COVID-19 testing using a combination of National Guard staff, employees, temporary staff, and volunteers. These contracts will give entities additional options to provide test collection services if additional sites are needed or if current sites need to be transition to a contracted model.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Some using agencies do not have staffing resources or proper training to operate test collection sites, others are operating sites but need additional resources in preparation for a surge in COVID-19 cases.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The Statewide solicitation is a request for qualifications, and all qualified vendors are awarded contracts. Using entities can solicit proposals from multiple contracted vendors.

d. Last bid date: 08/12/2020 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. 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	10/08/2021 11:49:26 AM
Division Approval	gdavi6	10/08/2021 11:49:29 AM
Department Approval	ldeloach	10/08/2021 13:18:08 PM
Contract Manager Approval	gdavi6	10/11/2021 09:11:27 AM
Budget Analyst Approval	pokeefe	10/11/2021 10:21:47 AM
BOE Agenda Approval	hfield	10/12/2021 10:29:47 AM



**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24891**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Pacific Institute for Research and Evaluation
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Pacific Institute for Research and Evaluation</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>4061 Powder Mill Road, Suite 3</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Beltsville , MD 20705-3113</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Diane McKnight 301-755-2721
		Vendor No.:	T32002870
		NV Business ID:	NV20041422412

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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: RFQ 99SWC-S1656 NF

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2025**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Grant Project Serv.**

5. Purpose of contract:

**This is a new contract to provide ongoing grant related professional services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Vendors will be available to assist State of Nevada agencies with grant professional services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not employ grant professional 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):

Turning Point

Strategic  
H. Gil Peachb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ 99SWC-S1656 and in accordance with NRS 333, this vendor met the qualifications of the RFQ and is one of 7 vendors selected by the appointed evaluation committee.

d. Last bid date: Anticipated re-bid date: 07/15/2025

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	09/07/2021 12:02:39 PM
Division Approval	ldeloach	09/07/2021 12:02:41 PM
Department Approval	ldeloach	09/07/2021 12:02:44 PM
Contract Manager Approval	nfese1	09/22/2021 09:50:28 AM
Budget Analyst Approval	dspeed1	10/04/2021 16:58:54 PM
BOE Agenda Approval	hfield	10/11/2021 11:08:58 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: **24889**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	RMC RESEARCH CORPORATION
Agency Code:	<b>MSA</b>	Contractor Name:	<b>RMC RESEARCH CORPORATION</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>1501 WILSON BLVD STE 400</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>ARLINGTON, VA 22209-2460</b>
If "No" please explain:	Not Applicable	Contact/Phone:	303/825-3636
		Vendor No.:	T32004080A
		NV Business ID:	NV20161083397

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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: RFQ 99SWC-S1656 NF

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2025**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Grant Project Serv.**

5. Purpose of contract:

**This is a new contract to provide ongoing grant related professional services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Vendors will be available to assist State of Nevada agencies with grant professional services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not employ grant professional 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):

Turning Point  
Garrett Consulting  
H. Gil Peachb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ 99SWC-S1656 and in accordance with NRS 333, this vendor met the qualifications of the RFQ and is one of 7 vendors selected by the appointed evaluation committee.

d. Last bid date: Anticipated re-bid date: 07/15/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Department of Education, Department of Administration, and Grant Procurement 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: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-721-7770

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	09/07/2021 11:55:05 AM
Division Approval	ldeloach	09/07/2021 11:55:09 AM
Department Approval	ldeloach	09/07/2021 11:55:14 AM
Contract Manager Approval	nfese1	09/22/2021 09:52:23 AM
Budget Analyst Approval	dspeed1	10/06/2021 16:27:00 PM
BOE Agenda Approval	hfield	10/08/2021 13:30:44 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: **24930**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Rangelands Restoration Services, LLC
Agency Code: <b>MSA</b>	Contractor Name: <b>Rangelands Restoration Services, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>PO Box 151695</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Ely, NV 89315</b>
If "No" please explain: Not Applicable	Contact/Phone: Dana Johnson 775-962-5183
	Vendor No.: T29044575
	NV Business ID: NV20201754124

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 % Various Agencies</b>

Agency Reference #: RFQ 99SWC-S1426 NF

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/07/2025**

Contract term: **3 years and 219 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

**This is a new contract to provide fire fuel and vegetation reduction and forest management services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,200,500.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

Giles Construction  
GTS Forestry  
Sierra Peaks

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 20 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	09/15/2021 13:56:34 PM
Division Approval	gdavi6	09/15/2021 13:56:36 PM
Department Approval	ldeloach	09/16/2021 08:55:48 AM
Contract Manager Approval	nfese1	09/16/2021 11:36:04 AM
Budget Analyst Approval	dspeed1	09/29/2021 16:02:28 PM
BOE Agenda Approval	hfield	10/05/2021 10:58:09 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24880**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>STRATEGIC PROGRESS, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>STRATEGIC PROGRESS, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>PO BOX 34294</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89533-4294</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702/241-8033</b>
	Vendor No.: <b>T27029824A</b>
	NV Business ID: <b>NV20051774907</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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **RFQ 99SWC-S1656 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Grant Project Serv.**

5. Purpose of contract:

**This is a new contract to provide ongoing grant related professional services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Vendors will be available to assist State of Nevada agencies with grant professional services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not employ grant professional 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):

H. Gil Peach  
Garrett Consulting  
Turning Pointe

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ 99SWC-S1656 and in accordance with NRS 333, this vendor met the qualifications of the RFQ and is one of 7 vendors selected by the appointed evaluation committee.

d. Last bid date: Anticipated re-bid date: 07/15/2025

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Contractor previously worked with DPBH, DETR, and NDOC and the work provided was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	09/07/2021 11:44:09 AM
Division Approval	ldeloach	09/07/2021 11:44:13 AM
Department Approval	ldeloach	09/07/2021 11:44:16 AM
Contract Manager Approval	nfese1	09/22/2021 09:54:05 AM
Budget Analyst Approval	dspeed1	10/05/2021 11:22:57 AM
BOE Agenda Approval	hfield	10/08/2021 13:44:24 PM
BOE Final Approval	Pending	



**CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **23964** Amendment Number: **1**  
 Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **THOMAS SCIENTIFIC, LLC**  
 Agency Code: **MSA** Contractor Name: **THOMAS SCIENTIFIC, LLC**  
 Appropriation Unit: **9999 - All Categories** Address: **1654 High Hill Rd**  
 Is budget authority available?: **Yes** City/State/Zip: **SWEDESBORO, NJ 08085**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Lewis McMillan 484/280-8133**  
 Vendor No.: **T29036720**  
 NV Business ID: **NV20181070479**

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **99SWC-S1284 GD**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/09/2021**  
 Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2024**  
 Contract term: **3 years and 298 days**

4. Type of contract: **MSA**  
 Contract description: **COVID-19 Testing**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides COVID-19 mobile testing sites, facility-based specimen collection, community-based testing sites, and vaccine distribution site services. This amendment increases the maximum amount from \$1,000,000 to \$25,000,000 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:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
2. Amount of current amendment (#1):	\$24,000,000.00	\$24,000,000.00	\$24,000,000.00	Yes - Action
3. New maximum contract amount:	\$25,000,000.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

State agencies and local governments are currently providing COVID-19 testing using a combination of National Guard staff, employees, temporary staff, and volunteers. These contracts will give entities additional options to provide test collection services if additional sites are needed or if current sites need to be transition to a contracted model.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Some using agencies do not have staffing resources or proper training to operate test collection sites, others are operating sites but need additional resources in preparation for a surge in COVID-19 cases.

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?

Statewide solicitation 99SWC-S1284 is a request for qualifications, and all qualified vendors were awarded contracts. Using entities can solicit proposals from multiple contracted vendors.

d. Last bid date: 08/12/2020 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor is a current statewide contractor for laboratory supplies. No issues.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	10/08/2021 11:49:46 AM
Division Approval	gdavi6	10/08/2021 11:49:48 AM
Department Approval	ldeloach	10/08/2021 13:21:19 PM
Contract Manager Approval	gdavi6	10/11/2021 09:11:46 AM
Budget Analyst Approval	pokeefe	10/11/2021 10:19:19 AM
BOE Agenda Approval	hfield	10/12/2021 10:45:49 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24877**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>TURNING POINT, INC.</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>TURNING POINT, INC.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>PO BOX 1028</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>VIRGINIA CITY, NV 89440-1028</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/843-2275</b>
	Vendor No.: <b>T29005273</b>
	NV Business ID: <b>NV19881034454</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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **RFP 99SWC-S1656 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Grant Project Serv.**

5. Purpose of contract:

**This is a new contract to provide ongoing grant related professional services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Vendors will be available to assist State of Nevada agencies with grant professional services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not employ grant professional 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):

Garrett Consulting  
RMC Research  
H. Gil Peach

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ 99SWC-S1656 and in accordance with NRS 333, this vendor met the qualifications of the RFQ and is one of 7 vendors selected by the appointed evaluation committee.

d. Last bid date: Anticipated re-bid date: 07/15/2025

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	09/07/2021 12:07:23 PM
Division Approval	ldeloach	09/07/2021 12:07:27 PM
Department Approval	ldeloach	09/07/2021 12:07:31 PM
Contract Manager Approval	nfese1	09/22/2021 09:53:19 AM
Budget Analyst Approval	dspeed1	10/05/2021 11:26:46 AM
BOE Agenda Approval	hfield	10/08/2021 13:41:06 PM
BOE Final Approval	Pending	

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	AMERICAN BIO ENGINEERS, LLC	OTHER: TORT CLAIM FUNDS	\$10,000	Professional Service
	Contract Description:	This is a new contract to provide expert witness services for case number A-20-822723-C, Convey, Edleen.				
		Term of Contract:	09/24/2021 - 06/30/2023	Contract # 24912		
2.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	TRIAL PARTNERS, INC.	OTHER: TORT CLAIM FUNDS	\$20,000	Professional Service
	Contract Description:	This is a new contract to provide outside counsel for case number A-19-787004-B; Nevada Wellness Center, LLC v. Jorge Pupo.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 24934		
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS	CJS RECOMMENDED CARPET CARE, INC.	OTHER: BUILDINGS AND GROUND RENTAL REVENUE	\$49,307	
	Contract Description:	This is a new contract to provide ongoing floor care in various State buildings in Northern Nevada.				
		Term of Contract:	09/21/2021 - 07/31/2025	Contract # 24684		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS	JOE BENIGNO'S TREE SERVICE & CONSULTING	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME REVENUE	\$97,185	
	Contract Description:	This is a new contract to provide ongoing arborist, plant health care, tree removals, trimming, landscaping and planting.				
		Term of Contract:	09/28/2021 - 09/30/2025	Contract # 24924		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - BUILDINGS AND GROUNDS	ROBERT LOPEZ, DBA STAY GREEN TREE SERVICE	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME REVENUE	\$88,350	
	Contract Description:	This is a new contract to provide ongoing arborist, plant health care, tree removals, trimming, landscaping and planting.				
		Term of Contract:	10/05/2021 - 09/30/2025	Contract # 24935		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - HEALTH AND HUMAN SERVICES CIP PROJECTS – NON-EXEC	BROADBENT & ASSOCIATES, INC.	BONDS	\$40,000	Professional Service
		<p><b>Contract Description:</b> This is a new contract to provide professional architectural/engineering services for the Caliente Youth Center - Irrigation Well Rehabilitation CIP project to include well design and well drilling oversight for the replacement of the existing irrigation well: CIP Project No. 21-M02-13; SPWD Contract No. 114236.</p> <p><b>Term of Contract:</b> 10/06/2021 - 06/30/2025</p> <p><b>Contract #</b> 24712</p>				
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - HEALTH AND HUMAN SERVICES CIP PROJECTS – NON-EXEC	DG KOCH ASSOCIATES, LLC	BONDS	\$16,000	Professional Service
		<p><b>Contract Description:</b> This is a new contract to provide professional architectural/engineering services for the Southern Nevada Adult Mental Health Services Building 4 heating, ventilation and air conditioning (HVAC) Systems Renovation CIP project to include design development, construction documents, and construction administration services for the make-up air unit and HVAC unit for building #4: CIP Project No. 21-M02-17; SPWD Contract No. 114310</p> <p><b>Term of Contract:</b> 09/28/2021 - 06/30/2025</p> <p><b>Contract #</b> 24923</p>				
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - HEALTH AND HUMAN SERVICES CIP PROJECTS – NON-EXEC	HARRIS CONSULTING ENGINEERS, LLC	BONDS	\$42,500	Professional Service
		<p><b>Contract Description:</b> This is a new contract to provide professional architectural/engineering services at the Caliente Youth Center Old Classroom Building Heating, Ventilation, and Air Conditioning Replacement CIP project to include design development, construction documents, bidding &amp; permit services, and construction administration for the replacement of four heat pumps: CIP Project No. 21-M02-11; SPWD Contract No. 114240.</p> <p><b>Term of Contract:</b> 09/28/2021 - 06/30/2025</p> <p><b>Contract #</b> 24723</p>				

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	JVC ASSOCIATES, INC. DBA JVC ARCHITECTS	BONDS	\$22,510	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Caliente Youth Center - Multi-Purpose Building Flooring Replacement CIP project, to include architectural services, bid documents, and construction administration services for the flooring replacement, new bleachers, and wall protection back-stops: CIP Project No. 21-M02(12); SPWD Contract No. 114251.				
	Term of Contract:	10/06/2021 - 06/30/2025	Contract # 24778			
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	PAUL CAVIN ARCHITECT, LLC	BONDS	\$60,900	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Lakes Crossing Center - Anti Ligature Fixture Upgrade CIP project to include plumbing engineering, architecture drawings, and project management services for the remodel of client rooms to accommodate anti-ligature fixtures: CIP Project No. 21-M02-1; SPWD Contract No. 114421				
	Term of Contract:	10/05/2021 - 06/30/2025	Contract # 24999			
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	HARRIS CONSULTING ENGINEERS, LLC	BONDS	\$33,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services at the Southern Desert Correctional Center Plumbing Fixture Water Control Renovations - Housing Units 1 through 4 CIP project, to include peer review, bidding, and construction administration to replace the plumbing fixture water controls: CIP Project No. 21-M10; SPWD Contract No. 114245.				
	Term of Contract:	09/23/2021 - 06/30/2025	Contract # 24783			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	HOUGHLAND PILS, INC. DBA HPA CONSULTING ENGINEERS	BONDS	\$12,220	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Casa Grande Transitional Housing Surveillance System Replacement CIP project to include updated construction documents and construction administration for the surveillance system replacement: CIP Project No. 21-M55; SPWD Contract No. 114237				
		Term of Contract:	09/29/2021 - 06/30/2025	Contract # 24961		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	JBA CONSULTING ENGINEERS, INC. DBA NV5 CONSULTANTS	BONDS	\$32,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services at the Florence McClure Women's Correctional Center - Water Softener Replacement CIP project to include plumbing engineering services and construction administration for the water softener replacement: CIP Project No. 21-M31; SPWD Contract No. 114241				
		Term of Contract:	09/29/2021 - 06/30/2025	Contract # 24721		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	TJK CONSULTING ENGINEERS, INC.	BONDS	\$17,650	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services at the Florence McClure Women's Correctional Center Emergency Generator Replacement CIP project to include schematic design, design development, construction documents, bidding assistance, and construction administration services for the generator replacement: CIP Project No. 21-M28; SPWD Contract No. 114238.				
		Term of Contract:	09/29/2021 - 06/30/2025	Contract # 24715		



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - VETERANS CIP PROJECTS – NON-EXEC	FRAME ARCHITECTURE, INC.	BONDS	\$19,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Veterans Memorial Cemetery Pavilion Renovation CIP project to include floor plans, elevation, details, specifications, cost estimating and construction administration for the pavilion renovation: CIP Project No. 21-M26; SPWD Contract No. 114298				
	Term of Contract:	09/29/2021 - 06/30/2025	Contract # 24925			
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - VETERAN'S CIP PROJECTS – NON-EXEC	H+K ARCHITECTS	BONDS 54% FEDERAL 46%	\$96,800	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Washoe County Armory - Restroom and Shower Renovation CIP project, to include architectural design, structural, mechanical, and electrical engineering for the renovation of the shower and restroom area: CIP Project No. 21-M24; SPWD Contract No. 114294.				
	Term of Contract:	10/11/2021 - 06/30/2025	Contract # 25006			
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - VETERAN'S CIP PROJECTS – NON-EXEC	ROBERT C. HOOFT, DBA HOOFT ARCHITECTURE, LLC	BONDS 54% FEDERAL 46%	\$33,925	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services at the Carlin Readiness Center - Overhead Doors Replacement CIP project to include architectural, structural, and electrical engineering design services for the replacement of nine overhead glass panel doors: CIP Project No. 21-E02; SPWD Contract No. 114316				
	Term of Contract:	09/28/2021 - 06/30/2025	Contract # 24922			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - VETERAN'S CIP PROJECTS – NON-EXEC	TANEY ENGINEERING, INC.	BONDS 28% FEDERAL 72%	\$11,590	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services at the Las Vegas Readiness Center - Organizational Parking Addition Construction CIP project to include project management, updates to civil plans, and construction management for the organizational parking addition: CIP Project No. 21-M18; SPWD Contract No. 114261.				
	Term of Contract:	10/04/2021 - 06/30/2025	Contract # 24784			
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	FRAME ARCHITECTURE, INC.	BONDS	\$30,690	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Dini Townsend Lakes Crossing Annex ADA Upgrades in Building 25 CIP project to include floor plans, elevation, details, specifications, cost estimating and construction administration for the remodel of the four main restrooms and showers: CIP Project No. 19-S02-1; SPWD Contract No. 114298				
	Term of Contract:	09/28/2021 - 06/30/2025	Contract # 24926			
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	JP ENGINEERING, LLC.	BONDS	\$32,400	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Warm Springs Correctional Center - High Mast Lighting Replacement CIP project, to include design development, construction drawings, bid negotiation, and construction administration services for the replacement of the high mast lighting fixtures: CIP Project No. 21-S08-3; SPWD Contract No. 114283				
	Term of Contract:	10/04/2021 - 06/30/2025	Contract # 24982			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	JVC ASSOCIATES, INC. DBA JVC ARCHITECTS	BONDS	\$55,100	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Desert Regional Center - Building 1308 ADA Upgrades CIP project, to include design, construction documents, bid phase, and construction administration services for the ADA remodel of building 1308: CIP Project No. 21-S02-2; SPWD Contract No. 114435.				
		Term of Contract:	10/04/2021 - 06/30/2025	Contract # 24981		
22.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	MYOTIS INC. DBA CARSON CREATURE CATCHERS	OTHER: TRANSFER FROM RISK MANAGEMENT 35% GENERAL 65%	\$27,034	Professional Service
	Contract Description:	This is a new contract to provide professional services for the Stewart Campus - Bat Remediation CIP project to include bat remediation services for several buildings located on the Stewart Indian Complex: CIP Project No. 19-S06-8; SPWD Contract No. 114272.				
		Term of Contract:	10/06/2021 - 06/30/2025	Contract # 24995		
23.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	PAUL CAVIN ARCHITECT, LLC	BONDS	\$71,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Carson City Railroad Museum - Roofing Replacement CIP project to include the schematic design, design development, project manuals, and technical specifications for the roof and siding replacement: CIP Project No. 19-S01-9; SPWD Contract No. 114456.				
		Term of Contract:	10/04/2021 - 06/30/2023	Contract # 24997		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	RESOURCE CONCEPTS, INC.	BONDS	\$32,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Stewart Complex - Access Road Repairs and Maintenance CIP project to include design development, construction drawings, bid documents, and construction administration for the access road repairs: CIP Project No. 21-S05-3; SPWD Contract No. 114437.				
	Term of Contract:	10/05/2021 - 06/30/2025	Contract # 24998			
25.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	ARCHITECTS + LLC	BONDS	\$24,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Blasdel Building - Elevator Modernization and Renovation CIP project to include the schematic design, construction documents, bid assistance, and construction administration to replace the control system and various components in the existing elevator: CIP Project No. 19-M47; SPWD Contract No. 114204.				
	Term of Contract:	09/22/2021 - 06/30/2023	Contract # 24730			
26.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	PETTY & ASSOCIATES, INC.	BONDS	\$38,900	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Carson City Attorney General's Office Building Central Plant Renovation CIP project to include all required mechanical, electrical, and structural services for the construction administration for renovation of the central plant heating and cooling equipment: CIP Project No. 21-M01; SPWD Contract No. 114288.				
	Term of Contract:	09/28/2021 - 06/30/2025	Contract # 24910			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES	
27.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	SAAREM CONSULTING ENGINEERS, LLC	BONDS	\$30,820	Professional Service	
		Contract Description: This is a new contract to provide professional architectural /engineering services for the State Mail Services - heating ventilation and air conditioning system replacement CIP project to include structural and electrical engineering services, bid assistance, and construction administration for the replacement of rooftop units, roof-mounted exhaust fans, and associated temperature control system: CIP Project No. 21-M21; SPWD Contract No. 114289.					
		Term of Contract:	09/23/2021 - 06/30/2025	Contract # 24775			
28.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	SGF ENGINEERING, LLC	BONDS	\$26,400	Professional Service	
		Contract Description: This is a new contract to provide professional architectural/engineering services for the Supreme Court Building - Driveway Snow Melt System Replacement CIP project to include mechanical, civil and electrical systems design for the replacement of the snowmelt system: CIP Project No. 21-M17; SPWD Contract No. 114415.					
		Term of Contract:	10/04/2021 - 06/30/2025	Contract # 24983			
29.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS – NON-EXEC	SGF ENGINEERING, LLC	BONDS	\$57,100	Professional Service	
		Contract Description: This is a new contract to provide professional architectural/engineering services for the Stewart Facility - Building 89 Chiller Replacement CIP project, to include mechanical and electrical systems design and structural systems consulting services for the chiller replacement: CIP Project No. 21-M38; SPWD Contract No. 114420					
		Term of Contract:	10/04/2021 - 06/30/2025	Contract # 24967			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	AINSWORTH ASSOCIATES MECHANICAL ENGINEERS	OTHER: 100% AGENCY FUNDS	\$48,950	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Desert Regional Center - Epidemiology and Laboratory Capacity (ELC) Program CIP project to include mechanical, consolation, advice and design solutions, agency meetings, narratives, conceptual and detailed design, and a lifecycle cost assessment for the ELC compliance construction improvements: CIP Project No. 21-A018; SPWD Contract No. 114267				
	Term of Contract:	10/07/2021 - 06/30/2025	Contract # 24992			
31.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	AINSWORTH ASSOCIATES MECHANICAL ENGINEERS	OTHER: AGENCY FUNDS	\$35,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Air National Guard - Data Room Cooling System Renovation CIP project to include the schematic design, design development, construction documents, bidding services, and construction administration for the replacement for the air conditioning equipment in the main server and communication equipment room: CIP Project No. 21-A014; SPWD Contract No. 114302.				
	Term of Contract:	10/07/2021 - 06/30/2023	Contract # 25008			
32.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC	OTHER: AGENCY FUNDED CIP	\$48,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services at the Desert Regional Center - Epidemiology and Laboratory Capacity Program CIP project to include architectural and cost estimating services for advance planning and identification of improvements: CIP Project No. 21-A018; SPWD Contract No. 114266.				
	Term of Contract:	09/23/2021 - 06/30/2025	Contract # 24811			
33.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	HERSHENOW & KLIPPENSTEIN ARCHITECTS, INC.	OTHER: AGENCY FUNDED CIP	\$49,000	
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Early Intervention/Child Behavioral Services Epidemiology and Laboratory Capacity (ELC) CIP project, to include the creation of a baseline for ELC compliance and a task plan to bring the facility up to code: CIP Project No. 21-A018; SPWD Contract No. 114268				
	Term of Contract:	09/29/2021 - 06/30/2025	Contract # 24864			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	NV5	OTHER: AGENCY FUNDED CIP	\$34,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services at the Desert Regional Center - Epidemiology and Laboratory Capacity CIP project to include mechanical and electrical engineering services to identify facility improvements per ELC standards: CIP Project No. 21-A018; SPWD Contract No. 114270				
	Term of Contract:	09/23/2021 - 06/30/2025	Contract # 24814			
35.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	TSK	OTHER: AGENCY FUNDS	\$26,560	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Desert Willow Treatment Center Flooring Replacement CIP project including construction documents, permit/bid services, and construction administration for the flooring removal and replacement: CIP Project No. 22-A004; SPWD Contract No. 114440.				
	Term of Contract:	10/06/2021 - 06/30/2022	Contract # 25009			
36.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	THE ABBI AGENCY	GENERAL	\$30,000	
	Contract Description:	This is a new contract to provide ongoing website management services.				
	Term of Contract:	10/01/2021 - 09/30/2025	Contract # 24709			
37.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	THE ABBI AGENCY	GENERAL	\$18,000	
	Contract Description:	This is a new contract to provide a website and search engine optimization audit report and brand assessment.				
	Term of Contract:	10/06/2021 - 12/31/2021	Contract # 24773			
38.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT - RURAL COMMUNITY DEVELOPMENT	CORPORATION FOR SUPPORTIVE HOUSING	GENERAL	\$35,000	Professional Service
	Contract Description:	This is a new contract to develop an implementation plan for the pilot Recovery Housing Program under the U.S. Department of Housing and Urban Development to outline a strategy to provide stable temporary housing to individuals in recovery from a substance use disorder.				
	Term of Contract:	10/01/2021 - 01/31/2022	Contract # 24956			



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	240	DEPARTMENT OF VETERANS SERVICES - GENERAL VETERANS SERVICES-FEES - NON-EXEC	CAPITAL GLASS, INC.	OTHER: GIFT ACCOUNTS	\$40,000	
	Contract Description:	This is a new contract to replace the current-colored tempered glass with stained glass in the northern home's chapel.				
		Term of Contract:	10/05/2021 - 10/30/2022	Contract # 25024		
40.	240	DEPARTMENT OF VETERANS SERVICES - GENERAL VETERANS SERVICES-FEES - NON-EXEC	IMAGO DEI ARCHITECTURE, LLC	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$48,400	Professional Service, Former Employee
	Contract Description:	This is a new contract to provide architectural services related to the remodeling of the southern home.				
		Term of Contract:	10/05/2021 - 09/30/2023	Contract # 24762		
41.	270	CANNABIS COMPLIANCE BOARD -MARIJUANA REGULATION AND CONTROL ACCOUNT	MOVE 4 LESS, LLC	FEE: EXCISE TAX	\$12,750	
	Contract Description:	This is a new contract to provide moving services for the relocation of the Cannabis Compliance Board in Southern Nevada.				
		Term of Contract:	10/06/2021 - 06/30/2022	Contract # 25050		
42.	300	NEVADA DEPARTMENT OF EDUCATION – COVID -19 FUNDING	NATIONAL EDUCATORS FOR RESTORATIVE PRACTICES	FEDERAL	\$72,000	
	Contract Description:	This is a new contract to provide virtual training for restorative justice practices for campus or district leaders and educators for supports and intervention in the classrooms.				
		Term of Contract:	11/09/2021 - 06/30/2023	Contract # 25046		
43.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS – STATE LIBRARY	QUALITY METRICS, LLC	FEDERAL	\$48,480	
	Contract Description:	This is a new contract to provide an evaluation of programs and services developed and delivered as part of the Nevada Library Services Technology Act (LSTA) plan. This outside evaluation is required every five years to obtain federal LSTA funding.				
		Term of Contract:	09/24/2021 - 06/30/2022	Contract # 24874		



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	CASHMAN EQUIPMENT COMPANY	GENERAL	\$20,000	
	Contract Description:	This is the second amendment to the original contract which provides scheduled maintenance services for backup generators. This amendment increases the maximum amount from \$46,668 to \$66,668 due to revising the scope of work to include battery installation and replacement.				
		Term of Contract:	12/01/2019 - 11/30/2022	Contract # 22313		
45.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	NEVADA CHILLER AND BOILER, INC.	GENERAL	\$24,567	
	Contract Description:	This is a new contract to provide a new commercial gas water heater and glass-lined tank for the Dini-Townsend Psychiatric Hospital.				
		Term of Contract:	10/05/2021 - 03/31/2022	Contract # 24908		
46.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH ADMINISTRATION	PUBLIC CONSULTING GROUP, LLC	OTHER: COST ALLOCATION 75% INDIRECT COST 25%	\$37,225	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides ongoing cost allocation development, support and reporting. This amendment extends the termination date from December 31, 2021 to March 31, 2022 and increases the maximum amount from \$110,902 to \$148,127 due to the continued need for these services.				
		Term of Contract:	05/11/2021 - 03/31/2022	Contract # 23457		
47.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	INDUCTIVEHEALTH INFORMATICS, INC.	FEDERAL	\$49,500	
	Contract Description:	This is a new contract to provide monthly data mapping and migrations from REDCap to the National Electronic Disease Surveillance System.				
		Term of Contract:	10/08/2021 - 06/30/2022	Contract # 24803		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
48.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - INFORMATION SERVICES	CARAHSOFT TECHNOLOGY CORP	FEDERAL	\$28,401	
	Contract Description:	This is the first amendment to the original work plan under Master Service Agreement #18855 to provide cloud services to enhance the Unified Nevada Information Technology for Youth system. This amendment extends the termination date from September 30, 2021 to December 31, 2021 and increases the contract maximum amount from \$180,000.49 to \$208,401.49.				
		Term of Contract:	08/11/2020 - 12/31/2021	Contract # 23368		
49.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	MID SOUTH QUALITY PRODUCTIVITY CENTER	OTHER: PRIVATE GRANT - CASEY FOUNDATION	\$23,248	
	Contract Description:	This is a new contract to provide an assessment of the Division to improve sustainability of its child welfare workforce and to improve the performance.				
		Term of Contract:	10/12/2021 - 06/30/2022	Contract # 24974		
50.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	DAVID H. NEELY III, ATTORNEY AT LAW	FEDERAL	\$24,000	
	Contract Description:	This is a new contract to provide attorney services for case closure or guardianships for courts requiring a petition to be filed by an attorney.				
		Term of Contract:	10/08/2021 - 09/30/2023	Contract # 24649		
51.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	SHI INTERNATIONAL CORPORATION	FEDERAL	\$41,556	
	Contract Description:	This is a new work plan under statewide contract #99SWC-NV18-417 which provides cloud services. This work plan is for a telehealth platform for behavioral health services in rural and frontier communities.				
		Term of Contract:	10/04/2021 - 01/31/2023	Contract # 23823		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
52.	431	OFFICE OF THE MILITARY	ANDREWS HAMMOCK & POWELL, INC.	FEDERAL	\$46,547	Professional Service
	Contract Description:	This is a new contract to provide a feasibility study to support the evaluation of potential heating, ventilation and air conditioning (HVAC) system upgrade/replacement for the Army Aviation Support Facility North Hangar at the Harry Reid Training Center to include a Life Cycle Cost Analysis for two comparative HVAC systems alternatives.				
		Term of Contract:	10/11/2021 - 10/12/2022	Contract # 25011		
53.	431	OFFICE OF THE MILITARY	ERIN BADEN-DEWISPELAERE, DBA SOUTHWEST PARKING LOT MAINTENANCE	GENERAL 50% FEDERAL 50%	\$36,000	
	Contract Description:	This is a new contract for the purpose of cleaning the southern Nevada facility's parking lots.				
		Term of Contract:	10/13/2021 - 08/31/2025	Contract # 24848		
54.	431	OFFICE OF THE MILITARY	GREASE MAGIC, LLC	GENERAL 50% FEDERAL 50%	\$46,615	
	Contract Description:	This is a new contract to provide exhaust and hood system cleaning, repair and maintenance services for facilities in the Las Vegas Henderson area.				
		Term of Contract:	10/13/2021 - 09/30/2025	Contract # 24950		
55.	431	OFFICE OF THE MILITARY	HIGH SIERRA ELEVATOR INSPECTIONS, INC.	GENERAL 50% FEDERAL 50%	\$45,000	
	Contract Description:	This is a new contract to provide ongoing elevator inspections services for facilities statewide.				
		Term of Contract:	10/13/2021 - 10/31/2025	Contract # 25001		
56.	431	OFFICE OF THE MILITARY	HOOD AND DUCT CLEANING, LLC	GENERAL 50% FEDERAL 50%	\$25,515	
	Contract Description:	This is a new contract to provide exhaust and hood system cleaning, repair and/or maintenance services for facilities in the Elko and Carlin areas.				
		Term of Contract:	09/29/2021 - 09/30/2025	Contract # 24959		
57.	431	OFFICE OF THE MILITARY	L.A. PERKS PLUMBING & HEATING, INC.	GENERAL 50% FEDERAL 50%	\$87,414	
	Contract Description:	This is a new contract to provide inspection, certification, maintenance and repair services of underground storage tanks and above grounds storage tanks, including accompanying electronic monitoring systems and all other equipment, systems, and peripherals associated with the UST's and AST's for facilities <b>statewide</b> .				
		Term of Contract:	10/13/2021 - 09/30/2025	Contract # 24970		
58.	431	OFFICE OF THE MILITARY	SERVICE STATION COMPLIANCE TESTING, LLC	GENERAL 50% FEDERAL 50%	\$39,927	
	Contract Description:	This is a new contract to provide ongoing inspection, repair and certification of underground storage tanks, above-ground storage tanks and the accompanying electronic monitoring systems, and all other equipment, systems and associated peripherals for facilities in the <b>southern Nevada area</b> .				

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
		Term of Contract:	10/13/2021 - 09/30/2025	Contract # 24960		
	431	OFFICE OF THE MILITARY	WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER	FEDERAL	\$54,000	Professional Service
59.	Contract Description:	This is a new contract to provide professional engineering design services, including schematic design, window energy savings estimate, construction cost estimates, non-energy benefits, and proposed energy efficiency design recommendations for the United States Property & Fiscal Office window replacement project.				
		Term of Contract:	09/30/2021 - 09/30/2022	Contract # 24952		
60.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	JOINT LAW ENFORCEMENT OPERATIONS TASK FORCE	FEDERAL	\$17,200	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing services in assisting in investigations.				
		Term of Contract:	09/22/2021 - 09/30/2021	Contract # 24585		
61.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	SCROLL K. VAAD HAKASHRUS OF DENVER	GENERAL	\$54,228	Sole Source
	Contract Description:	This is the fourth amendment to the original contract to provide ongoing kosher certification of Common Fare kitchens and rabbinical supervision of kosher food preparation at the department facilities. This amendment extends the termination date from September 30, 2021 to March 31, 2022 and increases the maximum amount from \$529,394 to \$583,622 due to the continued need for these services.				
		Term of Contract:	07/01/2016 - 03/31/2022	Contract # 17433		
62.	440	DEPARTMENT OF CORRECTIONS - NORTHERN NEVADA CORRECTIONAL CENTER	THE KAIGAN CORPORATION	GENERAL	\$46,811	
	Contract Description:	This is the first amendment to the original contract which provides pest control services at Northern Nevada Correctional Center, Stewart Conservation Center, Warm Springs Correctional Center and Northern Nevada Transitional Housing. This amendment increases the maximum amount from \$22,979.88 to \$69,790.41 and extends the termination date from September 30, 2021 to September 30, 2023 due to the continued need for these services and the addition of weed abatement services.				
		Term of Contract:	10/14/2019 - 09/30/2023	Contract # 22418		
63.	611	GAMING CONTROL BOARD	JAMES F. EDWARDS	OTHER: TRAINING CHARGE	\$20,000	
	Contract Description:	This is a new contract to provide ongoing services to conduct and oversee the Gaming Academy to instruct agents on casino play, casino protection and law enforcement investigative techniques.				
		Term of Contract:	10/12/2021 - 09/30/2023	Contract # 25059		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
64.	656	DEPARTMENT OF PUBLIC SAFETY - FIRE MARSHAL	STOREY COUNTY FIRE PROTECTION DISTRICT	OTHER: 50% STATE EMERGENCY RESPONSE COMMISSION 50% NEVADA DIVISION OF ENVIRONMENTAL PROTECTION	\$20,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing transportation services for the agency's training simulation trailer. The vendor will transport the trailer to and from various training events.				
		Term of Contract:	10/01/2021 - 03/01/2025	Contract # 24702		
65.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	LUMOS & ASSOCIATES	FEE: SPORTSMENS' REVENUE 90% BONDS 10%	\$50,000	Professional Service
	Contract Description:	This is a new contract to provide professional civil engineering, construction inspection and materials testing services on an as-needed basis.				
		Term of Contract:	09/24/2021 - 06/30/2023	Contract # 24718		
66.	702	DEPARTMENT OF WILDLIFE - HABITAT	NATURAL CHANNEL DESIGN, INC.	FEE: HABITAT CONSERVATION	\$42,000	Professional Service
	Contract Description:	This is a new contract to provide a habitat restoration plan for Sunnyside Creek.				
		Term of Contract:	09/29/2021 - 06/30/2022	Contract # 24705		
67.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	ARBITRATION AND MEDIATION SOLUTIONS, INC.	FEE: LICENSURE AND ADMINISTRATIVE	\$25,000	
	Contract Description:	This is a new contract to provide ongoing mediation services.				
		Term of Contract:	10/01/2021 - 09/30/2023	Contract # 24725		
68.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	PAUL H. LAMBOLEY, DBA LAW OFFICES OF PAUL H. LAMBOLEY	FEE: LICENSURE AND ADMINISTRATIVE	\$25,000	
	Contract Description:	This is a new contract to provide ongoing mediation services.				
		Term of Contract:	10/01/2021 - 09/30/2023	Contract # 24728		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
69.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	PAUL H. LAMBOLEY, DBA LAW OFFICES OF PAUL H. LAMBOLEY	FEE: LICENSURE AND ADMINISTRATIVE	\$15,000	
		<b>Contract Description:</b> This is a new contract to provide ongoing referee and arbitrator services. <b>Term of Contract:</b> 10/01/2021 - 09/30/2023 <b>Contract #</b> 24736				
70.	748	DEPARTMENT OF BUSINESS AND INDUSTRY - REAL ESTATE - COMMON INTEREST COMMUNITIES	LAW OFFICES OF DONALD E. LOWREY, PLLC	FEE: LICENSURE AND ADMINISTRATIVE	\$25,000	
		<b>Contract Description:</b> This is a new contract to provide ongoing mediation services. <b>Term of Contract:</b> 10/01/2021 - 09/30/2023 <b>Contract #</b> 24727				
71.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	HAPPYORNOT AMERICAS, INC.	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$54,835	
		<b>Contract Description:</b> This is a new contract to provide ongoing software subscription and leasing for customer satisfaction feedback equipment and services to Business Enterprise of Nevada and its operators. <b>Term of Contract:</b> 02/01/2022 - 01/31/2026 <b>Contract #</b> 24628				
72.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	LAKE CITY AIR CONDITIONING	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$49,500	
		<b>Contract Description:</b> This is a new contract to provide ongoing heating, ventilation and air conditioning maintenance and repair service at all existing Business Enterprises of Nevada locations at Hoover Dam. <b>Term of Contract:</b> 09/23/2021 - 09/30/2023 <b>Contract #</b> 24899				

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
73.	902	DEPARTMENT OF EMPLOYMENT TRAINING AND REHABILITATION - GOVERNOR'S OFFICE OF WORKFORCE INNOVATION	CAST DESIGN TEAM, LLC	FEDERAL	\$39,800	
	Contract Description:	This is a new contract to provide ongoing social media communication and outreach initiatives to the public.				
		Term of Contract:	07/01/2021 - 07/31/2022	Contract # 24627		
74.	902	DEPARTMENT OF EMPLOYMENT TRAINING AND REHABILITATION - GOVERNOR'S OFFICE OF WORKFORCE INNOVATION	DFI CONSULTING	FEDERAL	\$49,000	
	Contract Description:	This is a new contract to provide consulting services to assist with the development of a workforce plan.				
		Term of Contract:	10/08/2021 - 10/31/2021	Contract # 24629		
75.	902	DEPARTMENT OF EMPLOYMENT TRAINING AND REHABILITATION - GOVERNOR'S OFFICE OF WORKFORCE INNOVATION	RED 7 COMMUNICATIONS, LLC	FEDERAL	\$49,000	
	Contract Description:	This is a new contract to provide a communication strategy and outreach plan to bring various partners together to accomplish goals identified within a state workforce development action plan.				
		Term of Contract:	10/08/2021 - 10/31/2021	Contract # 24631		
76.	B0007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	CREATIVE BUILDERS, INC.	FEE: LICENSURE AND APPLICATION	\$40,000	
	Contract Description:	This is a new contract to provide tenant improvements at a new office location.				
		Term of Contract:	10/06/2021 - 12/31/2021	Contract # 24989		
77.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	RENO GREEN LANDSCAPING, INC.	FEE: LICENSURE	\$15,000	
	Contract Description:	This is a new contract to provide snow removal services.				
		Term of Contract:	10/18/2021 - 04/30/2022	Contract # 25029		
78.	B029	LICENSING BOARDS AND COMMISSIONS - SOCIAL WORKERS	SOCIAL ENTREPRENEURS, INC.	FEE: LICENSURE	\$20,000	
	Contract Description:	This is a new contract to provide strategic planning to guide future direction.				
		Term of Contract:	10/15/2021 - 10/02/2023	Contract # 24962		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
79.	B038	LICENSING BOARDS AND COMMISSION - APPLIED BEHAVIOR ANALYSIS	NUMBERS, INC.	FEE: LICENSURE	\$15,000	Professional Service
Contract Description:		This is a new contract to provide accounting and payroll services.				
		Term of Contract:	10/05/2021 - 09/30/2023	Contract # 24975		



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24912**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>AMERICAN BIO ENGINEERS, LLC</b>
Agency Code: <b>030</b>	Contractor Name: <b>AMERICAN BIO ENGINEERS, LLC</b>
Appropriation Unit: <b>1348-15</b>	Address: <b>6351 HINSON STREET STE R</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>BRIAN JONES 702-395-6768</b>
	Vendor No.: <b>PENDING</b>
	NV Business ID: <b>NV20091504182</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 **09/24/2021**

Anticipated BOE meeting date 09/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 279 days**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

**This is a new contract to provide expert witness services for case number A-20-822723-C, Convey, Edleen.**

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?

This company will provide a slip test at the DWSS Durango office and provide a report with liability opinions.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not provide 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?

Professional Services - Expert Witness

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

NANCY KATAFIAS, TORT CLAIMS MANAGER Ph: 775-684-1252

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	09/14/2021 15:03:26 PM
Division Approval	jhoba2	09/14/2021 15:03:31 PM
Department Approval	jhoba2	09/14/2021 15:03:34 PM
Contract Manager Approval	Iramire7	09/14/2021 17:32:15 PM
Budget Analyst Approval	jcoope8	09/24/2021 16:58:12 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: **24934**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: TRIAL PARTNERS, INC
Agency Code: <b>030</b>	Contractor Name: <b>TRIAL PARTNERS, INC</b>
Appropriation Unit: <b>1348-15</b>	Address: <b>5670 WILSHIRE BLVD STE 850</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LOS ANGELES, CA 90036</b>
If "No" please explain: Not Applicable	Contact/Phone: 3236533300
	Vendor No.: T27044409
	NV Business ID: NV20212173809

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 % TORT CLAIM 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 09/2021

Retroactive? **Yes**

If "Yes", please explain

**We are requesting that this contract be retroactive to July 1, 2021 due to the need for jury consultants was not identified until days before the trial began.**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Outside Counsel**

5. Purpose of contract:

**This is a new contract to provide outside counsel for case number A-19-787004-B; Nevada Wellness Center, LLC v. Jorge Pupo.**

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?

Trial Partners will assist as outside counsel 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 the expertise needed for this matter.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

NANCY KATAFIAS, TORT CLAIMS MANAGER Ph: 775-684-1252

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	09/03/2021 10:22:47 AM
Division Approval	jhoba2	09/03/2021 10:22:50 AM
Department Approval	jhoba2	09/03/2021 10:23:01 AM
Contract Manager Approval	Iramire7	09/03/2021 10:23:29 AM
Budget Analyst Approval	jclope8	10/05/2021 12:01:52 PM

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:** September 3, 2021

**To:** Jennifer Hamilton, Executive Branch Budget Officer  
Governor's Finance Office

**From:** Lesley Volkov, Management Analyst II

**Subject:** Retroactive Approval for contract #24934 Trial Partners, Inc

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We are requesting that this contract be retroactive to July 1, 2021 due to the need for jury consultants was not identified until days before the trial began.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24684**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CJS RECOMMENDED CARPET CARE INC</b>
Agency Code: <b>082</b>	Contractor Name: <b>CJS RECOMMENDED CARPET CARE INC</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>1195 BROADVIEW CT</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89521-4137</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JACK WHITELEY 775/829-1551</b>
	Vendor No.: <b>T32004827</b>
	NV Business ID: <b>NV20011202638</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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Ground Rental Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/21/2021**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2025**

Contract term: **3 years and 314 days**

4. Type of contract: **Contract**

Contract description: **Floor Care**

5. Purpose of contract:

**This is a new contract to provide ongoing floor care in various State buildings in Northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,307.01**

Other basis for payment: Bonnet Cleaning - \$0.10 per square foot, E-Capusulaton - \$0.12 per square foot, Hot Water Extraction - \$0.14 per square foot, Restorative Cleaning - \$0.16 per square foot. Tile and Grout Cleaning/Sealing - not to exceed \$1.00 per foot

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**State buildings need to be kept clean for sanitary and safety reasons.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**B&G does not have the personnel or equipment needed to perform this task.**

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):

Kinney's Carpet Care  
Magnificent Carpet Care  
Pro Clean & Upholstery  
Bruce's Carpet Cleaning  
Summit Cleaning Services  
Carpet Cleaning NV  
Northern Nevada Carpet Cleaning  
Right on Time Carpet & Upholstery Cleaning

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors of the same services and per SAM 0338.0, each contractor will be contacted to submit bids on projects.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "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, This vendor has been contracted with State Public Works, Buildings and Grounds, completing the contract April 30, 2021, 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:

NOEL A. LOPEZ, PROGRAM OFFICER I Ph: 775-684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	09/03/2021 15:56:37 PM
Division Approval	ssands	09/09/2021 15:51:09 PM
Department Approval	ssands	09/09/2021 15:51:13 PM
Contract Manager Approval	mvietti	09/10/2021 09:47:34 AM
Budget Analyst Approval	nkephart	09/21/2021 14:12:52 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24924**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>Joe Benigno's Tree Service &amp; Consulting</b>
Agency Code: <b>082</b>	Contractor Name: <b>Joe Benigno's Tree Service &amp; Consulting</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? **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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rental Income Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/28/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **4 years and 3 days**

4. Type of contract: **Contract**

Contract description: **Arborist Services**

5. Purpose of contract:

**This is a new contract to provide ongoing arborist, plant health care, tree removals, trimming, landscaping and planting as requested and approved by Buildings and Grounds.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$97,185.00**

Other basis for payment: Consulting Arborist \$165/hour; Holiday or after 6 p.m. will be billed at 1-1/2 times per hour: Please see contract for full rate sheet.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Buildings and Grounds Section maintains State properties for the safety of the employees and public.**

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 the work requires heavy-duty equipment and trained personal.**

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):



Stay Green Tree Service  
Battle Born Tree Service  
Healthy Trees

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:

Yes, State Public Works, Buildings and Grounds Section has contracted with this vendor with satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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:

Noel Lopez, Program Officer I Ph: 775/684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	09/03/2021 16:04:21 PM
Division Approval	tmilazz1	09/13/2021 08:53:27 AM
Department Approval	ssands	09/17/2021 10:39:40 AM
Contract Manager Approval	ssands	09/17/2021 10:42:21 AM
Budget Analyst Approval	nkephart	09/28/2021 15:45:41 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24935**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>LOPEZ, ROBERT DBA STAY GREEN TREE SERVICE</b>
Agency Code: <b>082</b>	Contractor Name: <b>LOPEZ, ROBERT DBA STAY GREEN TREE SERVICE</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>PO BOX 1335</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89702</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>ROBERT LOPEZ 775-287-1801</b>
	Vendor No.: <b>T80931206A</b>
	NV Business ID: <b>NV20121010715</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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Buildings and Grounds Rental Income Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/05/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **3 years and 361 days**

4. Type of contract: **Contract**

Contract description: **Arborist Services**

5. Purpose of contract:

**This is a new contract to provide ongoing arborist, plant health care, tree removals, trimming, landscaping and planting as requested and approved by Buildings and Grounds.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$88,350.00**

Other basis for payment: Certified Arborist and Consulting \$150/hour; Please see contract for full rate sheet. Emergency Service Rate will be charges at 1.5 times the rates noted without 24 hour notice.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Buildings and Grounds Section maintains State properties for the safety of the employees and public.**

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 the work requires heavy-duty equipment and trained personal.**

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):

Joe Benigno's Tree Service  
Healthy Trees  
Battle Born Tree Service

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?

**Yes** If "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:  
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:

Noel Lopez, Program Officer I Ph: 775/684/1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	09/03/2021 16:04:43 PM
Division Approval	tmilazz1	09/13/2021 08:49:48 AM
Department Approval	ssands	09/23/2021 09:10:03 AM
Contract Manager Approval	mvietti	09/23/2021 09:21:35 AM
Budget Analyst Approval	nkephart	10/05/2021 14:33:29 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: **24712**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>BROADBENT &amp; ASSOCIATES, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>BROADBENT &amp; ASSOCIATES, INC.</b>
Appropriation Unit: <b>1535-53</b>	Address: <b>8 W PACIFIC AVENUE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HENDERSON, NV 89015</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-563-0600</b>
	Vendor No.: <b>T80989610B</b>
	NV Business ID: <b>NV19891031637</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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114236

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/06/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 268 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Caliente Youth Center - Irrigation Well Rehabilitation CIP project, to include well design and well drilling oversight for the replacement of the existing irrigation well: CIP Project No. 21-M02-13; SPWD Contract No. 114236.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**2021 Leg Approved CIP**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/01/2021 13:42:22 PM
Division Approval	nmann	10/01/2021 13:42:25 PM
Department Approval	nmann	10/01/2021 13:42:28 PM
Contract Manager Approval	lwildes	10/01/2021 14:07:38 PM
Budget Analyst Approval	nkephart	10/06/2021 13:57:17 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24923**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>DG KOCH ASSOCIATES, LLC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>DG KOCH ASSOCIATES, LLC.</b>
Appropriation Unit: <b>1535-53</b>	Address: <b>2920 S. JONES BLVD., STE. 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89146-5394</b>
If "No" please explain: Not Applicable	Contact/Phone: 702-221-5160
	Vendor No.: T29026336
	NV Business ID: NV20061487757

To what State Fiscal Year(s) will the contract be charged? **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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114310

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/28/2021**  
Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 276 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Southern Nevada Adult Mental Health Services Building 4 heating, ventilation, and air conditioning(HVAC) Systems Renovation CIP project, to include design development, construction documents, and construction administration services for the make-up air unite and HVAC unit for building #4: CIP Project No. 21-M02-17; SPWD Contract No. 114310**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg. approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Marshall, Benton, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/17/2021 10:42:45 AM
Division Approval	nmann	09/17/2021 10:42:47 AM
Department Approval	nmann	09/17/2021 10:42:49 AM
Contract Manager Approval	lwildes	09/17/2021 12:12:32 PM
Budget Analyst Approval	nkephart	09/28/2021 09:37:13 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: **24723**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>HARRIS CONSULTING ENGINEERS LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>HARRIS CONSULTING ENGINEERS LLC</b>
Appropriation Unit: <b>1535-53</b>	Address: <b>680 PILOT RD., STE. A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89119-9015</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-269-1575</b>
	Vendor No.: <b>T27003439</b>
	NV Business ID: <b>NV20011085889</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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114240

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/28/2021**  
Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 276 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 at the Caliente Youth Center Old Classroom Building Heating, Ventilation, and Air Conditioning Replacement CIP project, to include design development, construction documents, bidding & permit services, and construction administration for the replacement of four heat pumps: CIP Project No. 21-M02-11; SPWD Contract No. 114240.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,500.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg. approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**



a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Marshall, Benton, Project Manger Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	08/11/2021 12:07:43 PM
Division Approval	nmann	08/11/2021 12:07:50 PM
Department Approval	nmann	09/16/2021 16:31:46 PM
Contract Manager Approval	lwildes	09/17/2021 09:40:02 AM
Budget Analyst Approval	nkephart	09/28/2021 10:39:54 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: **24778**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b> Agency Code: <b>082</b> Appropriation Unit: <b>1535-53</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>JVC ASSOCIATES INC. DBA JVC ARCHITECTS</b> Contractor Name: <b>JVC ASSOCIATES INC. DBA JVC ARCHITECTS</b> Address: <b>5385 CAMERON ST., STE 15</b> City/State/Zip: <b>LAS VEGAS, NV 89118-6257</b> Contact/Phone: <b>702-871-3416</b> Vendor No.: <b>T27007825</b> NV Business ID: <b>NV19931066659</b>
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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 %	<b>X</b>	Bonds	<b>100.00 %</b>
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 114251

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/06/2021**  
 Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 268 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Caliente Youth Center - Multi-Purpose Building Flooring Replacement CIP project, to include architectural services, bid documents, and construction administration services for the flooring replacement, new bleachers, and wall protection back-stops: CIP Project No. 21-M02(12); SPWD Contract No. 114251.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,510.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?  
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?  
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?  
Yes

19. Agency Field Contract Monitor:  
Lewis, Will, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	08/10/2021 13:40:01 PM
Division Approval	nmann	08/10/2021 13:40:18 PM
Department Approval	nmann	09/30/2021 13:58:25 PM
Contract Manager Approval	lwildes	10/01/2021 09:11:06 AM
Budget Analyst Approval	nkephart	10/06/2021 13:46:05 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24999**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>PAUL CAVIN ARCHITECT, LLC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>PAUL CAVIN ARCHITECT, LLC.</b>
Appropriation Unit: <b>1535-53</b>	Address: <b>1575 DELUCCHI LN., STE. 120</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-6581</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-842-0261</b>
	Vendor No.: <b>T29033842</b>
	NV Business ID: <b>NV20131182382</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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114421

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/05/2021**  
Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 269 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 Lakes Crossing Center - Anti Ligature Fixture Upgrade CIP project, to include plumbing engineering, architecture drawings, and project management services for the remodel of client rooms to accommodate anti-ligature fixtures: CIP Project No. 21-M02-1; SPWD Contract No. 114421**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,900.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Rife, Michael, Project Manger Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/28/2021 14:58:12 PM
Division Approval	nmann	09/28/2021 14:58:14 PM
Department Approval	nmann	09/28/2021 14:58:17 PM
Contract Manager Approval	lwildes	09/29/2021 07:32:29 AM
Budget Analyst Approval	nkephart	10/05/2021 09:53:45 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: **24783**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>HARRIS CONSULTING ENGINEERS, LLC</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>HARRIS CONSULTING ENGINEERS, LLC</b>
Appropriation Unit:	<b>1550-12</b>	Address:	<b>680 PILOT RD., STE A</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89119-9015</b>
If "No" please explain:	Not Applicable	Contact/Phone:	702-269-1575
		Vendor No.:	T27003439
		NV Business ID:	NV20011085889

To what State Fiscal Year(s) will the contract be charged? **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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114245

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/23/2021**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 281 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 at the Southern Desert Correctional Center Plumbing Fixture Water Control Renovations - Housing Units 1 through 4 CIP project, to include peer review, bidding, and construction administration to replace the plumbing fixture water controls: CIP Project No. 21-M10; SPWD Contract No. 114245.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,500.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Dobson, TJ, Project Manger Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/15/2021 13:03:27 PM
Division Approval	nmann	09/15/2021 13:03:30 PM
Department Approval	nmann	09/15/2021 13:03:33 PM
Contract Manager Approval	lwildes	09/15/2021 13:20:37 PM
Budget Analyst Approval	nkephart	09/23/2021 13:55:29 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: **24961**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>HOUGHLAND PILS, INC. DBA HPA CONSULTING ENGINEERS</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>HOUGHLAND PILS, INC. DBA HPA CONSULTING ENGINEERS</b>
Appropriation Unit:	<b>1550-21</b>	Address:	<b>6280 S. VALLEY VIEW BLVD. #416</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>LSA VEGAS, NV 89118-3892</b>
If "No" please explain:	Not Applicable	Contact/Phone:	702-685-8890
		Vendor No.:	T29039677
		NV Business ID:	NV20121298770

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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114237

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2021**  
Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 275 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 Casa Grande Transitional Housing Surveillance System Replacement CIP project, to include updated construction documents and construction administration for the surveillance system replacement: CIP Project No. 21-M55; SPWD Contract No. 114237**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,220.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg. approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**



a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?  
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?  
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?  
Yes

19. Agency Field Contract Monitor:  
Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/21/2021 10:29:19 AM
Division Approval	nmann	09/21/2021 10:29:21 AM
Department Approval	nmann	09/21/2021 10:29:23 AM
Contract Manager Approval	lwildes	09/22/2021 07:00:55 AM
Budget Analyst Approval	nkephart	09/29/2021 15:46:52 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24721**

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>1550-16</b>	Address: <b>5155 W. PATRICK LN.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89119</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-362-9200</b>
	Vendor No.: <b>T80928382A</b>
	NV Business ID: <b>NV20151389633</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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114241

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 275 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 at the Florence McClure Women's Correctional Center - Water Softener Replacement CIP project, to include plumbing engineering services and construction administration for the water softener replacement: CIP Project No. 21-M31; SPWD Contract No. 114241**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg. approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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:

Marshall, Benton, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/21/2021 14:11:00 PM
Division Approval	nmann	09/21/2021 14:11:02 PM
Department Approval	nmann	09/21/2021 14:11:05 PM
Contract Manager Approval	lwildes	09/22/2021 07:09:59 AM
Budget Analyst Approval	nkephart	09/29/2021 15:25:20 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: **24715**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>TJK CONSULTING ENGINEERS INC</b>
Agency Code: <b>082</b>	Contractor Name: <b>TJK CONSULTING ENGINEERS INC</b>
Appropriation Unit: <b>1550-14</b>	Address: <b>8728 SPANISH RIDGE AVE STE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89148-1493</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-871-3621</b>
	Vendor No.: <b>T27029191</b>
	NV Business ID: <b>NV19861003493</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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114238

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 275 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 at the Florence McClure Women's Correctional Center Emergency Generator Replacement CIP project, to include schematic design, design development, construction documents, bidding assistance, and construction administration services for the generator replacement: CIP Project No. 21-M28; SPWD Contract No. 114238.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,650.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**2021 LEG Approved CIP**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name? Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)? Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office? Yes

19. Agency Field Contract Monitor: Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/21/2021 15:31:51 PM
Division Approval	nmann	09/21/2021 15:31:53 PM
Department Approval	nmann	09/21/2021 15:31:56 PM
Contract Manager Approval	lwildes	09/22/2021 07:08:44 AM
Budget Analyst Approval	nkephart	09/29/2021 11:08:50 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: **24925**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>FRAME ARCHITECTURE, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>FRAME ARCHITECTURE, INC.</b>
Appropriation Unit: <b>1567-29</b>	Address: <b>4090 S. MCCARRAN BLVD., STE. E</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-7529</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-827-9977</b>
	Vendor No.: <b>T29014981</b>
	NV Business ID: <b>NV20031302154</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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114298

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2021**  
Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 275 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Northern Nevada Veterans Memorial Cemetery Pavilion Renovation CIP project to include floor plans, elevation, details, specifications, cost estimating and construction administration for the pavilion renovation: CIP Project No. 21-M26; SPWD Contract No. 114298**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg. approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?  
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?  
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?  
Yes

19. Agency Field Contract Monitor:  
Benjamin, Adrianna, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/17/2021 09:42:15 AM
Division Approval	nmann	09/17/2021 09:42:18 AM
Department Approval	nmann	09/17/2021 09:42:20 AM
Contract Manager Approval	lwildes	09/17/2021 12:16:45 PM
Budget Analyst Approval	nkephart	09/29/2021 09:31:21 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: **25006**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>H+K ARCHITECTS</b>
Agency Code: <b>082</b>	Contractor Name: <b>H+K ARCHITECTS</b>
Appropriation Unit: <b>1577-53</b>	Address: <b>5485 RENO CORPORATE DR STE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-2262</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-332-6640</b>
	Vendor No.: <b>T80984709</b>
	NV Business ID: <b>NV19941047730</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 %
<b>X</b> Federal Funds	<b>46.00 %</b>	<b>X</b> Bonds	<b>54.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114294

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/11/2021**  
 Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**  
 Contract term: **3 years and 263 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 Washoe County Armory - Restroom and Shower Renovation CIP project, to include architectural design, structural, mechanical, and electrical engineering for the renovation of the shower and restroom area: CIP Project No. 21-M24; SPWD Contract No. 114294.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$96,800.00**  
 Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 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:  
Current, Jeff, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/01/2021 14:09:46 PM
Division Approval	nmann	10/01/2021 14:09:50 PM
Department Approval	nmann	10/01/2021 14:09:52 PM
Contract Manager Approval	lwildes	10/05/2021 13:48:29 PM
Budget Analyst Approval	nkephart	10/11/2021 09:38:04 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: **24922**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>HOOFT, ROBERT C. DBA HOOFT ARCHITECTURE, LLC</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>HOOFT, ROBERT C. DBA HOOFT ARCHITECTURE, LLC</b>
Appropriation Unit:	<b>1577-62</b>	Address:	<b>3376 LA VEAGA CT.</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>SPARKS, NV 89431-1430</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775-233-1222
		Vendor No.:	T32006092
		NV Business ID:	NV20101091896

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 %
<b>X</b> Federal Funds	<b>46.00 %</b>	<b>X</b> Bonds	<b>54.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	114316		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/28/2021**  
Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**  
Contract term: **3 years and 276 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 at the Carlin Readiness Center - Overhead Doors Replacement CIP project, to include architectural, structural, and electrical engineering design services for the replacement of nine overhead glass panel doors: CIP Project No. 21-E02; SPWD Contract No. 114316**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,925.00**  
Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg. approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**  
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/17/2021 12:37:53 PM
Division Approval	nmann	09/17/2021 12:37:57 PM
Department Approval	nmann	09/17/2021 12:38:00 PM
Contract Manager Approval	lwildes	09/17/2021 12:58:54 PM
Budget Analyst Approval	nkephart	09/28/2021 15:41:45 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: **24784**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>TANEY ENGINEERING INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>TANEY ENGINEERING INC.</b>
Appropriation Unit: <b>1577-51</b>	Address: <b>6030 S JONES BLVD., STE. 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-2659</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-362-8844</b>
	Vendor No.: <b>T32006658</b>
	NV Business ID: <b>NV20001434663</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 %
<b>X</b> Federal Funds	<b>72.00 %</b>	<b>X</b> Bonds	<b>28.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114261

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/04/2021**  
Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**  
Contract term: **3 years and 270 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 Las Vegas Readiness Center - Organizational Parking Addition Construction CIP project, to include project management, updates to civil plans, and construction management for the organizational parking addition: CIP Project No. 21-M18; SPWD Contract No. 114261.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,590.00**  
Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg. approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**  
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?  
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?  
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?  
Yes

19. Agency Field Contract Monitor:  
McEntee, Markus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	08/10/2021 13:32:23 PM
Division Approval	nmann	08/10/2021 13:32:26 PM
Department Approval	nmann	09/23/2021 13:39:36 PM
Contract Manager Approval	lwildes	09/23/2021 13:57:24 PM
Budget Analyst Approval	nkephart	10/04/2021 11:31:41 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24926**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>FRAME ARCHITECTURE, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>FRAME ARCHITECTURE, INC.</b>
Appropriation Unit: <b>1585-54</b>	Address: <b>4090 S. MCCARRAN BLVD., STE. E</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-7529</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-827-9977</b>
	Vendor No.: <b>T29014981</b>
	NV Business ID: <b>NV20031302154</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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114296

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/28/2021**  
Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 276 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 Dini Townsend Lakes Crossing Annex ADA Upgrades in Building 25 CIP project, to include floor plans, elevation, details, specifications, cost estimating and construction administration for the remodel of the four main restrooms and showers: CIP Project No. 19-S02-1; SPWD Contract No. 114298**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,690.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg. approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name? Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)? Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office? Yes

19. Agency Field Contract Monitor: Rife, Mike, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/17/2021 09:12:18 AM
Division Approval	nmann	09/17/2021 09:12:20 AM
Department Approval	nmann	09/17/2021 09:12:22 AM
Contract Manager Approval	lwildes	09/17/2021 09:27:03 AM
Budget Analyst Approval	nkephart	09/28/2021 10:56:21 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: **24982**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b> Agency Code: <b>082</b> Appropriation Unit: <b>1585-72</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>JP ENGINEERING, LLC.</b> Contractor Name: <b>JP ENGINEERING, LLC.</b> Address: <b>10597 DOUBLE R BLVD., STE. 1</b> City/State/Zip: <b>RENO, NV 89521-8938</b> Contact/Phone: <b>775-852-2337</b> Vendor No.: <b>T29038896</b> NV Business ID: <b>NV20051447455</b>
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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 %	<b>X</b>	Bonds	<b>100.00 %</b>
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 114283

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/04/2021**  
 Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 270 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 Warm Springs Correctional Center - High Mast Lighting Replacement CIP project, to include design development, construction drawings, bid negotiation, and construction administration services for the replacement of the high mast lighting fixtures: CIP Project No. 21-S08-3; SPWD Contract No. 114283**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,400.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg. approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional /Code Plan Checking Services/[other discipline] are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**



a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Foster, Jon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/24/2021 16:19:20 PM
Division Approval	nmann	09/24/2021 16:19:23 PM
Department Approval	nmann	09/24/2021 16:19:25 PM
Contract Manager Approval	lwildes	09/27/2021 08:04:51 AM
Budget Analyst Approval	nkephart	10/04/2021 11:44:36 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: **24981**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>JVC ASSOCIATES INC. DBA JVC ARCHITECTS</b>
Agency Code: <b>082</b>	Contractor Name: <b>JVC ASSOCIATES INC. DBA JVC ARCHITECTS</b>
Appropriation Unit: <b>1585-67</b>	Address: <b>5385 CAMERON ST., STE. 15</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-6257</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-871-3416</b>
	Vendor No.: <b>T27007825</b>
	NV Business ID: <b>NV19931066659</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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114435

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/04/2021**  
Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**  
Contract term: **3 years and 270 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 - Building 1308 ADA Upgrades CIP project, to include design, construction documents, bid phase, and construction administration services for the ADA remodel of building 1308: CIP Project No. 21-S02-2; SPWD Contract No. 114435.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$55,100.00**  
Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg. approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**  
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Rife, Michael, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/24/2021 16:44:18 PM
Division Approval	nmann	09/24/2021 16:44:21 PM
Department Approval	nmann	09/24/2021 16:44:23 PM
Contract Manager Approval	lwildes	09/27/2021 07:52:04 AM
Budget Analyst Approval	nkephart	10/04/2021 14:07:01 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: **24995**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>MYOTIS INC., DBA CARSON CREATURE CATCHERS</b>
Agency Code: <b>082</b>	Contractor Name: <b>MYOTIS INC., DBA CARSON CREATURE CATCHERS</b>
Appropriation Unit: <b>1585-63</b>	Address: <b>PO BOX 1805</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>MINDEN, NV 89423-1805</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-315-7124</b>
	Vendor No.: <b>T29039916A</b>
	NV Business ID: <b>NV20101022402</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.

<b>X</b> General Funds	<b>65.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.00 % Transfer from Risk</b>

Agency Reference #: 114272

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/06/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 268 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional services for the Stewart Campus - Bat Remediation CIP project, to include bat remediation services for several buildings located on the Stewart Indian Complex: CIP Project No. 19-S06-8; SPWD Contract No. 114272.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,033.58**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Leg. approved Capitol Improvement Project (CIP)

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide Professional Services provided by SPWD 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:

Myers, Carol, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/24/2021 16:59:15 PM
Division Approval	nmann	09/24/2021 16:59:17 PM
Department Approval	nmann	10/05/2021 16:18:43 PM
Contract Manager Approval	lwildes	10/05/2021 16:20:21 PM
Budget Analyst Approval	nkephart	10/11/2021 10:16:18 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24997**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>PAUL CAVIN ARCHITECT, LLC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>PAUL CAVIN ARCHITECT, LLC.</b>
Appropriation Unit: <b>1585-53</b>	Address: <b>1575 DELUCCHI LN., STE. 120</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-6581</b>
If "No" please explain: Not Applicable	Contact/Phone: 775-384-6141
	Vendor No.: T29033842
	NV Business ID: NV20131182382

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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114456

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/04/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 269 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 Carson City Railroad Museum - Roofing Replacement CIP project, to include schematic design, design development, project manuals, and technical specifications for the roof and siding replacement: CIP Project No. 19-S01-9; SPWD Contract No. 114456.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$71,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Leg approved CIP (Capitol Improvement 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:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Lutz, Andy, Proejct Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/29/2021 13:23:18 PM
Division Approval	nmann	09/29/2021 13:23:21 PM
Department Approval	nmann	09/29/2021 13:23:24 PM
Contract Manager Approval	lwildes	09/30/2021 07:13:54 AM
Budget Analyst Approval	nkephart	10/04/2021 16:09:08 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24998**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>RESOURCE CONCEPTS, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>RESOURCE CONCEPTS, INC.</b>
Appropriation Unit: <b>1585-70</b>	Address: <b>340 N MINNESOTA ST.</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: 775-883-1600
	Vendor No.: T12785100
	NV Business ID: NV19781005208

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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114437

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/05/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 269 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 Stewart Complex - Access Road Repairs and Maintenance CIP project, to include design development, construction drawings, bid documents, and construction administration for the access road repairs: CIP Project No. 21-S05-3; SPWD Contract No. 114437.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):



Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

McEntee, Markus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/28/2021 16:00:34 PM
Division Approval	nmann	09/28/2021 16:00:36 PM
Department Approval	nmann	09/28/2021 16:00:39 PM
Contract Manager Approval	lwildes	09/29/2021 07:28:39 AM
Budget Analyst Approval	nkephart	10/05/2021 10:05:49 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24730**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ARCHITECTS + LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>ARCHITECTS + LLC</b>
Appropriation Unit: <b>1590-20</b>	Address: <b>35 MARTIN ST.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89509-2825</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-329-8001</b>
	Vendor No.: <b>T80870250</b>
	NV Business ID: <b>NV20001117428</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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114204

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/22/2021**  
Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 281 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 Blasdel Building - Elevator Modernization and Renovation CIP project, to include the schematic design, construction documents, bid assistance, and construction administration to replace the control system and various components in the existing elevator: CIP Project No. 19-M47; SPWD Contract No. 114204.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Leg. approved CIP

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:

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:

Myers, Carol, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/15/2021 13:18:20 PM
Division Approval	nmann	09/15/2021 13:18:22 PM
Department Approval	nmann	09/15/2021 13:18:24 PM
Contract Manager Approval	lwildes	09/15/2021 13:51:46 PM
Budget Analyst Approval	nkephart	09/22/2021 11:07:37 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24910**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>PETTY &amp; ASSOCIATES, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>PETTY &amp; ASSOCIATES, INC.</b>
Appropriation Unit: <b>1594-11</b>	Address: <b>1375 GREG ST., STE. 106</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431-6077</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-359-5777</b>
	Vendor No.: <b>T80580350</b>
	NV Business ID: <b>NV19841014622</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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114288

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/28/2021**  
Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 276 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 Carson City Attorney General's Office Building Central Plant Renovation CIP project, to include all required mechanical, electrical, and structural services for the construction administration for renovation of the central plant heating and cooling equipment: CIP Project No. 21-M01; SPWD Contract No. 114288.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,900.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/16/2021 16:53:02 PM
Division Approval	nmann	09/16/2021 16:53:06 PM
Department Approval	nmann	09/16/2021 16:53:08 PM
Contract Manager Approval	lwildes	09/17/2021 09:30:53 AM
Budget Analyst Approval	nkephart	09/28/2021 13:35:04 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: **24775**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>SAAREM CONSULTING ENGINEERS, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>SAAREM CONSULTING ENGINEERS, LLC</b>
Appropriation Unit: <b>1594-18</b>	Address: <b>2188 ALFRED WAY</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89703-7128</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-772-9846</b>
	Vendor No.: <b>T32004288</b>
	NV Business ID: <b>NV20151426231</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 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114289

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/23/2021**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 281 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 State Mail Services - heating ventilation and air conditioning system replacement CIP project, to include structural and electrical engineering services, bid assistance, and construction administration for the replacement of rooftop units, roof-mounted exhaust fans, and associated temperature control system: CIP Project No. 21-M21; SPWD Contract No. 114289.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,820.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/15/2021 13:59:50 PM
Division Approval	nmann	09/15/2021 13:59:52 PM
Department Approval	nmann	09/15/2021 13:59:54 PM
Contract Manager Approval	lwildes	09/15/2021 14:02:46 PM
Budget Analyst Approval	nkephart	09/23/2021 13:52:56 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24983**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>SGF ENGINEERING LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>SGF ENGINEERING LLC</b>
Appropriation Unit: <b>1594-17</b>	Address: <b>9500 Prototype Court</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89521</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-591-4123</b>
	Vendor No.: <b>T27042760A</b>
	NV Business ID: <b>NV20181807757</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 %	<b>X</b> Bonds <b>100.00 %</b>
Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: 114415	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/04/2021**  
Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**  
Contract term: **3 years and 270 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 Supreme Court Building - Driveway Snow Melt System Replacement CIP project, to include mechanical, civil, and electrical systems design for the replacement of the snowmelt system: CIP Project No. 21-M17; SPWD Contract No. 114415.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,400.00**  
Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg. approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):



Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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:

Kono, Ian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/24/2021 16:29:58 PM
Division Approval	nmann	09/24/2021 16:30:00 PM
Department Approval	nmann	09/24/2021 16:30:02 PM
Contract Manager Approval	lwildes	09/27/2021 07:58:51 AM
Budget Analyst Approval	nkephart	10/04/2021 09:59:40 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24967**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>SGF ENGINEERING, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>SGF ENGINEERING, LLC</b>
Appropriation Unit: <b>1594-22</b>	Address: <b>9500 PROTOTYPE COURT</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89521-2989</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-591-4123</b>
	Vendor No.: <b>T27042760A</b>
	NV Business ID: <b>NV20181807757</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 %	<b>X</b> Bonds <b>100.00 %</b>
Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: 114420	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/04/2021**  
 Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**  
 Contract term: **3 years and 270 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 Stewart Facility - Building 89 Chiller Replacement CIP project, to include mechanical and electrical systems design and structural systems consulting services for the chiller replacement: CIP Project No. 21-M38; SPWD Contract No. 114420**

6. NEW CONTRACT  
 The maximum amount of the contract for the term of the contract is: **\$57,100.00**  
 Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
2021 Leg. approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**  
 Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Bassi, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/23/2021 14:56:49 PM
Division Approval	nmann	09/23/2021 14:56:52 PM
Department Approval	nmann	09/23/2021 14:56:54 PM
Contract Manager Approval	lwildes	09/23/2021 15:05:07 PM
Budget Analyst Approval	nkephart	10/04/2021 10:07:04 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: **24992**

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>All Appropriations</b>	Address: <b>1420 HOLCOMB AVE., STE. 201</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>RENO, NV 89502-8003</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 3219, expenditure category 13, ELC - COVID19 component.	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?

**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 % 100% Agency Funds</b>

Agency Reference #: 114267

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/07/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 267 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 - Epidemiology and Laboratory Capacity(ELC) Program CIP project, to include mechanical, consolation, advice and design solutions, agency meetings, narratives, conceptual and detailed design, and a lifecycle cost assessment for the ELC compliance construction improvements: CIP Project No. 21-A018; SPWD Contract No. 114267**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,950.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Runkle Jr, Jack, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/29/2021 13:53:10 PM
Division Approval	nmann	09/29/2021 13:53:12 PM
Department Approval	nmann	09/29/2021 14:24:56 PM
Contract Manager Approval	lwildes	09/30/2021 07:07:43 AM
Budget Analyst Approval	nkephart	10/07/2021 14:41:46 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25008**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b> Agency Code: <b>082</b> Appropriation Unit: <b>All Budget Accounts - Category 10</b> Is budget authority available?: <b>No</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 Facilities.	Legal Entity Name: <b>AINSWORTH ASSOCIATES MECHANICAL ENGINEERS</b> Contractor Name: <b>AINSWORTH ASSOCIATES MECHANICAL ENGINEERS</b> Address: <b>1420 HOLCOMB AVE., STE. 201</b> City/State/Zip: <b>RENO, NV 89502-8003</b> Contact/Phone: <b>775-502-4241</b>
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Vendor No.: T27012245A  
 NV Business ID: NV20201704362

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 % Agency Funds</b>

Agency Reference #: 114302

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/07/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 266 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada Air National Guard - Data Room Cooling System Renovation CIP project, to include the schematic design, design development, construction documents, bidding services, and construction administration for the replacement for the air conditioning equipment in the main server and communication equipment room: CIP Project No. 21-A014; SPWD Contract No. 114302.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No  
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Dobson, TJ, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/30/2021 15:49:50 PM
Division Approval	nmann	09/30/2021 15:49:53 PM
Department Approval	nmann	09/30/2021 15:49:56 PM
Contract Manager Approval	lwildes	10/01/2021 09:07:58 AM
Budget Analyst Approval	nkephart	10/07/2021 13:53:49 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: **24811**

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>No</b>	City/State/Zip	<b>LAS VEGAS, NV 89148-1303</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 3219, expenditure category 13,ELC - COVID19 COMPONENT		Contact/Phone:	<b>702-251-8896</b>
		Vendor No.:	<b>T80997582</b>
		NV Business ID:	<b>NV19871041301</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 % Agency Funded CIP</b>

Agency Reference #: 114266

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/23/2021**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 281 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 at the Desert Regional Center - Epidemiology and Laboratory Capacity Program CIP project, to include architectural and cost estimating services for advance planning and identification of improvements: CIP Project No. 21-A018; SPWD Contract No. 114266.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,500.00**

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 (Department of Health & Human Services) 21-A018.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**



Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Runkle, Jack, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/15/2021 09:38:16 AM
Division Approval	nmann	09/15/2021 09:38:18 AM
Department Approval	nmann	09/15/2021 09:38:20 AM
Contract Manager Approval	lwildes	09/15/2021 10:20:57 AM
Budget Analyst Approval	nkephart	09/23/2021 14:17:24 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: **24864**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>HERSHENOW &amp; KLIPPENSTEIN ARCHITECTS INC.</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>HERSHENOW &amp; KLIPPENSTEIN ARCHITECTS INC.</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 3219, expenditure category 13, ELC - COVID19 COMPONENT		Contact/Phone:	<b>775-332-6640</b>
		Vendor No.:	<b>T80984709</b>
		NV Business ID:	<b>NV19941047730</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 % Agency funded CIP</b>

Agency Reference #: 114268

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 275 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 Early Intervention/Child Behavioral Services Epidemiology and Laboratory Capacity (ELC) CIP project, to include the creation of a baseline for ELC compliance and a task plan to bring the facility up to code: CIP Project No. 21-A018; SPWD Contract No. 114268**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

"Agency Submitted Application" (NV Department of Health & Human Services) 21-A018 Epidemiology and Laboratory Capacity

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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:

Runkle, Jack, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/17/2021 11:40:52 AM
Division Approval	nmann	09/17/2021 11:40:55 AM
Department Approval	nmann	09/17/2021 11:40:57 AM
Contract Manager Approval	lwildes	09/17/2021 12:30:15 PM
Budget Analyst Approval	nkephart	09/29/2021 14:22:08 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24814**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>NV5</b>
Agency Code: <b>082</b>	Contractor Name: <b>NV5</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>5155 W. PATRICK LN.</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>LAS VEGAS, NV 89118</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 3219, expenditure category 13, ELC - COVID19 COMPONENT	Contact/Phone: <b>702-362-9200</b>
	Vendor No.: <b>T80928382A</b>
	NV Business ID: <b>NV20151389633</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 % Agency funded CIP</b>

Agency Reference #: 114270

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/23/2021**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 281 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 at the Desert Regional Center - Epidemiology and Laboratory Capacity CIP project, to include mechanical and electrical engineering services to identify facility improvements per ELC standards: CIP Project No. 21-A018; SPWD Contract No. 114270**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,500.00**

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" (Department of Health and Human Services) 21-A018

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Runkle, Jack, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/15/2021 14:49:09 PM
Division Approval	nmann	09/15/2021 14:49:11 PM
Department Approval	nmann	09/15/2021 14:49:14 PM
Contract Manager Approval	lwildes	09/16/2021 07:44:59 AM
Budget Analyst Approval	nkephart	09/23/2021 14:44:47 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25009**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>TSK</b>
Agency Code: <b>082</b>	Contractor Name: <b>TSK</b>
Appropriation Unit: <b>All Budget Accounts - Category 95</b>	Address: <b>314 SOUTH WATER STREET</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>HENDERSON, NV 89015-7311</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 3646, expenditure category 95, Deferred Facilities Maint.	Contact/Phone: <b>702-456-3000</b>
	Vendor No.: <b>T80883470</b>
	NV Business ID: <b>NV20212004081</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 % Agency Funds</b>

Agency Reference #: 114440

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/06/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **267 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 Willow Treatment Center Flooring Replacement CIP project, to include construction documents, permit/bid services, and construction administration for the flooring removal and replacement: CIP Project No. 22-A004; SPWD Contract No. 114440.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,560.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Pang, Justus, Project Manger Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/30/2021 14:18:29 PM
Division Approval	nmann	09/30/2021 14:18:32 PM
Department Approval	nmann	09/30/2021 14:21:12 PM
Contract Manager Approval	lwildes	10/01/2021 09:09:42 AM
Budget Analyst Approval	nkephart	10/06/2021 13:09:57 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: **24709**

Agency Name: <b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name: <b>ABBI AGENCY, THE</b>
Agency Code: <b>102</b>	Contractor Name: <b>ABBI AGENCY, THE</b>
Appropriation Unit: <b>1526-11</b>	Address: <b>1385 HASKELL ST</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>Ty 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? **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.

<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 **10/01/2021**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Website management**

5. Purpose of contract:

**This is a new contract to provide ongoing website management services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: \$1,000 for the first 12 months, \$500 per month for months 13-48

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Website management is important to avoid website errors, avoid broken imagery, improve search engine optimization, and maintain website functionality.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

GOED employees do not have the dedicated time or expertise to maintain the website at industry standards.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

KPS3  
The Abbi Agency  
Notice U

b. Solicitation Waiver: **Not Applicable**



c. Why was this contractor chosen in preference to other?

Highest value based on experience and cost.

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:

Department of Motor Vehicles
Silver State Health Insurance Exchange
Department of Wildlife

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Table with 3 columns: Approval Level, User, Signature Date. Rows include Budget Account Approval, Division Approval, Department Approval, Contract Manager Approval, EITS Approval, and Budget Analyst Approval.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24773**

Agency Name: <b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name: <b>ABBI AGENCY, THE</b>
Agency Code: <b>102</b>	Contractor Name: <b>ABBI AGENCY, THE</b>
Appropriation Unit: <b>1526-11</b>	Address: <b>1385 HASKELL ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89509</b>
If "No" please explain: Not Applicable	Contact/Phone: Ty Whitaker 775/323-2977
	Vendor No.: T27037235
	NV Business ID: NV20081200897

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.

<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 **10/06/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2021**

Contract term: **86 days**

4. Type of contract: **Contract**

Contract description: **Website/Brand Audit**

5. Purpose of contract:

**This is a new contract to provide a website and search engine optimization audit report and brand assessment.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000.00**

Other basis for payment: 1st and 15th of each month and upon deliverables as invoiced and approved by the state

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Website audits keep websites agile and aligned with best practices. The purpose of the audit aims to increase our online presence and identify problems with website architecture.

The branding audit seeks to provide a comprehensive analysis of the office's brand performance and to improve the overall health of the brand.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This project is short-term in nature and current employees do not have the time or expertise to take on this project at this time.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

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?  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

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 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:  
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	Icopelan	08/07/2021 10:31:12 AM
Division Approval	Icopelan	08/07/2021 10:31:15 AM
Department Approval	Icopelan	08/07/2021 10:31:19 AM
Contract Manager Approval	Icopelan	09/20/2021 15:37:54 PM
EITS Approval	msmi40	09/21/2021 07:07:12 AM
Budget Analyst Approval	stilley	10/06/2021 10:46:03 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24956**

Agency Name:	<b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name:	<b>CORPORATION FOR SUPPORTIVE HOUSING</b>
Agency Code:	<b>102</b>	Contractor Name:	<b>CORPORATION FOR SUPPORTIVE HOUSING</b>
Appropriation Unit:	<b>1528-04</b>	Address:	<b>61 BROADWAY STE 2300</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>NEW YORK, NY 10006</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Brooke Page 702-265-6940
		Vendor No.:	T32008294
		NV Business ID:	NV20141581752

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.

<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 **10/01/2021**

Anticipated BOE meeting date 11/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2022**

Contract term: **122 days**

4. Type of contract: **Contract**

Contract description: **Action Plan Develop.**

5. Purpose of contract:

**This is a new contract to develop an implementation plan for the pilot Recovery Housing Program under the U.S. Department of Housing and Urban Development to outline a strategy to provide stable temporary housing to individuals in recovery from a substance use disorder.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,000.00**

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?

To qualify for a \$1.5 million HUD grant award, Nevada needs to put together an action plan that will outline Nevada's strategy for an effective implementation of the grant award.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency staff does not have the time, skillset, or tools to put together a comprehensive action plan to provide stable, temporary housing to individuals in recovery from a substance use disorder.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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:  
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	09/20/2021 15:31:00 PM
Division Approval	Icopelan	09/20/2021 15:31:04 PM
Department Approval	Icopelan	09/20/2021 15:31:06 PM
Contract Manager Approval	Icopelan	09/24/2021 13:08:10 PM
Budget Analyst Approval	stilley	10/01/2021 17:25:11 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25024**

Agency Name: <b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name: <b>Capital Glass, INC</b>
Agency Code: <b>240</b>	Contractor Name: <b>Capital Glass, INC</b>
Appropriation Unit: <b>2564-10</b>	Address: <b>2951 N DEER RUN RD STE 1</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89701</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>LYNN WEBER 775-883-6401</b>
	Vendor No.: <b>T80316580</b>
	NV Business ID: <b>NV19671000768</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 % Gift accounts</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/05/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/30/2022**

Contract term: **1 year and 25 days**

4. Type of contract: **Contract**

Contract description: **Stained Glass Instal**

5. Purpose of contract:

**This is a new contract to replace the old colored tempered glass with stained glass in the northern home's chapel.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: Upon Satisfactory completion of work and submission of approved invoice.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is a two step project. Step one was the design and creation of the stained glass panels, which is completed. Step two is the removal of the old tempered glass and the installation of the stained glass panels. The designer of the stained glass panels are not licensed to install glass, so a separate contract needs to be created to install the finished pieces.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Veterans Services and other state agencies do not have any employees with the necessary skill or experience to complete this project.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Bright Glass  
CAPITAL GLASS

Custom glass

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor was the only company to respond to the agencies request for proposal and submit any quotes to complete the work.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	10/01/2021 11:23:21 AM
Division Approval	jtheil1	10/01/2021 11:23:24 AM
Department Approval	jtheil1	10/01/2021 11:23:28 AM
Contract Manager Approval	cbenham	10/01/2021 14:40:11 PM
Budget Analyst Approval	afrantz	10/05/2021 14:15:33 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24762**

Agency Name: <b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name: <b>Imago Dei Architecture, LLC</b>
Agency Code: <b>240</b>	Contractor Name: <b>Imago Dei Architecture, LLC</b>
Appropriation Unit: <b>2564-10</b>	Address: <b>45 Killington Ct.</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>Ronald Crook 775-741-5304</b>
	Vendor No.: <b>T29043015</b>
	NV Business ID: <b>NV20201705823</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>65.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.00 % Private/County</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/05/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2023**

Contract term: **1 year and 360 days**

4. Type of contract: **Contract**

Contract description: **Architect Services**

5. Purpose of contract:

**This is a new contract to provide architectural services related to the remodel of the southern home.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,400.00**

Other basis for payment: Payable in installments base on percentage of completion and submission of approved invoices

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Federal Veterans Administration Grants require the submission of certain drawings/plans at different levels throughout the application process.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDVS does not have an architect on staff and there are no staff with these credentials.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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?



Professional Service (As defined in NAC 333.150). Vendor possesses unique knowledge of VA grants and the specification of the documents that must be submitted in an application. Contractor is a licensed architect and has extensive experience in the conceptual development of project scopes and budgetary estimates. He also has first-hand knowledge of the VA State Home Construction Grants requirements as well as the envisioned improvement projects related to the Northern Nevada State Veterans Home and Southern Nevada State Veterans Home respectively. Ron Crook managed the Northern Nevada State Veterans Home project, and the same type of design is in the grant request for the remodel of the Southern Nevada State Veterans home.

d. Last bid date: 03/24/2021 Anticipated re-bid date: 07/17/2023

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?

Yes

See the attached Authorization to Contract form for details.

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

Yes

See the attached Authorization to Contract form for details.

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	08/05/2021 07:10:45 AM
Division Approval	jtheil1	08/05/2021 07:10:48 AM
Department Approval	dgree6	08/17/2021 13:39:23 PM
Contract Manager Approval	cbenham	08/19/2021 08:15:52 AM
Budget Analyst Approval	afrantz	10/05/2021 13:50:22 PM



**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: August 19, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Lynnette Aaron, Executive Branch Budget Officer LA  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

APPROVED BY THE  
BOARD OF EXAMINERS  
AT  
THEIR SEP 14 2021  
MEETING #6-K  
Initials

The following describes an action item submitted for placement on the agenda of the next Board of Examiners meeting.

**NEVADA DEPARTMENT OF VETERANS SERVICES**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Nevada Department of Veterans Services requests authority to contract with former employee Ronald Crook to provide architectural services for the remodel of the Southern Nevada Veterans Home.

Additional Information:

Mr. Crook retired from the Department of Administration, State Public Works Division as a Project Manager 2 on December 31, 2019 and is currently receiving PERS benefits. Mr. Crook managed the Northern Nevada State Veterans Home project and the same type of the design is planned for the Southern Nevada Veterans Home. The contract is effective upon Board of Examiners approval through September 30, 2023.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: LA  
ACTION ITEM: \_\_\_\_\_



RECEIVED

AUG 11 2021

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

***Purchasing Division***

**515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
Phone: 775-684-0170 | Fax: 775-684-0188**

**Authorization to Contract with a Former Employee**

Employee Information				
<b>Former Employee Name:</b>	Ronald Crook			
<b>Former Employee ID Number:</b>	08760			
<b>Former Job Title:</b>	Project Manager II			
<b>Former Employee Agency:</b>	State Public Works Division			
<b>Former Class and Grade:</b>	<b>Class:</b>	42	<b>Grade:</b>	10
<b>Former Employment Dates:</b>	<b>From:</b>	07/09/1990	<b>To:</b>	12/31/2019
<b>Requesting Agency:</b>	Nevada Department of Veterans Services			
<b>Vendor:</b>	Imago Dei Architecture, LLC			

**Please mark which of the following applies and complete Sections 'A' through 'M' below:**

	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
<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>Summarize scope of contract work.</b>
<b>A</b>	<p>The scope of Professional Services includes:</p> <ul style="list-style-type: none"> <li>• Review list of goals with the using agency to establish intent, priorities, and critical components for each item.</li> <li>• Conduct workshops/charettes to explore the feasibility of implementing the various goals. Additional charrettes as required to finalize conceptual planning/design.</li> <li>• Develop conceptual floorplan options/sketches for areas to be remodeled or expanded accompanied with the feasibility/cost as needed for decision making.</li> <li>• Provide perspective sketches where needed to indicate the image and materials of the proposed renovation in key visually important elements.</li> <li>• Develop phasing plans with logistics to keep the home in operation throughout the rehabilitation work. The phasing plan will also outline preliminary construction schedules for each phase and the rehabilitation work as a whole.</li> <li>• Provide an estimate of probable construction costs. Estimate will be at a conceptual/budgetary level of detail. Estimate will include other project related costs that can be anticipated in a state CIP project.</li> <li>• Assistance in researching and coordinating with the Federal Department of Veterans Affairs personnel as required to address the Federal Grant requirements for the remodel project.</li> </ul>

	<p><b>Document former job description.</b></p> <p>Project Managers perform professional services in planning, coordinating, directing, and managing the activities of construction projects and capital improvement programs; develop design concepts; determine cost estimates and budgets; negotiate reviews and modify contracts, agreements, architectural/engineering plans, specifications, and schedules as appropriate.</p> <p>Coordinate the development of capital improvement projects and provide in-house architectural or engineering services as licensure allows; conduct meetings with agency representatives to develop project parameters, inspect existing sites and/or facilities, evaluate the condition of structures, obtain necessary data to prioritize agency needs and develop the scope of work; determine if construction requests are considered a capital improvement or agency project; develop descriptions and formal cost estimates for funding and prepare recommendations for funding approval.</p> <p>Coordinate the use of outside consultants by preparing and submitting project descriptions for review and solicitation by private architectural and engineering firms for the design and engineering of construction projects; negotiate fees and prepare consultant agreements; evaluate written proposals, conduct interviews, and recommend the selection of firms based on qualifications, scope of work, proposal, and time frame for project completion; prepare and submit final agreements and contracts for review.</p> <p>As professional licensure allows, perform architectural design for in-house projects involving the generation of site plans, floor plans, building sections, exterior elevations and detail drawings which include the building concept and special requirements covering structural, mechanical, and electrical systems, or perform engineering design which includes preparing sketches and details, supervising drafting, checking final construction drawings, preparing written technical specifications and preparing calculations as required to substantiate designs; ensure construction plans meet local government zoning requirements as well as State and federal requirements.</p> <p>Manage projects during the design phase by performing regular design reviews, and work with agencies, private contractors and section staff to prepare final construction plans and specifications; conduct final plan reviews to ensure design requirements, agency needs, and federal and State requirements are met; resolve discrepancies and ensure that final revisions are completed prior to the construction phase.</p> <p>Coordinate and manage the construction bid process by preparing materials for the bid package, advertising projects for bid, and processing necessary documentation; review bids, conduct preliminary bid meetings, negotiate construction contracts, and finalize bid awards.</p> <p>Work with outside consultants, contractors, code officials and inspectors to resolve problems and/or provide clarification of contract documents and building requirements.</p> <p>Review and evaluate progress schedules essential to the programming and administration of contracts; submit progress reports during the term of the contract and advise management on problems which may affect completion of the contract or performance of the work; review and evaluate sample tests, material certifications, reports, shop drawings and descriptive data submitted by contractors for compliance with special, general, and technical provisions of the contract; ensure that requested changes and additions are allowable and practical, that funds are available and that the proposed work is within the contract scope; collect data and make formal reports, informational reports and recommendations to other Project Managers and management.</p> <p>Participate in the final inspection of completed projects and ensure final provisions of the construction contract are met; verify that the drawings are produced and filed in accordance with Nevada Revised Statutes and that the construction project has been legally terminated prior to being assigned over to the responsible agency.</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, please see answer to Section I below. Knowledge will be shared throughout the duration of the contract based upon Section A above.</p>
D	<p><b>Explain why existing State employees within your agency cannot perform this function.</b></p> <p>NDVS does not have personnel that are Registered Architects or that have the experience necessary to develop the drawings and costs related to these projects.</p>

<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>
	N/A
<b>F</b>	<b>List contractors' hourly rate.</b>
	\$55.26
<b>G</b>	<b>List the range of comparable State employee rates.</b>
	Grade 42-10 (\$50.24/hour; \$8741.76/month; \$104,901.12/year) per Pay Policy 01 Classified on Employee/Employer Compensation Schedule
<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>
	N/A
<b>I</b>	<b>Document justification for hiring contractor.</b>
	Contractor is a licensed architect and has extensive experience in the conceptual development of project scopes and budgetary estimates. He also has first-hand knowledge of the VA State Home Construction Grants requirements as well as the envisioned improvement projects related to the Northern Nevada State Veterans Home and Southern Nevada State Veterans Home respectively. Ron Crook managed the Northern Nevada State Veterans Home project, and the same type of design is in the grant request for the remodel of the Southern Nevada State Veterans home.
<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>
	Start: Upon BOE approval. End: 09/30/2023
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	Part-time. Not to exceed 35 hours per week.
<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:**



Signature of Agency Head Authorizing Request

8.6.21

Date

Purchasing Administrator Signature (if a Statewide Contract)

Date



Budget Analyst Signature

8/19/21

Date



Clerk of the Board of Examiners Signature

SEP 14 2021

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: **25050**

Agency Name: <b>CANNABIS COMPLIANCE BOARD</b>	Legal Entity Name: <b>MOVE 4 LESS LLC</b>
Agency Code: <b>270</b>	Contractor Name: <b>MOVE 4 LESS LLC</b>
Appropriation Unit: <b>4207-19</b>	Address: <b>6630 ARROYO SPRINGS ST STE 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89113-1949</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Maggie Kolesar 702/381-1200 702-381-1200</b>
	Vendor No.: <b>T29027965</b>
	NV Business ID: <b>NV20041105072</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 %	<b>X</b>	Fees	<b>100.00 %</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 **10/06/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **267 days**

4. Type of contract: **Contract**

Contract description: **Move to Warm Springs**

5. Purpose of contract:

**This is a new contract to provide moving services for the relocation of the Cannabis Compliance Board in Southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,750.00**

Payment for services will be made at the rate of \$750.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is required to implement the relocation of the CCB as approved during the 2021 Legislative Session. Funding for this relocation was approved for and placed into special use category 19.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees and agencies do not have the equipment and training required to move the volume of furniture from one location to another.

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):

Move 4 Less, LLC  
Aaction Movers of Nevada, Inc.  
Ace Worldwide Elite Relocation Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided the quote that best met the needs of the CCB for this job.

d. Last bid date: 09/30/2021 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:  
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jgiesle2	10/06/2021 16:28:37 PM
Division Approval	jgiesle2	10/06/2021 16:28:39 PM
Department Approval	jgiesle2	10/06/2021 16:28:42 PM
Contract Manager Approval	jgiesle2	10/06/2021 16:28:45 PM
Budget Analyst Approval	dlenzner	10/06/2021 18:12:03 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25046**

Agency Name:	<b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name:	National Educators for Restorative Practices
Agency Code:	<b>300</b>	Contractor Name:	<b>National Educators for Restorative Practices</b>
Appropriation Unit:	<b>2710-13</b>	Address:	<b>228 Jordan PI</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Boerne, TX 78006</b>
If "No" please explain:	Not Applicable	Contact/Phone:	210-232-1124
		Vendor No.:	T29044115
		NV Business ID:	NV20212086809

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? **No** or b. other effective date **11/09/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 232 days**

4. Type of contract: **Contract**

Contract description: **Restorative Justice**

5. Purpose of contract:

**This is new contract to provide virtual statewide trainings for Restorative Justice Practices training, specifically for the campus or district leader/educator who wishes to support their staff in sustaining meaningful relationships with students primarily in Tier I, II, and III supports and interventions schoolwide and in classrooms.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$72,000.00**

Other basis for payment: Per itemized invoice

#### 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 Legislative Session, each school district shall complete Restorative Discipline Plans, formally known as Progressive Discipline Plans.

Restorative Practices 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 training allows the opportunity to focus on Tier I for Restorative Practices to educators throughout the state, which many districts have been requesting. Educators across the state will then be Certified Specialists in Restorative Practices through NEDRP. this training is built specifically for the campus or district leaders/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):

International Institute for Restorative Practices  
Bureau of Education and Research  
Restorative Justice Education  
National Educators for Restorative Practices  
The Restorative Group

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected because they can provide Tier I restorative practices to educators in leadership roles in districts throughout the state. NEDRP tools are based in research that 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: 08/09/2021 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:  
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	hsakelar	10/05/2021 16:11:33 PM
Division Approval	hsakelar	10/05/2021 16:11:35 PM
Department Approval	hsakelar	10/05/2021 16:11:38 PM
Contract Manager Approval	hsakelar	10/05/2021 16:11:40 PM
Budget Analyst Approval	mranki1	10/06/2021 16:02:04 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: **24874**

Agency Name: <b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b>	Legal Entity Name: <b>Quality Metrics, LLC</b>
Agency Code: <b>332</b>	Contractor Name: <b>Quality Metrics, LLC</b>
Appropriation Unit: <b>2891-12</b>	Address: <b>1404 Flora Lane</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Silver Springs, MD 20910</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Martha Kyrillidou 202-251-9829</b>
	Vendor No.: <b>T27044489</b>
	NV Business ID: <b>NV20212211469</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 **09/24/2021**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **279 days**

4. Type of contract: **Contract**

Contract description: **LSTA Evaluation**

5. Purpose of contract:

**This is a new contract to provide an evaluation of programs and services developed and delivered as part of the Nevada Library Services Technology Act (LSTA) plan. The Nevada State Library and Archives is required to have an outside evaluation of the LSTA program every five years to obtain federal LSTA funding.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,480.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Section 9134(c) of IMLS' authorizing legislation directs State Library Administrative Agencies (SLAAs) to "independently evaluate, and report to the Director regarding, the activities assisted under this subchapter, prior to the end of the 5-year plan." This evaluation provides SLAA's an opportunity to measure progress in meeting goals set in their approved Five\_Year Plans with a framework to synthesize information across all state reports in telling a national story.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Per federal requirements, an independent evaluation is rigorous and objective (carried out free from outside influence). The evaluator should be able to demonstrate that it does not have a role in carrying out LSTA-funded activities and is independent of those who are being evaluated or who might be favorable or adversely affected by the evaluation results.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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?

NSLAPR ran a joint RFP #LD21-59 with Utah and only one proposal was submitted in response.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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:

Sulin Jones, Librarian IV Ph: 684-3340

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	08/31/2021 09:41:01 AM
Division Approval	ssands	09/02/2021 15:52:46 PM
Department Approval	ssands	09/02/2021 15:52:49 PM
Contract Manager Approval	ssands	09/13/2021 07:24:49 AM
Budget Analyst Approval	mlynn	09/24/2021 13:38:47 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22313** Amendment Number: **2**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **Cashman Equipment Company**

Agency Code: **406** Contractor Name: **Cashman Equipment Company**

Appropriation Unit: **3162-07** Address: **600 Glendale Ave**

Is budget authority available?: **Yes** City/State/Zip: **Sparks, NV 89431**

If "No" please explain: **Not Applicable** Contact/Phone: **Jered Betancourt 775-386-3611**

Vendor No.: **PUR0000249A**

NV Business ID: **NV19601000406**

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.

<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 #: **C 17426**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2019**

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **11/30/2022**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Backup generators**

5. Purpose of contract:

**This is the second amendment to the original contract which provides scheduled maintenance services for backup generators. This amendment updates Attachment A: Scope of Work and Deliverables and increases the maximum amount from \$46,668.00 to \$66,668.00 due to the need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$43,868.00	\$43,868.00	\$43,868.00	Yes - Info
a. Amendment 1:	\$2,800.00	\$2,800.00	\$46,668.00	No
2. Amount of current amendment (#2):	\$20,000.00	\$22,800.00	\$66,668.00	Yes - Info
3. New maximum contract amount:	\$66,668.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

With the new emergency distribution switchboard in place, the backup generators routine maintenance services are recommended by State Public Works Division (SPWD) project manager to ensure the Detroit Diesel generators work 100% with the new switchboard.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not licensed or qualified to perform the duties in SOW.

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):

Cashman Equipment Company  
Nevada Energy System  
Smith Power Product

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee. Also, a recommendation by SPWD project manager.

d. Last bid date: 07/12/2019 Anticipated re-bid date: 07/13/2022

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has provided services to DHHS since 7/2007 - satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kquinter	09/07/2021 12:29:24 PM
Division Approval	kquinter	09/07/2021 12:29:35 PM
Department Approval	Isherych	09/07/2021 13:21:00 PM
Contract Manager Approval	rmille8	09/16/2021 08:58:57 AM
Budget Analyst Approval	pokeefe	09/28/2021 08:49:21 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: **24908**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>NEVADA CHILLER AND BOILER, INC</b>
Agency Code: <b>406</b>	Contractor Name: <b>NEVADA CHILLER AND BOILER, INC</b>
Appropriation Unit: <b>3162-07</b>	Address: <b>10 HARDY DR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Brenna Smith 775/432-1331</b>
	Vendor No.: <b>T32006651</b>
	NV Business ID: <b>NV20151141050</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.

<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 #: **C 17897**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/05/2021**  
Anticipated BOE meeting date **10/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2022**

Contract term: **177 days**

4. Type of contract: **Contract**

Contract description: **Boiler replacement**

5. Purpose of contract:

**This is a new contract to provide a new commercial gas water heater and glass lined tank to Bldg. 25, the Dini-Townsend hospital.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,567.00**

Other basis for payment: **Per Attachment A: Scope of Work**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The building needs a new boiler.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do not have the expertise, equipment, and tools to perform this type of work.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Nevada Chiller & Boiler, Inc.  
Air Systems Service & Construction  
Gardner Engineering, Inc.**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The Copperfin 1.2 BTU commercial gas water heater is proprietary equipment that can only be installed by an approved vendor/distributor.

d. Last bid date: 07/21/2021 Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract by NNAMHS for maintenance agreement. Service is satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Greg Holcomb, Facility Supervisor Ph: 775-688-2125

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kquinter	09/29/2021 07:33:09 AM
Division Approval	kquinter	09/29/2021 07:33:20 AM
Department Approval	lsherych	09/30/2021 12:59:27 PM
Contract Manager Approval	rmille8	10/04/2021 15:10:54 PM
Budget Analyst Approval	pokeefe	10/05/2021 08:39:56 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23457** Amendment Number: **1**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **PUBLIC CONSULTING GROUP, LLC.**

Agency Code: **406** Contractor Name: **PUBLIC CONSULTING GROUP, LLC.**

Appropriation Unit: **3168-04** Address: **148 State Street, 10th Floor**

Is budget authority available?: **Yes** City/State/Zip: **Boston, MA 02109**

If "No" please explain: **Not Applicable** Contact/Phone: **Kelly Gallagher, Associate Manager 919-576-2251**

Vendor No.: **T32000898**

NV Business ID: **NV20212025624**

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % CA22 Cost Allocation; IND22 Indirect</b>

Agency Reference #: **C17706**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/11/2021**

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2021**

Contract term: **324 days**

4. Type of contract: **Contract**

Contract description: **Cost Allocation**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing cost allocation development, support, and reporting. This amendment extends the termination date from December 31, 2021 to March 31, 2022 and increases the maximum amount from \$110,902 to \$148,127 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:	\$110,902.00	\$110,902.00	\$110,902.00	Yes - Action
2. Amount of current amendment (#1):	\$37,225.00	\$37,225.00	\$37,225.00	Yes - Info
3. New maximum contract amount:	\$148,127.00			
and/or the termination date of the original contract has changed to:	03/31/2022			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Centers for Medicare and Medicaid Services' (CMS) requirements. The Division of Public and Behavioral Health requires assistance to maximize federal revenues while complying with all federal regulations. This includes assistance with rate setting and complying with requirements for certified public expenditures. CMS requirements are becoming increasingly stringent, and failure to complete this work correctly and within required time frames could seriously jeopardize federal funding.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The work requires individuals with a high level of expertise in federal cost allocation requirements and awareness of best practices for compliance while maximizing federal revenues. Division of Public and Behavioral Health staff does not have the level of expertise required.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 201206**

**Approval Date: 12/04/2020**

c. Why was this contractor chosen in preference to other?

PCG owns the proprietary rights to the AlloCAP software used by DPBH and other DHHS Divisions since SFY09.

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:

Provided services for DPBH since 4/2011 - satisfactory  
Aging and Disability Services since 1/2012- satisfactory  
Health Care Financing & Policy since 9/2009 - satisfactory  
Welfare & Supportive Services since 1/2018 - satisfactory  
Child & Family Services since 5/2013 - satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kquinter	09/29/2021 07:36:19 AM
Division Approval	kquinter	09/29/2021 07:36:26 AM
Department Approval	lsherych	10/07/2021 11:44:20 AM
Contract Manager Approval	rmille8	10/07/2021 11:52:21 AM
EITS Approval	msmi40	10/08/2021 08:01:47 AM
Budget Analyst Approval	pokeefe	10/11/2021 09:07:38 AM



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
Phone: 775-684-0170 | Fax: 775-684-0188

<b>Purchasing Use Only:</b>	
Approval #:	417①

**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>		
	<b>ENTER STATE AGENCY NAME:</b>	<i>Department of Health and Human Services, Division of Public and Behavioral Health</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Alexa Cooper-Chadwick, BA III, Fiscal Services</i>	<i>775-684-4240</i>	<i><u>acooperchadwick@health.nv.gov</u></i>
	<i>Laurie Gleason, ASO II, Fiscal Services</i>	<i>775-276-4612</i>	<i><u>laglesason@health.nv.gov</u></i>
	<i>Ronda Miller, MA III, Contract Unit</i>	<i>775-684-5932</i>	<i><u>rondamiller@helath.nv.gov</u></i>

<b>2</b>	<b>Contractor Information:</b>	
	Contractor Name:	<i>Public Consulting Group, Inc. (PCG)</i>
	Contact Name:	<i>Kelly Gallagher, Associate Manager</i>
	Complete Address: City, State and Zip Code	<i>148 State Street, 10<sup>th</sup> Floor, Boston, MA 02109</i>
	Phone Number:	<i>919-576-2251</i>
	Email Address:	<i><u>kgallagher@pcgus.com</u></i>

<b>3</b>	<b>List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):</b>			
	Solicitation Type, if applicable:	<i>Waiver</i>	#:	<i>180303</i>
	Enter CETS Number:	<i># 23457</i>		
	Contract Amount:	<i>\$139,605</i>		
	Contract Term:	Start Date:	<i>11/01/2018</i>	End Date:

<b>Purchasing Use Only:</b>	
Approval #:	470

<b>Current Contract Information:</b>				
4	Solicitation Type, if applicable:	<i>Sole Source Contract</i>		#: 201206
	Enter CETS Number:	# 23457		
	Initial Contract Amount:	\$110,902.00		
	Contract Term:	Start Date:	07/01/2020	End Date: 12/31/2021

<b>Amendment Information – List <u>all previously</u> approved amendments:</b>				
5	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>

<b><u>Proposed</u> Amendment Information:</b>				
6	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
	1	To extend end date due to pending RFP.	\$37,225.00	03/31/2022

<b>What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338)?</b>	
7	<i>On or about July 27, 2021, a Request for Proposals (RFP) was published in Nevada ePRO under Bid Number 40DHHS-S1568 to begin the competitively bid process for the cost allocation, time and effort, and random moment time sampling systems. This amendment is needed to continue services until a new award can be completed through this RFP process.</i>

<b>What are the potential consequences to the State if the contract extension request is denied?</b>	
8	<i>This contract provides the Division’s ability to receive consultation for inquires on the AlloCAP system; receive technical assistance; develop custom reports; and receive customized solutions to complex and stringent federal requirements. PCG’s AlloCAP™ is a proprietary web-based cost allocation solution that assists in the calculation and reporting of costs in a consistent fashion, and in conformance with 2 CFR Part 200 – Uniform Administration Requirements, Cost Principles, and Audit Requirements for Federal Awards. These services provide the Division the capability to process their cost allocation reporting in a standardized format, using consistent methodologies, and in accordance with generally acceptable accounting principles and federal regulations. The denial of this contract extension could impact the federal reporting and potential loss or reduction in Medicaid funding.</i>

<i>Purchasing Use Only:</i>	
Approval #:	4700

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.

Ronda Miller  
Signature of Agency Representative Initiating Request

Ronda Miller  
Print Name of Agency Representative Initiating Request

8/20/21  
Date

Kelli P. Quintero  
Signature of Agency Head Authorizing Request

Kelli P. Quintero  
Print Name of Agency Head Authorizing Request

8/20/21  
Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Signed:

Kevin O. Doty  
Administrator, Purchasing Division or Designee

9/7/21  
Date

Steve Sisolak  
Governor



Laura E. Freed  
Director

Matthew Tuma  
Deputy Director

Alan Cunningham  
State Chief Information Officer

Timothy Galluzi  
Administrator

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

MEMORANDUM

**TO:** Debi Reynolds, Deputy Administrator - Admin, DPBH  
Tasha Couste, ITM II, DPBH  
Laurie Gleason, ASO II – Fiscal Services, DPBH  
Alexa Cooper-Chadwick, Budget Analyst III, DPBH

**CC:** Alan Cunningham, State CIO, EITS, DOA  
Tim Galluzi, Administrator, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Michael Smith, Enterprise Architect, EITS, DOA

**SUBJECT:** TIN Completion Memo - DPBH – 198 – PCG AlloCAP™ DPBH Cost Allocation SaaS – 3223 – Update a

**DATE:** September 1, 2021

We have completed the review for DPBH's - PCG AlloCAP™ DPBH Cost Allocation SaaS - TIN 198 Update a.

The submitted TIN is for an estimated value of \$105,951.00 current biennium (100% Other – BA3223 Cost Allocation) to renew or update a maintenance, licensing, or consulting agreement already in place.

PCG offers AlloCAP™, a SaaS solution used by all other Nevada DHHS Divisions to track and calculate cost allocation. AlloCAP™ is the primary source of reporting to the federal government.

Steve Sisolak  
Governor



Laura E. Freed  
Director

Matthew Tuma  
Deputy Director

Alan Cunningham  
State Chief Information Officer

Timothy Galluzi  
Administrator

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
***Enterprise IT Services Division***

100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Debi Reynolds, Deputy Administrator - Admin, DPBH  
Tasha Couste, ITM II, DPBH  
Laurie Gleason, ASO II – Fiscal Services, DPBH  
Alexa Cooper-Chadwick, Budget Analyst III, DPBH

**CC:** Alan Cunningham, State CIO, EITS, DOA  
Tim Galluzi, Administrator, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Michael Smith, Enterprise Architect, EITS, DOA

**SUBJECT:** TIN Completion Memo - DPBH – 198 – PCG AlloCAP™ DPBH Cost Allocation SaaS – 3223 – Update a

**DATE:** September 1, 2021

We have completed the review for DPBH's - PCG AlloCAP™ DPBH Cost Allocation SaaS - TIN 198 Update a.

The submitted TIN is for an estimated value of \$105,951.00 current biennium (100% Other – BA3223 Cost Allocation) to renew or update a maintenance, licensing, or consulting agreement already in place.

PCG offers AlloCAP™, a SaaS solution used by all other Nevada DHHS Divisions to track and calculate cost allocation. AlloCAP™ is the primary source of reporting to the federal government.



AlloCAP™ is being utilized by all DHHS Divisions to ensure standardized methodology of cost allocation for federal grants/entitlements and billings for administration costs to DHCFP for Medicaid Reimbursement. For DPBH specifically, PCG will continue to provide the following services:

Ongoing FY21-FY22:

1. Cost Allocation Plan Narrative Consulting and Support (includes annual update)
2. FY 20-22 Quarterly Processing in AlloCAP™
3. Add 8 new T&E Groups to AlloCAP™
4. General AlloCAP™ Technical Support and Analysis
5. AlloCAP™ System Hosting Fees (required for continued use of the system \$550/month/system)
6. Update the AlloCAP™ procedure manual and provide training, as necessary.

Due to the increased number of Medicare/Medicaid programs and advantages that provide healthcare and medical services to low-income Nevadans, the Centers for Medicare & Medicaid Services requires subject matter expertise on Medicaid billable and reimbursable services in order to maximize the State's benefit of Medicaid services. The growth of Medicare/Medicaid project cost allocations will require maintenance and upgrades to PCG's web-based software, AlloCAP™. DPBH requires assistance to maximize federal revenues while complying with all federal regulations. As Centers for Medicare & Medicaid Services' requirements are becoming increasingly stringent, DPBH does not have the level of expertise required to complete this work accurately and within the required timeframes. Given the complexity of Medicare/Medicaid programs and policy changes, there is an ongoing need for additional support and the services for the development and maintenance of the DPBH cost allocation plan.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will continue to follow state security standards and policies.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24803**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>INDUCTIVEHEALTH INFORMATICS, INC.</b>
Agency Code: <b>406</b>	Contractor Name: <b>INDUCTIVEHEALTH INFORMATICS, INC.</b>
Appropriation Unit: <b>3219-13</b>	Address: <b>3107 CLAIRMONT RD. N NE, STE C</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ATLANTA, GA 30329</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>MATTHEW DOLLACKER 678/786-9260</b>
	Vendor No.: <b>T27041370A</b>
	NV Business ID: <b>NV20171199605</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 #: **C 17904**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/08/2021**  
Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **265 days**

4. Type of contract: **Contract**

Contract description: **Data Integration**

5. Purpose of contract:

**This is a new contract to provide monthly data mapping and migrations from REDCap to the National Electronic Disease Surveillance System.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,500.00**

Payment for services will be made at the rate of \$5,500.00 per Month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Vendor services are required to assist with transition for Nevada's data to be moved to a single system for infectious disease reporting, including COVID-19.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have the staff to perform these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

InductiveHealth is the current vendor which provides a single statewide disease surveillance system to allow local, state and federal agencies to identify, investigate and mitigate communicable diseases. This will integrate within that system.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor with DPBH since 2/13/2018 with satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kquinter	09/27/2021 14:24:52 PM
Division Approval	kquinter	09/27/2021 14:24:56 PM
Department Approval	Isherych	09/29/2021 09:52:29 AM
Contract Manager Approval	rmille8	10/07/2021 12:14:58 PM
Budget Analyst Approval	pokeefe	10/08/2021 08:17:44 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23368** Amendment Number: **1**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **CARASOFT TECHNOLOGY CORP**

Agency Code: **409** Contractor Name: **CARASOFT TECHNOLOGY CORP**

Appropriation Unit: **3143-11** Address: **11493 SUNSET HILLS RD, STE 100**

Is budget authority available?: **Yes** City/State/Zip: **RESTON, VA 20191**

If "No" please explain: **Not Applicable** Contact/Phone: **STEPHEN FINK 703/230-7586**

Vendor No.: **PUR0004357**

NV Business ID: **NV20151127305**

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<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 **08/11/2020**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **09/30/2021**

Termination Date:

Contract term: **1 year and 142 days**

4. Type of contract: **Other (include description): MSA Work Order**

Contract description: **UNITY Data Exchange**

5. Purpose of contract:

**This is the first amendment to the original work plan under Master Service Agreement #18855 to provide cloud services to enhance the Unified Nevada Information Technology for Youth system. This amendment extends the termination date from September 30, 2021 to December 31, 2021 and increases the contract maximum from \$180,000 to \$208,401.49.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$180,000.00	\$180,000.00	\$180,000.00	Yes - Action
2. Amount of current amendment (#1):	\$28,401.49	\$28,401.49	\$28,401.49	Yes - Info
3. New maximum contract amount:	\$208,401.49			
and/or the termination date of the original contract has changed to:	12/31/2021			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The UNITY Data Exchange Modernization project TIN will enhance the UNITY system to support secure bi-directional data exchanges with child welfare contributing agencies or other external systems used to collect or use child welfare data. This project will allow the UNITY system to more fully comply with the newly enacted federal Comprehensive Child Welfare Information System requirements while improving the child welfare program to meet evolving constituent expectations in a way that will increase the speed of data-sharing efforts while improving security and reducing costs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State agencies do not have the staff to complete this Cloud Solution.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

State Purchasing provided several permissive Statewide contracts to allow for the purchase of Cloud Services (Software-as-a-Service [SaaS], Platform-as-a-Service [PaaS], and Infrastructure-as-a-Service [IaaS]) from contracted vendors and their fulfillment partners.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Carahsoft Technology has provided satisfactory services to the Aging and Disability Services Division (6/27/18 - 7/31/19) and the Division of Public and Behavioral Health (7/31/18 - 7/31/21), as well as to the Division since 8/11/2020.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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

knielsen

09/27/2021 16:27:26 PM

Division Approval	knielsen	09/27/2021 16:27:36 PM
Department Approval	rarmstr3	09/27/2021 16:50:44 PM
Contract Manager Approval	sknigge	09/29/2021 08:50:53 AM
EITS Approval	msmi40	09/29/2021 08:53:08 AM
Budget Analyst Approval	vfajota	09/29/2021 16:15:18 PM



**Technology Investment  
Notification**  
*(Print Preview)*



ID: 102

**Technology Investment Summary**

**Title:** UNITY Data Exchange Modernization

**Target FY:** FY20

**Target Schedule:**      **Begin:**                      7/1/2019                      **End:**                      12/31/2021

**Primary Purpose:** Enhance and or upgrade an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

**Description:** UNITY (Unified Nevada Information Technology for Youth) is Nevada's electronic child welfare case management tool which holds the official case record for all children and families served by child welfare agencies in the state. The UNITY Data Exchange Modernization (UDEM) project is being requested as a method to enhance the UNITY system with contemporary Service Oriented Architecture (SOA) features to support the creation of secure bi-directional data exchanges with child welfare contributing agencies or other external systems used to collect or use child welfare data. The UDEM project will implement a modern connectivity platform which uses industry best practices for facilitating data exchanges while enforcing data standards and implementing additional security features.

The use of a connectivity platform known as an Enterprise Service Bus (ESB) in combination with an Application Programming Interface (API) gateway will shift DCFS away from the current strategy of implementing point-to-point interfaces between UNITY and other systems. Instead, it will allow UNITY to share data with other systems using a uniform set of APIs which can be customized to serve a variety of connectivity purposes. The API gateway will provide a central access point for managing, monitoring, and securing access to child welfare data contained in UNITY.

Additionally, this project will allow the UNITY system to more fully comply with the newly enacted federal Comprehensive Child Welfare Information System (CCWIS) requirements while improving the State of Nevada's child welfare program to meet evolving constituent expectations in a way that will increase the speed of data-sharing efforts while improving security and reducing costs.

The UDEM project proposal is aligned with industry trends for modernizing legacy applications as well as the Governor's Finance Office strategy to improve operational efficiencies. According to the Garner Group, a leading research and advisory firm for the Information Technology field, organizations should plan to upgrade mission-critical legacy systems with technologies which support integration with a growing number of partners. This recommendation can lead to reductions in duplicative processes and improvements in standardization, which in turn can yield benefits in terms of efficiency and effectiveness. (See Appendix A - Modernizing Legacy Mission-

Critical Applications in Government Primer for 2017 for more details.) Likewise, the Governor's Finance Office has requested agencies to look for better ways to manage resources, including identifying opportunities where strategic investments can be made in order to avoid long-term costs growth. (See Appendix B for further details.) The UDEM proposal was designed with these objectives in mind while remaining primarily focused on meeting CCWIS requirements and supporting the agency's core mission.

**Contacts:**  
 Jason Benshoof IT Manager III jbenshoof@dcfs.nv.gov  
 Jason Benshoof IT Manager III jbenshoof@dcfs.nv.gov  
 Mandi Davis Deputy Administrator – A... mandi.davis@dcfs.nv.gov  
 Ross Armstrong Administrator ross.armstrong@dcfs.nv.gov

**Agency Code:** 3143 | HR-UNITY/SACWIS | 409

**Division Name:** HR-UNITY/SACWIS

**Budget Account:** 3143

**Decision Unit:** E-550

**Investment Amt.:** \$2,339,796 **Financial Benefit:** \$0

**One Time Cost Est.:** \$512,662

**Ongoing Cost Est.:** \$1,827,134

**Funding Sources:**

Funding Source(s)	Funding %	Funding Note/Comment
Federal Grant	100.00	Title IV-E Family First Prevention Se...
<b>Total Percent:</b>		100.00

Biennium Cost Estimate:	Current Biennium Estimated Cost		Next Biennium Estimated Cost	
	FY22	FY23	FY24	FY25
<i>Fiscal Year:</i>				
<i>FY One Time Cost Est.:</i>	\$62,500	\$62,500	\$0	\$0
<i>FY Ongoing Cost Est.:</i>	\$452,797	\$452,797	\$452,797	\$0
<i>Total FY Cost Est.:</i>	\$515,297	\$515,297	\$452,797	\$0
<i>Total Biennium Cost Est.:</i>	\$1,030,593		\$452,797	

Investment - Cost Breakdown						
One Time Investment Costs by Fiscal Year						
FY	Cat	Cost Line Item	GL	Cost Amount	Cost Item Source	Cost Item Note
<b>FY20</b>						
		26	7060	\$187,500	Vendor Inquiry	



Services - Systems Integration				
Equipment - Computer Hardware <\$5,000	8371	\$3,714	EITS Schedule	NEBS Equipment Schedule
<b>Category 26</b>	<b>Subtotal:</b>	\$191,214	<b>One Time Costs</b>	

04	Office - Furniture		\$8,948	Agency Estimate	NEBS
<b>Category 04</b>	<b>Subtotal:</b>	\$8,948	<b>One Time Costs</b>		

**FY20 Subtotal:** \$200,162 **One Time Costs**

**FY21**

26	Services - Systems Integration	7060	\$187,500	Vendor Inquiry	
<b>Category 26</b>	<b>Subtotal:</b>	\$187,500	<b>One Time Costs</b>		

**FY21 Subtotal:** \$187,500 **One Time Costs**

**FY22**

26	Services - Vendor Consulting	7060	\$62,500	Vendor Inquiry	
<b>Category 26</b>	<b>Subtotal:</b>	\$62,500	<b>One Time Costs</b>		

**FY22 Subtotal:** \$62,500 **One Time Costs**

**FY23**

	Services - Vendor Consulting	7060	\$62,500	Vendor Inquiry	
<b>Category</b>	<b>Subtotal:</b>	\$62,500	<b>One Time Costs</b>		

**FY23 Subtotal:** \$62,500 **One Time Costs**

**Total One Time Costs:** \$512,662

**5-Year - On Going Annual Investment Costs by Fiscal**

FY	Cat	Cost Line Item	GL	Cost Amount	Cost Item Source	Cost Item Note
FY20						
26		EITS Virtual Server Hosting	7548	\$11,722	EITS Schedule	
		New State IT Staff		\$942	Agency Estimate	NEBS
		<b>Category 26</b>	<b>Subtotal:</b>	\$12,664	<b>Ongoing Costs</b>	
01		New State IT Staff		\$190,400	Agency Estimate	NEBS
		<b>Category 01</b>	<b>Subtotal:</b>	\$190,400	<b>Ongoing Costs</b>	
04		New State IT Staff		\$384	Agency Estimate	NEBS
		<b>Category 04</b>	<b>Subtotal:</b>	\$384	<b>Ongoing Costs</b>	
<b>FY20 Subtotal:</b>				<b>\$203,448</b>	<b>Ongoing Costs</b>	
FY21						
26		EITS Virtual Server Hosting	7548	\$11,722	EITS Schedule	
		New State IT Staff		\$1,029	Agency Estimate	NEBS
		<b>Category 26</b>	<b>Subtotal:</b>	\$12,751	<b>Ongoing Costs</b>	
01		New State IT Staff		\$252,100	Agency Estimate	NEBS
		<b>Category 01</b>	<b>Subtotal:</b>	\$252,100	<b>Ongoing Costs</b>	
04		New State IT Staff		\$446	Agency Estimate	NEBS
		<b>Category 04</b>	<b>Subtotal:</b>	\$446	<b>Ongoing Costs</b>	
<b>FY21 Subtotal:</b>				<b>\$265,297</b>	<b>Ongoing Costs</b>	
FY22						
26		EITS Virtual Server Hosting	7548	\$11,722	EITS Schedule	
		New State IT Staff		\$1,029	Agency Estimate	NEBS
		Software - Annual Maintenance/Subscription	7073	\$187,500	Vendor Quote	Changed to subscription-based software rather than one-time purchase
		<b>Category 26</b>	<b>Subtotal:</b>	\$200,251	<b>Ongoing Costs</b>	
01		New State IT Staff		\$252,100	Agency Estimate	NEBS

<b>Category 01</b>		<b>Subtotal:</b>	\$252,100	<b>Ongoing Costs</b>	
04	New State IT Staff		\$446	Agency Estimate	NEBS
<b>Category 04</b>		<b>Subtotal:</b>	\$446	<b>Ongoing Costs</b>	
<b>FY22 Subtotal:</b>			<b>\$452,797</b>	<b>Ongoing Costs</b>	

FY23

26	EITS Virtual Server Hosting	7548	\$11,722	EITS Schedule	
	New State IT Staff		\$1,029	Agency Estimate	NEBS
	Software - Annual Maintenance/Subscription	7073	\$187,500	Vendor Quote	Changed to subscription-based software rather than one-time purchase
<b>Category 26</b>		<b>Subtotal:</b>	\$200,251	<b>Ongoing Costs</b>	
01	New State IT Staff		\$252,100	Agency Estimate	NEBS
<b>Category 01</b>		<b>Subtotal:</b>	\$252,100	<b>Ongoing Costs</b>	
04	New State IT Staff		\$446	Agency Estimate	NEBS
<b>Category 04</b>		<b>Subtotal:</b>	\$446	<b>Ongoing Costs</b>	
<b>FY23 Subtotal:</b>			<b>\$452,797</b>	<b>Ongoing Costs</b>	

FY24

26	EITS Virtual Server Hosting	7548	\$11,722	EITS Schedule	
	New State IT Staff		\$1,029	Agency Estimate	NEBS
	Software - Annual Maintenance/Subscription	7073	\$187,500		Changed to subscription-based software rather than one-time purchase
<b>Category 26</b>		<b>Subtotal:</b>	\$200,251	<b>Ongoing Costs</b>	
01	New State IT Staff		\$252,100	Agency Estimate	NEBS
<b>Category 01</b>		<b>Subtotal:</b>	\$252,100	<b>Ongoing Costs</b>	
04	New State IT Staff		\$446	Agency Estimate	NEBS
<b>Category 04</b>		<b>Subtotal:</b>	\$446	<b>Ongoing Costs</b>	
<b>FY24 Subtotal:</b>			<b>\$452,797</b>	<b>Ongoing Costs</b>	

Total 5-Year Ongoing Costs:

**Total Estimated Investment**

One Time and 5-Year Ongoing Costs:

### Investment - Financial Benefit Breakdown

5-Year - Investment Financial Benefit by Fiscal Year

FY	Benefit Type	Benefit Amount	Benefit Note
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Benefit subtotal:</b>		<input type="text" value="\$0"/>	

Investment Financial Benefit:

### Technology Investment Questionnaire

Section: 0001

Show

#### Investment Purpose

Ref: 2

Q-1 : The primary purpose of this technology investment is to  
Response: Enhance and or upgrade an existing technology solution, software product, and/or equipment  
Ref: 3 solution currently in place and in use by the agency.

- 

Q-2 : The agency's overall urgency to complete the technology investment is driven by  
Response:  
Ref: 4

- Reduce Costs
- Improved processing and data management
- Improved Customer Service
- Regulatory Compliance

Q-3 : Please provide additional investment purpose and/or urgency-to-complete information.  
Response: UNITY must meet certain new CCWIS project requirements, including expanded requirements to  
Ref: 5 support bi-directional data exchanges in an efficient, economical, and effective manner according to CCWIS regulations in 45CFR § 1355.52 (e).

- 

End of Section 0001

## Investment Impact and Benefit

Q-4 : The overall expected value of this investment compared to other agency technology investments is

Response: *Higher Value*

Ref: 8 

-

Q-5 : The investment is expected to result in new

Response: 

- *Technical Benefit*

Ref: 7 

- *Business/Program Benefit*

- *Cost Saving Benefit*

- *Federal Compliance*

Q-6 : Available prior analysis for the investment includes

Response: 

- *Other*

Ref: 9

Q-7 : The investment has significant impact on

Response: 

- *Daily tasks performed by agency program/business end-users*

Ref: 10 

- *Management and/or internal administrative end-users*

Q-8 : The investment directly impacts the public safety of Nevada's constituents.

Response: *No*

Ref: 11 

-

Q-9 : The investment directly impacts the security and/or privacy of state-held information.

Response: *Yes*

Ref: 133 

-

Q-10 : The technology investment directly benefits multiple state agencies

Response: *Yes*

Ref: 12 

-

Q-11 : The Payback Period (e.g., the length of time required to recover the cost of the investment through benefit) is

Response: *Not Calculated*

Ref: 162 

-

Q-12 : Other Important Impact and Benefit Information (Please provide)

Response: *This investment will lead to reductions in duplicative processes and improvements in standardization. Additionally, it is expected to help avoid long-term cost growth associated with managing bi-directional data exchange interfaces.*

Ref: 13 

-

End of Section 0002

**Section: 0003**

Show

**Investment Risk**

Ref: 14

Q-13 : The Agency considers the technology investment risk and any subsequent implementation risk to be  
Response: *Medium Risk*  
Ref: 15 •

Q-14 : The investment will use technology that is well proven by other projects/entities and implemented  
Response: multiple times  
Ref: 16 Yes •

Q-15 : The investment will include technology that is cutting edge or relatively new having been  
Response: implemented successfully in recent solutions  
Ref: 17 No •

Q-16 : The investment will include technology that is at the very forefront of IT development and innovation  
Response: with few if any previous implementations  
Ref: 18 No •

Q-17 : Other important Investment or Project Risk information (Please provide).  
Response: *Please see attached Technology Investment Request.*  
Ref: 145 •

End of Section 0003

**Section: 0004**

Show

**Security Risk**

Ref: 19

Q-18 : The security impact of the investment has been carefully considered  
Response: Yes  
Ref: 20 •

Q-19 : The agency considers the investment and final implementation to have an ongoing  
Response: *Low Security Risk*  
Ref: 21 •

Q-20 : Personal Identification Information (PII data) is transported, stored and/or processed  
Response: Yes  
Ref: 22 •

Q-21 : The security architecture will be re-designed and/or re-implemented.

Response: Yes

Ref: 23 ●

Q-22 : The solution is subject to federal security and/or other security standards such as: HIPAA, FIPS, NIST, ISO, FedRAMP, IRS, SSA, FBI, CIJIS, etc.,.

Response: Yes

Ref: 24 ●

Q-23 : The investment does or will adhere to State of Nevada Security Policies

Response: Yes

Ref: 25 ●

Q-24 : The Office of Information Security (OIS) will be asked to conduct pre- and post-implementation security reviews for the investment

Response: No

Ref: 26 ●

Q-25 : Other important security impact or process information (Please provide)

Response:

Ref: 103 ●

End of Section 0004

**Section: 0005**

Show

**Project Management and Structure**

Ref: 27

Q-26 : The actual implementation is expected to span

Response: Multiple Years

Ref: 28 ●

Q-27 : A detailed project plan and schedule has been prepared.

Response: No

Ref: 143 ●

Q-28 : The project implementation schedule is well thoughtout and matches the scope and size of the investment.

Response: Yes

Ref: 29 ●

Q-29 : The investment includes Project Management Office (PMO) level support

Response: No

Ref: 30 ●

Q-30 : A project manager will be assigned

Response: Full-time

Ref: 31

- 

Q-31 : Project management will be provided by

Response: Combination

Ref: 32

- 

Q-32 : Project management will include a certified project manager

Response: Yes

Ref: 33

- 

Q-33 : Other important Project Management approach and information (Please provide)

Response: Professional services provided by vendor are expected to include project management.

Ref: 146

- 

End of Section 0005

Section: 0006

Show

Business Application

Ref: 34

Q-34 : A Business Application software product or solution implementation or upgrade is part of the investment

Response:

Ref: 35

Yes

- 

Q-35 : Identify which application solution alternatives were considered for this investment

Response:

Ref: 36

- Transfer an Existing Solution
- Status Quo - no change
- Modify/Upgrade Current Solution
- Build A New Solution
- Obtain a COTS Solution

Q-36 : Approximate number of state users with login accounts to the system is

Response:

Ref: 37

500 - 1000

- 

Q-37 : Approximate number of external non-state users with access to the system

Response:

Ref: 38

500 - 1000

- 

Q-38 : The Business Application software code will be maintained

Response: Joint Effort by Agency and Third Party

Ref: 39



•

Q-39 : The Business Application software will be browser based

Response: Yes

Ref: 40 •

Q-40 : The Business Application Software will be accessed via the Internet

Response: Yes

Ref: 41 •

Q-41 : The Business Application Software will be hosted via

Response: EITS Hosting Services

Ref: 42 •

Q-42 : The Business Application Software uses a SaaS or other Cloud Model

Response: No

Ref: 43 •

Q-43 : The Business Application Software is priced by subscription

Response: No

Ref: 104 •

Q-44 : The business application will include system interfaces into the SMART21 ERP product

Response: Yes

Ref: 144 •

Q-45 : Other important Business Application information (Please provide)

Response: [Redacted]

Ref: 147 •

End of Section 0006

Section: 0007

Show

Cloud Solution

Ref: 105

Q-46 : The solution will be hosted in a cloud.

Response: No

Ref: 106 •

Q-47 : The technology investment includes software as a service (SaaS), platform as a service (PaaS), Infrastructure as a Service (IaaS) or other similiar products hosted in a third party cloud.

Response:

Ref: 110

•

---

**Q-48 :** The physical location of the hosting data center(s) is known and is or will be contractually identified.

*Response:*

*Ref: 111*

•

---

**Q-49 :** The hosted data/solution is or will be contractually identified to reside only in the United States.

*Response:*

*Ref: 112*

•

---

**Q-50 :** If the solution is hosted by additional third party providers/subcontractors other than the primary contractual cloud vendor, will the third party provider adhere to the terms of the primary contract for security, backups, recovery, performance, etc.

*Response:*

*Ref: 114*

•

---

**Q-51 :** Are all of the cloud providers (i.e., primary vendor, subcontractors, related third parties, etc.) supporting the solution required to give advanced notice if they discontinue or change the circumstances related to the cloud hosting agreement.

*Response:*

*Ref: 115*

•

---

**Q-52 :** Are or will there be agreed cloud service levels to cover uptime and availability; service response times; simultaneous users; problem response and resolution times; data security; etc.

*Response:*

*Ref: 116*

•

---

**Q-53 :** If the cloud solution is subscription based will sufficient subscriptions be acquired to cover all internal and external users as needed.

*Response:*

*Ref: 117*

•

---

**Q-54 :** Have suspension of service, withholding of services, and other similar cloud hosting agreement clauses been mitigated for the State.

*Response:*

*Ref: 118*

•

---

**Q-55 :** Have or will contract terms related to business continuity and disaster recovery of the State's data been considered in the cloud hosting agreement.

*Response:*

*Ref: 119*

•

---

**Q-56 :** Does the termination agreement and exit strategy define a reasonable timeline for the State to obtain its data when the agreement is discontinued.

*Response:*

*Ref: 120*

•

**Q-57 :** Who will be responsible for interfacing/integrating other State required system interfaces into the cloud solution.  
*Response:*  
*Ref: 121*

•

**Q-58 :** Training for the cloud product will be provided by  
*Response:*  
*Ref: 122*

•

**Q-59 :** Does the cloud solution require a FedRamp certified cloud platform environment.  
*Response:*  
*Ref: 123*

•

**Q-60 :** Has or will the State contractually secure ownership of the data that will reside in the cloud.  
*Response:*  
*Ref: 124*

•

**Q-61 :** Other important Cloud Solution information (Please provide).  
*Response:*  
*Ref: 148*

•

End of Section 0007

**Section: 0008**

Show

**Custom Software**

*Ref: 44*

**Q-62 :** The investment will include custom developed software  
*Response:* No  
*Ref: 45*

•

**Q-63 :** A detailed set of business and technology requirements has been collected and analyzed  
*Response:*  
*Ref: 46*

•

**Q-64 :** The approximate number of functional/business requirements to be met are  
*Response:*  
*Ref: 47*

•

**Q-65 :** The approximate number of non-functional/technical requirements to be met are  
*Response:*  
*Ref: 48*

•

Q-66 : A requirements definition document is available for review

Response:

Ref: 49

•

Q-67 : The investment includes operational and managerial reporting requirements

Response:

Ref: 50

•

Q-68 : The approximate number of reports anticipated as part of the investment are

Response:

Ref: 51

•

Q-69 : The approximate number of business rules to be implemented as part of the investment is

Response:

Ref: 52

•

Q-70 : Approximate number of planned State/Agency SME and BPA FTEs included in system development

Response:

Ref: 53

•

Q-71 : Approximate number of planned State/Agency IT FTEs included in system development

Response:

Ref: 54

•

Q-72 : Approximate number of planned EITS IT FTEs included in system development

Response:

Ref: 55

•

Q-73 : Approximate number of planned MSA IT FTEs included in system development

Response:

Ref: 56

•

Q-74 : Other important Custom Software solution informaton (Please provide).

Response:

Ref: 149

•

End of Section 0008

Section: 0009

Show

End-User Training

Ref: 57

Q- 75 : The investment will include End-User Training

Response: No

Ref: 58 •

Q- 76 : Approximate number of end-users to be trained

Response:

Ref: 59 •

Q- 77 : Approximate number of different locations to be used for training

Response:

Ref: 60 •

Q- 78 : The number of expected training modules or courses to be produced and used.

Response:

Ref: 125 •

Q- 79 : End-user training, materials, courses, schedule, facilities and data content development will be completed

Response:

Ref: 61 •

Q- 80 : Other important End-User Training information (Please provide).

Response:

Ref: 150 •

End of Section 0009

**Section: 0010**

Show

**End-User Acceptance**

Ref: 62

Q- 81 : The investment will include end-user acceptance testing

Response: Yes

Ref: 63 •

Q- 82 : The User Acceptance Test Plan (UAT) will be developed and executed

Response: *in a joint effort between the State and a Third Party*

Ref: 64 •

Q- 83 : The anticipated number of system artifacts including screens, reports and other end-user items to be tested

Response: 1 - 100

Ref: 128 •

Q-84 : The anticipated number of test cases and scenarios to be produced and tested is  
Response: 1 - 100  
Ref: 126

- 

Q-85 : Test data will be developed and permanently stored for ongoing testing.  
Response: Yes  
Ref: 127

- 

Q-86 : Other important End-User Acceptance information (Please provide).  
Response: UA Testing will not be required for ESB/API gateway implementation, however will be required during future interface implementation.  
Ref: 151

- 

End of Section 0010

<b>Section: 0011</b>	<input checked="" type="checkbox"/> Show	<b>Data Conversion</b>	Ref: 71
----------------------	--	------------------------	---------

Q-87 : The implementation will include a data conversion effort.  
Response: No  
Ref: 72

- 

Q-88 : Completion of the data conversion planning, development, test and execution will be  
Response:  
Ref: 73

- 

Q-89 : The number of years of historical data expected to be converted is  
Response:  
Ref: 74

- 

Q-90 : The number of database tables and/or unique files expected to be converted is  
Response:  
Ref: 75

- 

Q-91 : The number of database columns and/or unique data elements expected to be converted is  
Response:  
Ref: 76

- 

Q-92 : Data scrubbing and cleansing of historical data converted to the new solution is expected to take approximately  
Response:  
Ref: 77

•

Q-93 : Other important Data Conversion information (Please provide).

Response:

Ref: 152

•

End of Section 0011

Section: 0012

Show

### System Interfacing

Ref: 78

Q-94 : The implementation will include other systems interfacing.

Response:

Ref: 79

Yes

•

Q-95 : Completion of the systems interfacing effort will be

Response:

Ref: 80

*a joint effort between the State and a Third Party*

•

Q-96 : The number of expected inbound data feeds or system interfaces is

Response:

Ref: 81

5 - 10

•

Q-97 : The number of expected outbound data feeds or system interfaces is

Response:

Ref: 82

5 - 10

•

Q-98 : Approximate number of new interfaces to be deployed

Response:

Ref: 83

5

•

Q-99 : Transport Layer Security (TLS) is the protocol that will be used to provide privacy and data integrity between interfacing applications

Response:

Ref: 140

Yes

•

Q-100 : Will public/private key solutions be part of the interfacing architecture

Response:

Ref: 141

Yes

•

Q-101 : Other important System Interfacing information (Please provide).

Response:

Ref: 153

*In addition to encryption, solution must integrate with malware protection software for scanning of*

payloads.

- 

End of Section 0012

Section: 0013

Show

Infrastructure Impact - Server Services

Ref: 107

Q-102 : The solution will include a change or addition to the current server environment

Response: Yes

Ref: 142 

-

Q-103 : As a result of the investment EITS supported Server Hosting is expected to

Response: Increase

Ref: 86 

-

Q-104 : As a result of the investment EITS supported mainframe usage is expected to

Response: Remain the same

Ref: 87 

-

Q-105 : The investment will include new server equipment.

Response: Yes

Ref: 88 

-

Q-106 : The investment will include upgraded server equipment.

Response: No

Ref: 89 

-

Q-107 : The number of anticipated new servers included in the investment is

Response: 5 - 10

Ref: 130 

-

Q-108 : Server equipment will physically reside

Response: 

- at EITS Data Center

Ref: 131

Q-109 : Other important Server Infrastructure/Services information (Please provide)

Response: Pricing estimates are based on managed VM hosting at EITS. Agency is open to hosting at Switch if SLA and pricing are comparable to the EITS data center.

Ref: 154 

-

End of Section 0013



**Section: 0014** Show**Disaster Recovery**

Ref: 95

Q-110 : The investment includes a systems Disaster Recovery element.

Response: Yes

Ref: 96

- 

Q-111 : The Disaster Recovery environment will be hosted within  
the EITS facility

Response: Yes

Ref: 97

- 

Q-112 : Other important Disaster Recovery information (Please provide).

Response: DR will be a combination of file system (data) backups as well as periodic VM snapshots.

Ref: 155

- 

End of Section 0014

**Section: 0015** Show**Desktop and Printer**

Ref: 65

Q-113 : The investment includes new Desktop and/or Printer equipment.

Response: Yes

Ref: 66

- 

Q-114 : Additional Microsoft licenses are part of the investment

Response: Yes

Ref: 67

- 

Q-115 : New Email accounts are part of the investment

Response: Yes

Ref: 68

- 

Q-116 : Other Desktop/Productivity tools and/or software are part of the investment

Response: Yes

Ref: 70

- 

Q-117 : Desktop hardware will be supported and maintained primarily by

Response: Agency Staff

Ref: 129

- 

Q-118 : Other Desktop and Printer information (Please provide).

Response: This proposal includes two FTEs for ongoing support and maintenance of the solution. Each new

Ref: 156

position will require a workstation.

- 

End of Section 0015

**Section: 0016**

Show

**Infrastructure Impact - Telecommunications**

Ref: 109

Q-119 : The investment includes new Phone Handsets

Response: Yes

Ref: 134

- 

Q-120 : New phone handsets and/or phone lines are part of the investment

Response: Yes

Ref: 69

- 

Q-121 : Existing Telecommunication equipment will be

Response: Unchanged

Ref: 136

- 

Q-122 : Telephones will be added to

Response: 

- A Standalone Telephone System

Ref: 137

Q-123 : The new telephone handset type will be

Response: Digital

Ref: 138

- 

Q-124 : Telephone LAN switches will use Power over Ethernet (POE) to power VOIP

Response: No

Ref: 139

- 

Q-125 : Other important Telecommunications information (Please provide).

Response: This proposal includes two FTEs for ongoing support and maintenance of the solution. Each new position will require a phone to be added to existing DCFS phone system located at 4126 Technology Way.

Ref: 158

- 

End of Section 0016

**Section: 0017**

Show

**Infrastructure Impact - Network Communications**

Ref: 108

Q-126 : Existing WAN equipment is expected to be upgraded or replaced

Response: No  
Ref: 93 •

Q-127 : As a result of the investment EITS supported WAN traffic (i.e., SilverNet Traffic) is expected to  
Response: Increase  
Ref: 85 •

Q-128 : Installation of new carrier lines is expected  
Response: No  
Ref: 92 •

Q-129 : Is there an expected impact to hilltop microwave traffic  
Response: No  
Ref: 94 •

Q-130 : Other important Network Communication information (Please provide).  
Response: Solution has the potential to cause incremental increases in bandwidth utilization as future bi-directional data exchanges are implemented.  
Ref: 157 •

End of Section 0017

**Section: 0018**  Show **Infrastructure Impact - LAN** Ref: 159

End of Section 0018

**Section: 0020**  Show **Other Documents** Ref: 98

Q-135 : Are there other documents available that describe or outline the technology investment  
Response: Yes  
Ref: 99 •

Q-136 : Have additional supporting documents been attached to the TIN  
Response: Yes  
Ref: 132 •

Q-137 : Please provide any additional comments regarding the investment.  
Response: A Technology Investment Request for FY20-21 is attached.  
Ref: 161 •

End of Section 0020

Section: 0099

Show

End of Qs

Ref: 101

Q- :

Response:

Ref:

•

End of Section 0099

Create Date: 2018-03-15 16:16:34

jbenshoof

Submit Date: 2020-06-02T16:... jbenshoof

EITS TIN - version: 2018314 - 10

**CONFIDENTIAL**

**Brian Sandoval**  
*Governor*



**Patrick Cates**  
*Director*

**Michael Dietrich**  
*State CIO*

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise I.T. Services Division*

**David Haws**  
*EITS Administrator*

100 N. Stewart Street, Suite 100 | Carson City, NV 89701  
Phone: (775) 684-5800

DATE: May 15, 2018

TO: Jason Benshoof, IT Manager III, DHHS-DCFS  
Mandi Davis, Deputy Administrator – Admin Services, DHHS-DCFS

CC: Michael Dietrich, State CIO  
David Haws, Administrator, EITS, DOA  
Tom Wolf, Chief IT Manager, Computing, EITS, DOA  
Ken Adams, Chief IT Manager, Communications, EITS, DOA  
Suzie Block, Chief IT Manager, Agency IT Services, EITS, DOA  
Robert Dehnhardt, Chief IT Manager, Security, EITS, DOA  
Governor’s Finance Office

FROM: Tim Lewis, Technical Investment Administrator, EITS, DOA

SUBJECT: TIN Review Completion: UNITY Data Exchange Modernization

---

We completed our review of the UNITY Data Exchange Modernization TIN. The UNITY Data Exchange Modernization(UDEM) project intends to enhance the UNITY system, leveraging SOA for exchanging data with external systems, including child welfare agencies. The goal is to share data with other systems using a uniform set of APIs.

It is expected that this effort will follow the existing agency and State security policies. The Office of Information Security (OIS) ([InfoSec@doit.nv.gov](mailto:InfoSec@doit.nv.gov)) are available to review security controls and provide guidance on system architecture and the protection of critical and personally identifiable information.

Please consider how the implementation of this system will affect the workflow of state data and the related records responsibilities of agency personnel. If you have questions or wish to receive a sampling of the types of Record Disposition Authorizations (RDAs) affected by this implementation, please contact the State Records Manager, Nevada Library and Archives at [records@admin.nv.gov](mailto:records@admin.nv.gov).

## ATTACHMENT AA

Also, please be aware that requirements for additional bandwidth may result in the agency being placed in a different cost tier for communications services.

If you there are questions or if I can be of further assistance, please feel free to contact me at 775-684-5845.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24974**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: Mid South Quality Productivity Center
Agency Code: <b>409</b>	Contractor Name: <b>Mid South Quality Productivity Center</b>
Appropriation Unit: <b>3145-70</b>	Address: <b>22 North Front St. Suite 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Memphis, TN 38103</b>
If "No" please explain: Not Applicable	Contact/Phone: Donn Fisher 901-543-3510
	Vendor No.: T27044411
	NV Business ID: NV20212240999

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 % Private Grant - Casey Foundation</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/12/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **261 days**

4. Type of contract: **Contract**

Contract description: **Program Assessment**

5. Purpose of contract:

**This is a new contract to provide the assessment of the Division to improve sustainability of its Child Welfare workforce and to improve the Division's performance.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,248.00**

Payment for services will be made at the rate of \$20,000.00 per Assessment

Other basis for payment: \$3,248 for travel

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Division has not been evaluated since Washoe and Clark Counties formed their own child welfare agencies. Over the past 21 years, the Division has steadily increased costs, population and caseloads but with no analysis of our process or personnel.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not perform this service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Social Entrepreneurs, Inc.  
Mid South Quality Productivity Center  
SRA Research Group

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was able to perform the work in the timeframe requested.

d. Last bid date: 06/01/2021 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:

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:

Maria Hickey, Social Services Program Spec. 3 Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	09/16/2021 16:07:49 PM
Division Approval	knielsen	10/05/2021 18:13:46 PM
Department Approval	rarmstr3	10/11/2021 08:09:29 AM
Contract Manager Approval	sdotte1	10/11/2021 12:05:48 PM
Budget Analyst Approval	vfajota	10/12/2021 11:51:01 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: **24649**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	<b>DAVID H NEELY III ATTORNEY</b>
Agency Code:	<b>409</b>	Contractor Name:	<b>DAVID H NEELY III ATTORNEY</b>
Appropriation Unit:	<b>3229-44</b>	Address:	<b>AT LAW 3520 E TROPICANA AVE # D-1</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89121-7310</b>
If "No" please explain:	Not Applicable	Contact/Phone:	David H. Neely 702/565-0716
		Vendor No.:	T27020410
		NV Business ID:	NV19971123037

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 **10/08/2021**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2023**

Contract term: **1 year and 357 days**

4. Type of contract: **Contract**

Contract description: **Case Closure Service**

5. Purpose of contract:

**This is a new contract to provide attorney services for case closure or guardianships, for courts requiring a petition to be filed by an attorney.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$1,500.00 per Case Closure

#### II. JUSTIFICATION

7. What conditions require that this work be done?

For Courts requiring a petition to be filed by an attorney to close a 432B case when the non-offending parent receives custody of the child(ren). This scope will also cover requirements of the Court that an alternative permanency option such as Guardianship be obtained.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not perform this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

David Neely Esq.  
Andrew Kynaston  
Frank J. Toti, Esq.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only vendor willing to do the work required.

d. Last bid date: 05/24/2021 Anticipated re-bid date: 05/19/2023

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 contracted with multiple agencies since 2008 to present including Indigent Defense, Foreclosure Mediation, Department of Health and Human Services, Welfare and Supportive Services and DETR-Equal Rights Commission. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Maria Hickey, Social Services Program Spec. 3 Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	09/16/2021 16:07:28 PM
Division Approval	knielsen	09/20/2021 16:51:37 PM
Department Approval	rarmstr3	10/04/2021 11:30:11 AM
Contract Manager Approval	sknigge	10/04/2021 12:15:37 PM
Budget Analyst Approval	vfajota	10/08/2021 10:31:45 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: **23823**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: SHI INTERNATIONAL CORPORATION
Agency Code: <b>409</b>	Contractor Name: <b>SHI INTERNATIONAL CORPORATION</b>
Appropriation Unit: <b>3646-17</b>	Address: <b>SOFTWARE HOUSE INTERNATIONAL 290 DAVIDSON AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SOMERSET, NJ 08873-4145</b>
If "No" please explain: Not Applicable	Contact/Phone: NICK GRAPPONE 732/564-8189
	Vendor No.: PUR0001595
	NV Business ID: NV20131129294

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? **No** or b. other effective date **10/04/2021**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2023**

Contract term: **1 year and 119 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **VisuWell**

5. Purpose of contract:

**This is a new Service Agreement/Work Plan under Statewide contract #AR2488 which provides Cloud Services. This Service Agreement/Work Plan is for a telehealth platform for behavioral health services in rural and frontier communities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$41,556.00**

Payment for services will be made at the rate of \$18,828.00 per annual subscription

Other basis for payment: Portal Setup/Configuration \$2,500; Annual Platform-10 Providers \$17,880; Annual Platform-1 Admin \$948; Implementation/Training \$1,400

#### II. JUSTIFICATION

7. What conditions require that this work be done?

DCFS received a federal Health Resources and Services Administration grant to support the integration of behavioral health services using telehealth technologies. This service will provide cloud-based mental health consultation, training/education, and care coordination to pediatric primary care providers to address a shortage of mental health providers for children in the State, especially in rural and frontier communities. The telehealth technologies will increase access to mental health services for children and families by building the capacity of pediatric primary care providers to detect, diagnose, and treat the mental health needs of children living in 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 capacity to build a telehealth platform.

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):

Tiger Connect  
VSee  
SHI/Visuwel

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

State Purchasing provided several permissive Statewide contracts to allow for the purchase of Cloud Services (Software-as-a-Service [SaaS], Platform-as-a-Service [PaaS], and Infrastructure-as-a-Service [IaaS]) from contracted vendors and their fulfillment partners. This vendor offers the telehealth platforms with the features needed to successfully implement the program in rural communities.

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:

Contractor is currently under Master Service Agreement with the Purchasing 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 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:

Stephanie Dotson, Clinical Program Planner Ph: 775-688-6515

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	09/16/2021 07:13:08 AM
Division Approval	knielsen	09/20/2021 16:56:55 PM
Department Approval	rarmstr3	09/21/2021 16:42:24 PM
Contract Manager Approval	sknigge	09/22/2021 12:04:22 PM
EITS Approval	msmi40	09/23/2021 10:22:38 AM
Budget Analyst Approval	vfajota	10/04/2021 10:32:02 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: **25011**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>ANDREWS HAMMOCK &amp; POWELL, INC.</b>
Agency Code: <b>431</b>	Contractor Name: <b>ANDREWS HAMMOCK &amp; POWELL, INC.</b>
Appropriation Unit: <b>3650-10</b>	Address: <b>250 CHARTER LANE, SUITE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>MACON, GA 31210-4597</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>BRANDON CAVES 478-832-6384</b>
	Vendor No.: <b>T32007085</b>
	NV Business ID: <b>NV20181551758</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 **10/11/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/12/2022**

Contract term: **1 year and 1 day**

4. Type of contract: **Contract**

Contract description: **Hangar Heat Pump**

5. Purpose of contract:

**This is a new contract to provide a feasibility study to support the evaluation of potential heating, ventilation, and air conditioning (HVAC) system upgrade/replacement for the Army Aviation Support Facility North Hangar at the Harry Reid Training Center, to include a Life Cycle Cost Analysis for two comparative HVAC systems alternatives.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$46,547.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The feasibility study shall facilitate the practicality of a current HVAC system to a water/ground source heat pump system with well field.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of qualifications.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	10/04/2021 14:23:59 PM
Division Approval	csnido1	10/04/2021 14:24:01 PM
Department Approval	csnido1	10/04/2021 14:24:04 PM
Contract Manager Approval	csnido1	10/04/2021 14:24:07 PM
Budget Analyst Approval	jrodrig9	10/11/2021 00:16:41 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24848**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>BADEN DEWISPELAERE, ERIN DBA SOUTHWEST PARKING LOT MAINTENANCE</b>	Contractor Name: <b>BADEN DEWISPELAERE, ERIN DBA SOUTHWEST PARKING LOT MAINTENANCE</b>
Agency Code: <b>431</b>	Address: <b>3227 MEADE AVE SUITE 1A</b>	
Appropriation Unit: <b>3650-07</b>	City/State/Zip: <b>LAS VEGAS, NV 89102-7810</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>ERIN BADEN 702-476-3608</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>T29042532</b>	
	NV Business ID: <b>NV20151117703</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.

<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 **10/13/2021**

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2025**

Contract term: **3 years and 323 days**

4. Type of contract: **Contract**

Contract description: **Parking Lot Sweep**

5. Purpose of contract:

**This is a new contract for the purpose of cleaning the southern Nevada facilities parking lots.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To maintain the parking lot from trash and other debris.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of equipment to clean the parking lots efficiently.

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):

Baileys Sweeping Services  
HR Sweeping  
Southwest Parking Lot Maintenance

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest bidder.

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	08/20/2021 16:25:01 PM
Division Approval	ctyle1	08/20/2021 16:25:04 PM
Department Approval	ctyle1	08/20/2021 16:25:06 PM
Contract Manager Approval	csnido1	09/13/2021 13:25:40 PM
Budget Analyst Approval	jrodrig9	10/13/2021 17:53:44 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24950**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>GREASE MAGIC, LLC</b>
Agency Code: <b>431</b>	Contractor Name: <b>GREASE MAGIC, LLC</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>7260 W AZURE DR STE 140-41</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89130-7999</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>FEDERICO SALDARRIAGA 702-749-5977</b>
	Vendor No.: <b>T29042571</b>
	NV Business ID: <b>NV20131377707</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.

<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 **10/13/2021**  
Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**  
Contract term: **3 years and 353 days**

4. Type of contract: **Contract**  
Contract description: **Hood Systems**

5. Purpose of contract:  
**This is a new contract to provide exhaust and hood system cleaning, repair and/or maintenance services for facilities in the Las Vegas Henderson area.**

6. NEW CONTRACT  
The maximum amount of the contract for the term of the contract is: **\$46,615.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**To perform cleaning, repair or maintenance needs on exhaust systems, and hoods systems.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**Lack of qualifications and tools.**

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):  
**Air Guys  
Hood and Duct Cleaning  
Grease Magic**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

All three vendors submitted bids and are able to work in the three different areas of Nevada: Reno, Elko, and Las Vegas areas.

d. Last bid date: 08/30/2021 Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	09/14/2021 09:25:36 AM
Division Approval	ctyle1	09/14/2021 09:25:39 AM
Department Approval	ctyle1	09/14/2021 09:25:42 AM
Contract Manager Approval	csnido1	10/12/2021 08:47:29 AM
Budget Analyst Approval	jrodrig9	10/13/2021 17:54:21 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25001**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>HIGH SIERRA ELEVATOR INSPECTIONS, INC.</b>
Agency Code: <b>431</b>	Contractor Name: <b>HIGH SIERRA ELEVATOR INSPECTIONS, INC.</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>4894 SPARKS BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89436</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>SHELLY UNDERWOOD 844-876-8600</b>
	Vendor No.: <b>T29040177A</b>
	NV Business ID: <b>NV19991174690</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.

<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 **10/13/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2025**

Contract term: **4 years and 19 days**

4. Type of contract: **Contract**

Contract description: **Elevator Inspections**

5. Purpose of contract:

**This is a new contract to provide ongoing elevators inspections services for facilities statewide.**

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?

Third party witness CAT1 testing and Cat5 inspection for State of Nevada elevator permit.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of qualifications.

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):

Schindler Elevator  
High Sierra  
TK Elevator

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor supplied a cost proposal.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	09/24/2021 13:03:15 PM
Division Approval	ctyle1	09/24/2021 13:03:29 PM
Department Approval	ctyle1	09/24/2021 13:03:32 PM
Contract Manager Approval	csnido1	09/24/2021 14:08:42 PM
Budget Analyst Approval	jrodrig9	10/13/2021 16:54:12 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: **24959**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>HOOD AND DUCT CLEANING, LLC</b>
Agency Code: <b>431</b>	Contractor Name: <b>HOOD AND DUCT CLEANING, LLC</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>3687 SNOWY RIVERE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ELKO, NV 89801</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>KAILEE MULBERRY 208-410-2310</b>
	Vendor No.: <b>T27044181</b>
	NV Business ID: <b>NV20201688061</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.

<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 **09/29/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **4 years and 2 days**

4. Type of contract: **Contract**

Contract description: **Hood Systems**

5. Purpose of contract:

**This is a new contract to provide exhaust and hood system cleaning, repair and/or maintenance services for facilities in the Elko and Carlin areas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,515.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To perform cleaning, repair or maintenance needs on exhaust systems, and hoods systems.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of qualifications and tools.

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):

Hood and Duct Cleaning  
Grease Magic  
Air Guys

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

All three vendors submitted bids and are able to work in the three different areas of Nevada: Reno, Elko, and Las Vegas areas.

d. Last bid date: 08/30/2021 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:  
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	ctyle1	09/14/2021 09:37:11 AM
Division Approval	ctyle1	09/14/2021 09:38:40 AM
Department Approval	ctyle1	09/14/2021 09:38:52 AM
Contract Manager Approval	csnido1	09/29/2021 09:07:23 AM
Budget Analyst Approval	jrodrig9	09/29/2021 23:11:03 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24970**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>L.A. PERKS PLUMBING &amp; HEATING, INC.</b>
Agency Code: <b>431</b>	Contractor Name: <b>L.A. PERKS PLUMBING &amp; HEATING, INC.</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>765 E GREG STREET, SUITE #103</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JUSTIN KAMEN 775-358-4403</b>
	Vendor No.: <b>PUR0000938A</b>
	NV Business ID: <b>NV19861000909</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.

<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 **10/13/2021**

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **3 years and 353 days**

4. Type of contract: **Contract**

Contract description: **Underground Storage**

5. Purpose of contract:

**This is a new contract to provide inspection, certification, maintenance and repair services of underground storage tanks and above grounds storage tanks, including accompanying electronic monitoring systems and all other equipment, systems, and peripherals associated with the UST's and AST's for facilities statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$87,414.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Inspect, certify, and repair UST's and AST's.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Lack of qualifications and skills.**

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?

Submitted a proposal.

d. Last bid date: 09/01/2021 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	09/22/2021 12:36:15 PM
Division Approval	ctyle1	09/22/2021 12:36:17 PM
Department Approval	ctyle1	09/22/2021 12:36:21 PM
Contract Manager Approval	csnido1	09/24/2021 13:19:57 PM
Budget Analyst Approval	jrodrig9	10/13/2021 17:50:37 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: **24960**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>SERVICE STATION COMPLIANCE TESTING, LLC</b>
Agency Code: <b>431</b>	Contractor Name: <b>SERVICE STATION COMPLIANCE TESTING, LLC</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>4495 WEST HACIENDA AVE STE 7A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>SHANTEL STRAILY 702-426-9881</b>
	Vendor No.: <b>T27027736A</b>
	NV Business ID: <b>NV20061199549</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.

<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 **10/13/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **3 years and 353 days**

4. Type of contract: **Contract**

Contract description: **Storage Tanks**

5. Purpose of contract:

**This is a new contract to provide ongoing inspection, repair and certification of underground storage tanks, above ground storage tanks and the accompanying electronic monitoring systems, and all other equipment, systems and associated peripherals for facilities in the southern Nevada area.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$39,927.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Repair and certify underground storage tanks (UST's), above ground storage tanks (AST's) and the accompanying electronic monitoring systems, and all other equipment, systems, and incidentals associated with the UST's and AST's on an "as needed" basis.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of skills, qualifications, and tools.

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?

Submitted a proposal.

d. Last bid date: 09/01/2021 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:

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	ctyle1	09/14/2021 09:41:23 AM
Division Approval	ctyle1	09/14/2021 09:41:25 AM
Department Approval	ctyle1	09/14/2021 09:41:28 AM
Contract Manager Approval	csnido1	09/30/2021 09:19:46 AM
Budget Analyst Approval	jrodrig9	10/13/2021 17:54:41 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24952**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER</b>	Contractor Name: <b>WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER</b>
Agency Code: <b>431</b>	Address: <b>151 E WARM SPRINGS RD</b>	
Appropriation Unit: <b>3650-10</b>	City/State/Zip: <b>LAS VEGAS, NV 89119-4101</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>JOY RINEER 702-435-1150</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>T27038348</b>	
	NV Business ID: <b>NV20031000034</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 **09/30/2021**  
Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2022**

Contract term: **1 year**

4. Type of contract: **Contract**

Contract description: **Window Replacement**

5. Purpose of contract:

**This is a new contract to provide professional engineering design services, to include schematic design, window energy savings estimate, construction cost estimates, non-energy benefits, and proposed energy efficiency design recommendations for the United States Property & Fiscal Office window replacement project.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$54,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Provide a Schematic Design for window replacement at USPFO.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of skills and qualifications.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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:

LLP

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	09/14/2021 09:23:59 AM
Division Approval	ctyle1	09/14/2021 09:24:01 AM
Department Approval	ctyle1	09/14/2021 09:24:04 AM
Contract Manager Approval	csnido1	09/17/2021 08:49:58 AM
Budget Analyst Approval	jrodrig9	09/30/2021 00:14:48 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: **24585**

Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: <b>Joint Law Enforcement Operations Task Force</b>
Agency Code: <b>440</b>	Contractor Name: <b>Joint Law Enforcement Operations Task Force</b>
Appropriation Unit: <b>3710-00</b>	Address: <b>United States Marshals Service 1938 Saturn Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Monterey Park, CA 91755</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ana Chavez 323-727-8559</b>
	Vendor No.:
	NV Business ID: <b>Government Agency</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 #: 440

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/22/2021**  
Anticipated BOE meeting date 08/2021

Retroactive? **Yes**

If "Yes", please explain

**The Joint Law Enforcement Operations Task Force Obligation Document was not received with U.S. Marshals Service approvals until December of 2020. Additionally, NDOC was working with several appropriate agencies to ensure that proper procedures were adhered to in drafting and processing this agreement, causing additional delays.**

3. Termination Date: **09/30/2021**  
Contract term: **8 days**

4. Type of contract: **Interlocal Agreement**  
Contract description: **Overtime Reimbursemt**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing services in assisting investigations performed by the Joint Law Enforcement Operations Task Force to receive reimbursement of overtime costs incurred by the Nevada Department of Corrections Inspector General staff.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,200.00**  
Other basis for payment: FY21: 3710-00 RGL 4254

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Per the terms of the Joint Law Enforcement Operations Task Force agreement, NDOC's Office of the Inspector General provides assistance in investigating crimes that involve NDOC inmates, and is reimbursed for overtime hours required for these investigations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOC investigative staff within the Office of the Inspector General is providing this assistance.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bweisent	07/08/2021 09:09:18 AM
Division Approval	amonro1	07/08/2021 16:12:33 PM
Department Approval	amonro1	07/08/2021 16:12:35 PM
Contract Manager Approval	aroma2	08/04/2021 09:37:48 AM
Budget Analyst Approval	bmacke1	09/22/2021 13:42:53 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **17433** Amendment Number: **4**

Agency Name: **DEPARTMENT OF CORRECTIONS** Legal Entity Name: **Scroll K Vaad Hakashrus of Denver**

Agency Code: **440** Contractor Name: **Scroll K Vaad Hakashrus of Denver**

Appropriation Unit: **3710-04** Address: **245 S. Benton Street**

Is budget authority available?: **No** City/State/Zip: **Lakewood, CO 80226-2453**

If "No" please explain: Ask Bridgette Contact/Phone: **Rabbi Yisroel Rosskamm 303-949-0673**

- Please see Addl. Info tab under analyst comment section. bmg

Vendor No.: T29030602  
NV Business ID: NV20141581429

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.

<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 **07/01/2016**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2021**

Contract term: **5 years and 274 days**

4. Type of contract: **Contract**

Contract description: **Kosher Food Cert.**

5. Purpose of contract:

**This is the fourth amendment to the original contract to provide ongoing kosher certification of Common Fare kitchens and rabbinical supervision of kosher food preparation at the department facilities. This amendment extends the termination date from September 30, 2021 to March 31, 2022 and increases the maximum amount from \$529,394.00 to \$583,622.00 to allow for continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$393,824.00	\$393,824.00	\$393,824.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$27,114.00	\$27,114.00	\$27,114.00	Yes - Info
c. Amendment 3:	\$108,456.00	\$108,456.00	\$135,570.00	Yes - Action
2. Amount of current amendment (#4):	\$54,228.00	\$54,228.00	\$54,228.00	Yes - Info
3. New maximum contract amount:	\$583,622.00			
and/or the termination date of the original contract has changed to:	03/31/2022			

## II. JUSTIFICATION

7. What conditions require that this work be done?

As a result of a court case involving inmates being provided certified kosher food for religious purposes, the department made a decision on good faith to proactively implement kosher kitchens in various institutions, and employ a court recommended rabbinic food certifying organization to provide the inmates with a degree of confidence in the kosher food being served to department inmates.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The department does not have a certified Jewish food oversight Rabbi on staff to provide the required rabbinical supervision and certification of the Common Fare Menu diet and all required regular inspections to ensure the department continues to meet Kosher standards. No other State agency offers these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 160403**

**Approval Date: 04/22/2016**

c. Why was this contractor chosen in preference to other?

This vendor was authorized for this service for the department by the U.S. Court case Ackerman v. State, Department of Corrections.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

## III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

FY13 to present with Nevada Department of Corrections. Services have been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	cjackson	09/28/2021 13:32:41 PM
Division Approval	amonro1	09/28/2021 13:36:00 PM
Department Approval	amonro1	09/28/2021 13:36:05 PM
Contract Manager Approval	aroma2	09/28/2021 16:25:56 PM
Budget Analyst Approval	bmacke1	09/30/2021 13:52:25 PM

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Brian Sandoval  
Governor

Patrick Cates  
Director

Jeffrey Haag  
Administrator

<b>Purchasing Use Only:</b>	
Approval#:	160403

## 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: Approved copy will be sent to only the contact(s) listed below:</b>		
	<b>State Agency:</b>	Nevada Department of Corrections (NDOC)	
		<b>Contact Name and Title</b>	<b>Phone Number</b>
		<b>Email Address</b>	
		Dawn Rosenberg, Chief of Purchasing/Inmate Services	775/887-3219
		Janet Hardy, Contracts Manager	775/887-3333
			drosenberg@doc.nv.gov
			jahardy@doc.nv.gov

<b>Vendor Information:</b>		
<b>1b</b>	<b>Identify Vendor:</b>	Scroll K/Vaad Hakashrus of Denver
	<b>Contact Name:</b>	Rabbi Yisroel Rosskamm, Rabbinical Administrator
	<b>Address:</b>	1350 Vrain St., Denver, CO 80204
	<b>Telephone Number:</b>	303/949-0673
	<b>Email Address:</b>	yrosskamm@scrollk.org

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	<b>Sole or Single Source:</b>	<input checked="" type="checkbox"/>
	<b>Professional Service Exemption:</b>	<input type="checkbox"/>

<b>Contract Information:</b>					
<b>1d</b>	<b>Is this a new Contract?</b>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	<b>Amendment:</b>				
	<b>CETS:</b>				

<b>1e</b>	<b>Term:</b>			
	<b>One (1) Time Purchase:</b>			
	<b>Contract:</b>	<b>Start Date:</b>	07/01/2016	<b>End Date:</b>

<b>1f</b>	<b>Funding:</b>	
	<b>State Appropriated:</b>	BA 3710 CAT 04
	<b>Federal Funds:</b>	
	<b>Grant Funds:</b>	
	<b>Other (Explain):</b>	

<b>1g</b>	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	\$393,824.00

**Provide a description of work/services to be performed or commodity/good to be purchased:**  
*As a result of a court case involving inmates being provided certified kosher food for religious purposes, the Department made a decision on good faith to proactively implement kosher kitchens in various institutions, and employ a court recommended rabbinic food certifying organization to provide the inmates with a degree of confidence in the kosher food being served to Department inmates.*

**2** *In the process of the certification of Kosher compliance, Scroll K was to implement and maintain certification for the purpose of providing a reasonable defense to further Kosher diets compliance with Kashrut.*

*Scroll K/Vaad Hakashrus of Denver currently provides rabbinical supervision of kosher food preparation, and certification of the Common Fare diet at the following NDOC facilities: Northern Nevada Correctional Center, Lovelock Correctional Center, Ely State Prison, High Desert State Prison, Southern Desert Correctional Center and Florence McCure Women's Correctional Center. Certification requires 24/7 video monitoring of the kitchens, inspections by Skroll K/Vaad Hakashrus of Denver, menu and food usage approvals.*

**What are the unique features/qualifications required for this service or good that are not available from any other vendor:**

*As a result of a court negotiated settlement (U.S. District Court – Case No. 2:11-cv-00883-GMN-PAL Howard Ackerman vs. Department of Corrections), the parties jointly agreed that Scroll K/Vaad Hakashrus, currently under contract with the Colorado Department of Corrections, met the requirements of Orthodox Kosher food law as well as having correctional experience.*

**3** *A year after the Department implemented the kosher program with Scroll K, the judge dismissed the class action as well as Ackerman's case. (The case is moving through the appeal process). The Department has successfully established a kosher certified program to provide inmates with food that meets the requirements of Kashrut and the inmates trust Rabbi Rosskamm and Scroll K. To find another rabbinical food oversight organization could possible effect the outcome of the court case appeal and may create trust issues with inmates leading to further litigation.*

**Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:**

*It was agreed to by both parties in the legal case that Scroll K was the best to provide the rabbinic certification of the Departments Kosher Kitchens*

**4** *For the Good of the State and the Department it would not to the State's benefit to hire a new Rabbi service should the inmate win the appeal and the Department would be forced to re-hire Scroll K for this service.*

<b>5</b>	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	No:	X
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>			
	b. <i>If not, why were alternatives not evaluated?</i>			

*It was agreed to by both parties in the legal case that Scroll K was the best to provide the rabbinic certification of the Departments Kosher Kitchens.*

<b>6</b>	<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 <u>ALL</u> previous waivers must accompany this request.</b>			Yes:	<input checked="" type="checkbox"/>	No:	
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>		<i>Type of Procurement (RFP, RFQ, Waiver)</i>	
	7/23/2012	6/30/2016	\$387,308.41	Kosher Food Cert		Waiver #120614	
			\$				

<b>7</b>	<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 another vendor was employed by the Department and the inmate should win the appeal, it would be costly for the Department to go back to the agreed upon Scroll K for rabbinic certification of our kitchen facilities preparing and serving kosher meals to inmates.</i>

<b>8</b>	<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>During the process of a court settlement, it was agreed to by both parties that Scroll K was the vendor of choice for this contract.</i>

<b>9</b>	<b>Will this purchase obligate the State to this vendor for future purchases? Check One.</b>	Yes:	<input checked="" type="checkbox"/>	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	<i>It is the intent of the Department to enter into a four (4) year contract with an option to renew annually thereafter. Rabbinic certification as required by the law of Kashrut will be an ongoing requirement for the Department as long as there are religious requirement regarding common fare/kosher meals for inmates.</i>				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

  
Agency Representative Initiating Request

Janet Hardy, Contracts Manager  
Print Name of Agency Representative Initiating Request

04/22/2016  
Date

  
Signature of Agency Head Authorizing Request

Scott K. Sisco, Deputy Director Support Services  
Print Name of Agency Head Authorizing Request

4/21/2016  
Date

**PLEASE NOTE:** In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. **This signature does not exempt your agency from any other processes that may be required.**

Name of agency or entity who provided information or review:

N/A

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:



Administrator, Purchasing Division or Designee

4-22-2016  
Date



**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 #:	419 CA

**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>		
	<b>ENTER STATE AGENCY NAME:</b>	Nevada Department of Corrections	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Alicia Roman, NDOC Acting Chief of Purchasing & Inmate Services	775-977-5673	aroman@doc.nv.gov

<b>2</b>	<b>Contractor Information:</b>	
	<b>Contractor Name:</b>	Scroll K/Vaad Hakashrus of Denver
	<b>Contact Name:</b>	Rabbi Yisroel Rosskamm, Rabbinical Administrator
	<b>Complete Address: City, State and Zip Code</b>	245 S. Benton Street, Lakewood, CO 80226-2453
	<b>Phone Number:</b>	(303) 949-0673
	<b>Email Address:</b>	yrosskamm@scrollk.org

<b>3</b>	<b>List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):</b>			
	<b>Solicitation Type, if applicable:</b>	N/A		
	<b>Enter CETS Number:</b>			
	<b>Contract Amount:</b>			
	<b>Contract Term:</b>	<b>Start Date:</b>		<b>End Date:</b>

Rec'd 09/13/21

<b>Purchasing Use Only:</b>	
Approval #:	4190

<b>Current Contract Information:</b>					
Solicitation Type, if applicable:		<i>Solicitation Waiver</i>		#:	160403 / 3250
4	Enter CETS Number:	#17433			
	Initial Contract Amount:	\$393,824.00			
	Contract Term:	Start Date:	07/01/2016	End Date:	06/30/2020

<b>Amendment Information – List <u>all</u> previously approved amendments:</b>				
	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
5	1	<i>To clarify terms and amend the insurance schedule</i>	\$0.00	N/A
	2	<i>To extend termination date for ongoing services</i>	\$27,114.00	09/30/20
	3	<i>To extend termination date for ongoing services</i>	\$108,456.00	09/30/21

<b><u>Proposed</u> Amendment Information:</b>				
	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
6	4	<i>To extend termination date for ongoing services</i>	\$54,228.00	03/31/22

<b>What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?</b>	
7	<i>NDOC originally contracted with this vendor as a condition of a court settlement resulting from inmate lawsuits regarding improper food preparation. It must remain in effect for the duration of the current food distributor and dietician contracts. An RFP was delayed due to staff vacancies and changes for all inmate food services and is now scheduled for March 31, 2022, as the intent is to solicit bids for one contract that encompasses all required food preparation services.</i>

<b>What are the potential consequences to the State if the contract extension request is denied?</b>	
8	<i>This contract is required to maintain certified kosher inmate food preparation standards for religious purposes as a good faith effort to employ the court recommended rabbinic supervision. If this contract is not extended to align with the existing food service contracts, NDOC will not be able to ensure that the kosher preparation methods are adhered to through 03/31/22, exposing the State of Nevada to further lawsuits, as occurred previously.</i>

<b>Purchasing Use Only:</b>	
Approval #:	490

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.

*Alicia Roman*

Signature of Agency Representative Initiating Request

Alicia Roman, NDOC Acting Chief of Purchasing & Inmate Services

Print Name of Agency Representative Initiating Request

09/08/21

Date

*Adrianne Wynne*

Signature of Agency Head Authorizing Request

9/8/21

*Adrianne Wynne for DD Mahoney*  
Chuck Mahoney, Deputy Director Support Services

Print Name of Agency Head Authorizing Request

9/8/21

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Signed:

*Kevin D. Doty*

Administrator, Purchasing Division or Designee

9/15/21

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: **22418** Amendment Number: **1**

Agency Name: **DEPARTMENT OF CORRECTIONS** Legal Entity Name: **KAIGAN CORPORATION, THE**

Agency Code: **440** Contractor Name: **KAIGAN CORPORATION, THE**

Appropriation Unit: **3717-09** Address: **DBA PESTMASTER SERVICES**

Is budget authority available?: **No** City/State/Zip: **RENO, NV 89511-4817**

If "No" please explain: Pending work program WP#C56437, WP#C56439, WP#C56587 and WP#56589. Contact/Phone: **JASON S. VIRDEN 775/858-7378**

Vendor No.: **T27029998**

NV Business ID: **NV20201882372**

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	<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 **10/14/2019**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2021**

Contract term: **3 years and 352 days**

4. Type of contract: **Contract**

Contract description: **Pest Control Service**

5. Purpose of contract:

**This is the first amendment to the original contract which provides pest control services at Northern Nevada Correctional Center, Stewart Conservation Center, Warm Springs Correctional Center and Northern Nevada Transitional Housing. This amendment increases the maximum amount from \$22,979.88 to \$69,790.41 and extends the termination date from September 30, 2021 to September 30, 2023 to allow for the continued need for standard services and additional services to include increased weed abatement, squirrel abatement, and fly lights at Northern Nevada Correctional Center and Stewart Conservation Camp.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$22,979.88	\$22,979.88	\$22,979.88	Yes - Info
2. Amount of current amendment (#1):	\$46,810.53	\$46,810.53	\$69,790.41	Yes - Info
3. New maximum contract amount:	\$69,790.41			
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?

For the health and safety of staff and offenders in compliance with NRS 209.131, NRS 209.381 and NDOC Administrative Regulation 483.

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 required equipment and/or licensing as required by NRS 555.280. No other State agency provides this service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

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:

Contract/CETS#17626 for current pest control services throughout rural locations. Work has been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbretche	09/21/2021 09:43:21 AM
Division Approval	cmahoney	09/21/2021 17:05:35 PM
Department Approval	cmahoney	09/21/2021 17:05:39 PM

Contract Manager Approval  
Budget Analyst Approval

aroma2  
bmacke1

09/22/2021 13:34:44 PM  
09/27/2021 10:07:59 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25059**

Agency Name: <b>GCB - GAMING CONTROL BOARD</b>	Legal Entity Name: <b>EDWARDS, JAMES F</b>
Agency Code: <b>611</b>	Contractor Name: <b>EDWARDS, JAMES F</b>
Appropriation Unit: <b>4061-04</b>	Address: <b>13180 THOMAS CREEK RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-8680</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/737-3241</b>
	Vendor No.: <b>T27025295</b>
	NV Business ID: <b>EXEMPT</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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Training Charge</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/12/2021**

Anticipated BOE meeting date 11/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2023**

Contract term: **1 year and 353 days**

4. Type of contract: **Contract**

Contract description: **Training Services**

5. Purpose of contract:

**This is a new contract to provide ongoing services to conduct and oversee the Gaming Academy to instruct agents on casino play, casino protection, and law enforcement investigative techniques.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Consideration to be paid at 100% of travel costs incurred; in accordance with GSA per diem rates, upon receipt of state approved invoices; including reimbursement for the excess lodging rate incurred over the GSA rate during the Consumer Electronics Show, which occurs annually in Las Vegas, Nevada. Such amount must be approved by the State in advance of travel.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Gaming Control Board's Gaming Academy trains new agents in methods to protect the casino games. This requires expertise in casino games, and in regulatory oversight of casinos.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The work requires specialized training in knowledge of casino games, and law enforcement procedures, together with the ability to demonstrate cheating techniques.

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):

Bill Zender  
Richard Marcus  
Michael Joseph  
James Edwards  
George Joseph

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Combination of price and expertise.

d. Last bid date: 06/23/2014 Anticipated re-bid date: 06/30/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Gaming Control Board 2010-2021 - services were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	klay0	10/07/2021 11:46:08 AM
Division Approval	klay0	10/07/2021 11:46:11 AM
Department Approval	klay0	10/07/2021 11:46:13 AM
Contract Manager Approval	klay0	10/07/2021 11:46:16 AM
Budget Analyst Approval	myoun3	10/12/2021 07:44:53 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24702**

Agency Name: <b>DPS-FIRE MARSHAL</b>	Legal Entity Name: <b>STOREY COUNTY FIRE PROTECTION DISTRICT</b>
Agency Code: <b>656</b>	Contractor Name: <b>STOREY COUNTY FIRE PROTECTION DISTRICT</b>
Appropriation Unit: <b>3816-25</b>	Address: <b>145 NORTH C STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>VIRGINIA CITY, NV 89440</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>JEREMY LONCAR 775-847-0954</b>
	Vendor No.: <b>T80054670C</b>
	NV Business ID: <b>Exempt</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> <b>50% State Emergency Response Commission 50% Nevada Division of Environmental Protection</b>

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 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/01/2025**

Contract term: **3 years and 152 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Trailer Transport**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing transportation services for the agency's training simulation trailer. The vendor will transport the trailer to and from various training events.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: 57.5 Cents Per Mile or Actual Expense for Fuel Used in Transport/Not to exceed \$5,000 per year.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The State Fire Marshal Division purchased the fire investigation trailer in fiscal year 2021 with federal grant funds. The purpose of this trailer is to further allow the Division's Training and Certification bureau to provide real-life fire investigation training scenarios; however, the trailer must be towed to each location in which trainings will be held.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State Fire Marshal Division does not have a vehicle large enough to tow this trailer, nor does its employees hold commercial driver's licenses in order to operate such a vehicle.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**Yes** If "Yes", please explain

The Storey County Fire Protection District is a governmental entity.

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Brandi Salisbury, Management Analyst 2 Ph: 775-684-7509

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amccoo1	09/15/2021 15:07:28 PM
Division Approval	mcosenti	09/16/2021 16:41:33 PM
Department Approval	mcosenti	09/16/2021 16:41:35 PM
Contract Manager Approval	mcosenti	09/16/2021 16:41:38 PM
Budget Analyst Approval	jrodrig9	10/01/2021 01:11:45 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: **24718**

Agency Name: **DEPARTMENT OF WILDLIFE**  
Agency Code: **702**  
Appropriation Unit: **4460-07**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: Lumos & Associates  
Contractor Name: **Lumos & Associates**  
Address: **308 N. Curry Street, #200**  
City/State/Zip: **Carson City, NV 89703**  
Contact/Phone: Mitch Burns 775-883-7077  
Vendor No.: T80912843  
NV Business ID: NV19791006982

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>90.00 % Sportsmens' Revenue</b>
Federal Funds	0.00 %	<b>X</b>	Bonds	<b>10.00 %</b>
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 22-09

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/24/2021**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 279 days**

4. Type of contract: **Contract**

Contract description: **Prof. Engineering Sv**

5. Purpose of contract:

**This is a new contract to provide professional civil engineering, construction inspection, and materials testing services on an as needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Various construction projects that require this work to be performed to be in compliance with the manufacturer's recommendation and State Public Works building permits.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Special equipment, training, and certifications are required to perform this work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?



Located in the city/county that the work is being performed. Ability to travel throughout 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:

Department of Wildlife May 2021, work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Rodd Lighthouse, Supervising Professional Engineer Ph: 775-688-1586

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mespinoz	07/27/2021 15:26:46 PM
Division Approval	jneubau2	08/04/2021 14:44:00 PM
Department Approval	bvale1	08/04/2021 15:21:29 PM
Contract Manager Approval	cprasa1	09/10/2021 11:25:33 AM
Budget Analyst Approval	mlynn	09/24/2021 13:19:37 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: **24705**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>Natural Channel Design, Inc.</b>
Agency Code: <b>702</b>	Contractor Name: <b>Natural Channel Design, Inc.</b>
Appropriation Unit: <b>4467-14</b>	Address: <b>2900 North West Street Suite 5</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Flagstaff, AZ 86004</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Allen Haden 928-774-2336</b>
	Vendor No.:
	NV Business ID: <b>NV20101402963</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</b> Other funding	<b>100.00 %</b>

Agency Reference #: 22-09

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/29/2021**

Anticipated BOE meeting date 09/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **274 days**

4. Type of contract: **Contract**

Contract description: **Sunnyside Creek**

5. Purpose of contract:

**This is a new contract to provide a professionally designed habitat restoration plan for Sunnyside Creek using a professional engineer specializing in habitat restoration.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Sunnyside Creek is critical habitat for endangered White River spinedace. A reach of Sunnyside Creek was previously modified, creating poor habitat and a barrier to fish movement. Renovation of the stream to a more naturally functioning state is needed to restore suitable habitat for the native spinedace.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State biologists lack expertise and training to develop professionally engineered plans for habitat restoration.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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?

Professional experience and expertise in this field. NCD has extensive experience with restoration design in similar native fish habitats in eastern Nevada and specifically with habitat restoration design for federally ESA-listed aquatic species.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Brandon Senger, Biologist IV Ph: 702-668-3999

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mespinoz	08/04/2021 12:36:37 PM
Division Approval	jneubau2	08/05/2021 14:31:52 PM
Department Approval	bvale1	09/10/2021 11:05:42 AM
Contract Manager Approval	cprasa1	09/15/2021 09:08:21 AM
Budget Analyst Approval	mlynn	09/29/2021 16:15:48 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: **24725**

Agency Name: <b>B&amp;I - REAL ESTATE DIVISION</b>	Legal Entity Name: <b>ARBITRATION AND MEDIATION SOLUTIONS, INC.</b>
Agency Code: <b>748</b>	Contractor Name: <b>ARBITRATION AND MEDIATION SOLUTIONS, INC.</b>
Appropriation Unit: <b>3820-15</b>	Address: <b>5546 CAMINO AL NORTE STE 2-449</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NORTH LAS VEGAS, NV 89031</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Dee Newell 702-399-4440</b>
	Vendor No.: <b>T32003674</b>
	NV Business ID: <b>NV20041569813</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 %	<b>X</b>	Fees	<b>100.00 % Licensing and administrative</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFQ # 74BAI-S1606**

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 **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Mediator Services**

5. Purpose of contract:

**This is a new contract to provide ongoing mediation services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: The maximum subsidy must not exceed \$500.00 or \$250.00 for each party who is eligible to have the mediation subsidized (whichever is less). As invoiced not to exceed \$500.00 for the first three hours of mediation.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Real Estate Division requires independent contracts to conduct mediation services.**

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 training.**

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):

**Hank Melton  
Barbara Fenster Mediation  
Platt Law Group**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ # 74BAI-S1606, 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: 06/03/2021 Anticipated re-bid date: 03/03/2023

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:

2017 Business and Industry Real Estate Division 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:  
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:

Marina Benn, Program Officer I Ph: 702-486-4482

Shareece Bates , Program Officer I Ph: 702-486-4036

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhanse4	08/24/2021 14:49:09 PM
Division Approval	jhanse4	08/24/2021 14:49:12 PM
Department Approval	jhanse4	09/07/2021 12:09:37 PM
Contract Manager Approval	mbenn	09/07/2021 12:30:16 PM
Budget Analyst Approval	stillej	09/30/2021 11:48:26 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: **24728**

Agency Name: <b>B&amp;I - REAL ESTATE DIVISION</b>	Legal Entity Name: LAMBOLEY, PAUL H DBA LAW OFFICES OF PAUL H LAMBOLEY
Agency Code: <b>748</b>	Contractor Name: <b>LAMBOLEY, PAUL H DBA LAW OFFICES OF PAUL H LAMBOLEY</b>
Appropriation Unit: <b>3820-15</b>	Address: <b>50 W LIBERTY ST STE 950</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89501-1979</b>
If "No" please explain: Not Applicable	Contact/Phone: Paul Lamboley 775/786-8333
	Vendor No.: T29022472
	NV Business ID: NV20111621142

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 %	<b>X</b>	Fees	<b>100.00 % Licensing and administrative</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 24728

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 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Mediator Services**

5. Purpose of contract:

**This is a new contract to provide ongoing mediation services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: The maximum subsidy must not exceed \$500.00 or \$250.00 for each party who is eligible to have the mediation subsidized (whichever is less). As invoiced not to exceed \$500.00 for the first three hours of mediation.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Real Estate Division requires independent contracts to conduct mediation services.

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 training.

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):

Barbara Fenster Mediation  
Hank Melton  
Platt Law Group

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ # 74BAI-S1606, 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: 06/03/2021 Anticipated re-bid date: 03/03/2023

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:

2017 Business and Industry Real Estate Division Service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: 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:

Marina Benn, Program Officer I Ph: 702-486-4482

Shareece Bates, Program Officer I Ph: 702-486-4036

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhanse4	08/24/2021 13:47:20 PM
Division Approval	jhanse4	08/24/2021 13:47:23 PM
Department Approval	jhanse4	09/07/2021 12:10:11 PM
Contract Manager Approval	mbenn	09/07/2021 12:31:09 PM
Budget Analyst Approval	stillely	09/30/2021 11:51:53 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24736**

Agency Name: <b>B&amp;I - REAL ESTATE DIVISION</b>	Legal Entity Name: <b>LAMBOLEY, PAUL H DBA LAW OFFICES OF PAUL H LAMBOLEY</b>
Agency Code: <b>748</b>	Contractor Name: <b>LAMBOLEY, PAUL H DBA LAW OFFICES OF PAUL H LAMBOLEY</b>
Appropriation Unit: <b>3820-15</b>	Address: <b>50 W LIBERTY ST STE 950</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89501-1979</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Paul Lamboley 775/786-8333</b>
	Vendor No.: <b>T29022472</b>
	NV Business ID: <b>NV20111621142</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 %	<b>X</b>	Fees	<b>100.00 % Licensing and administrative</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFQ # 74BAI-S1610**

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 **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Referee/Arbitrator**

5. Purpose of contract:

**This is a new contract to provide ongoing referee and arbitrator services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: \$200.00 per Referee proceeding or \$300.00 per Arbitration proceeding per hour. Upon receipt of invoice and approval of services by the State. Not to exceed \$1,000.00 per Referee proceeding.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Real Estate Division requires independent contracts to conduct referee and arbitrator services.**

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 training.**

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):

**Platt Law Group  
Law Offices of Ira David  
Janet Trost**



b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ # 74BAI-S1610, 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: 06/03/2021 Anticipated re-bid date: 03/03/2023

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:

2017 Business and Industry Real Estate Division Service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
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:

Shareece Bates , Program Officer I Ph: 702-486-4036

Marina Benn, Program Officer I Ph: 702-486-4482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	08/25/2021 14:56:43 PM
Division Approval	ethick1	08/25/2021 14:56:46 PM
Department Approval	jhans4	09/07/2021 12:10:56 PM
Contract Manager Approval	mbenn	09/07/2021 12:31:28 PM
Budget Analyst Approval	stilley	09/30/2021 12:04:19 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24727**

Agency Name: <b>B&amp;I - REAL ESTATE DIVISION</b>	Legal Entity Name: Law Offices of Donald E. Lowrey, PLLC
Agency Code: <b>748</b>	Contractor Name: <b>Law Offices of Donald E. Lowrey, PLLC</b>
Appropriation Unit: <b>3820-15</b>	Address: <b>7473 W Lake Mead Blvd</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89128</b>
If "No" please explain: Not Applicable	Contact/Phone: Donald E. Lowrey 702/645-7452
	Vendor No.: T27033924A
	NV Business ID: NV20131678251

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 %	<b>X</b>	Fees	<b>100.00 % Licensing and administrative</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: RFQ # 74BAI-S1606

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 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Mediator Services**

5. Purpose of contract:

**This is a new contract to provide ongoing mediation services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: The maximum subsidy must not exceed \$500.00 or \$250.00 for each party who is eligible to have the mediation subsidized (whichever is less). As invoiced not to exceed \$500.00 for the first three hours of mediation.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Real Estate Division requires independent contracts to conduct mediation services.

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 training.

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):

Hank Melton  
Platt Law Group  
Barbara Fenster Mediation

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFQ # 74BAI-S1606, 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: 06/03/2021 Anticipated re-bid date: 03/03/2023

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:

2016 Business and Industry Real Estate Division Service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Marina Benn, Program Officer I Ph: 702-486-4482

Shareece Bates, Program Officer I Ph: 702-486-4036

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	08/25/2021 14:54:30 PM
Division Approval	ethick1	08/25/2021 14:54:36 PM
Department Approval	jhans4	09/07/2021 12:09:52 PM
Contract Manager Approval	mbenn	09/07/2021 12:30:59 PM
Budget Analyst Approval	stille	09/30/2021 11:55:26 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: **24628**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>HappyorNot Americas Inc.</b>
Agency Code: <b>901</b>	Contractor Name: <b>HappyorNot Americas Inc.</b>
Appropriation Unit: <b>3253-10</b>	Address: <b>1690 S. Congress Ave Suite 120</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Delray Beach, FL 33445</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ethan Trainor 561-927-6234</b>
	Vendor No.: <b>T29040327</b>
	NV Business ID: <b>NV20181755187</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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Business Enterprise Set-Aside</b>

Agency Reference #: **3547-26-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2022**

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **2022 HappyorNot**

5. Purpose of contract:

**This is a new contract to continue to provide leasing and subscriptions on customer satisfaction equipment and services to Business Enterprise of Nevada (BEN) and its operators. The equipment and services will provide essential data to allow BEN to assist in increasing the revenue for blind and visually impaired operators.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$54,835.20**

Payment for services will be made at the rate of \$13,708.80 per Year

Other basis for payment: Yearly software subscription/lease fees. Invoices are not payable without approval by authorized BEN personnel. Total contract not to exceed: \$54,835.20.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada's BEN sites depend upon satisfied customers for repeat business to achieve site viability. Understanding what works and what doesn't work is critical to maintaining the financial viability of the site and ensure operator success.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not skilled at these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per SAM 0326 (8) contract for software subscriptions not required, but contract request is due to locking in pricing for 4 years.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been providing satisfactory services to Washoe County since February 2017 and BEN since December 2018.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	carnol1	09/30/2021 08:10:14 AM
Division Approval	carnol1	09/30/2021 08:10:16 AM
Department Approval	carnol1	09/30/2021 08:10:19 AM
Contract Manager Approval	ghein	09/30/2021 09:27:42 AM
Budget Analyst Approval	dbaughn	10/01/2021 09:03:11 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: **24899**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>Lake City Air Conditioning</b>
Agency Code: <b>901</b>	Contractor Name: <b>Lake City Air Conditioning</b>
Appropriation Unit: <b>3253-10</b>	Address: <b>1606 Carse Dr.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Boulder City, NV 89005-1932</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>David Hamel 702-293-4757</b>
	Vendor No.: <b>T32004273</b>
	NV Business ID: <b>NV20061409987</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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Business Enterprise Set-Aside</b>

Agency Reference #: **3578-24-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/23/2021**

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2023**

Contract term: **2 years and 7 days**

4. Type of contract: **Contract**

Contract description: **Lake City AC**

5. Purpose of contract:

**This is new contract to provide ongoing heating, ventilation, and air conditioning maintenance and repair service at all existing Business Enterprises of Nevada locations at Hoover Dam.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,500.00**

Other basis for payment: \$1,810.00: Monthly Maintenance; Normal Business Hours: 8am-5pm M-F; Hourly Rate: \$125/hr per Technician (Normal Business Hours), \$175/hr per Technician (Non-Normal Business Hours). Hoover Dam parking costs shall be reimbursed upon receipt/approval of ORIGINAL parking receipt. Invoices payable only upon approval of detailed invoices by authorized BEN personnel. Total Contract not to exceed: \$49,500.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada program has on-going needs for the maintenance, repair and service of air conditioning units at Hoover Dam and this service requires trained and experienced technicians.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the required experience and training for these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Modern AC  
Knight AC  
Richner Air  
Lake City AC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to submit a proposal

d. Last bid date: 07/29/2021 Anticipated re-bid date: 06/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has provided satisfactory services to the Dept of Wildlife since 2016.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	athomps8	08/31/2021 13:37:25 PM
Division Approval	jmarhevk	09/21/2021 14:53:33 PM
Department Approval	jmarhevk	09/21/2021 14:53:36 PM
Contract Manager Approval	ghein	09/21/2021 15:02:24 PM
Budget Analyst Approval	dbaughn	09/23/2021 10:33:52 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24627**

Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>CAST DESIGN TEAM LLC</b>
Agency Code: <b>902</b>	Contractor Name: <b>CAST DESIGN TEAM LLC</b>
Appropriation Unit: <b>1004-15</b>	Address: <b>2761 ELDORA CIR #A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89146-5442</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Olivia Gomez 702/238-6163</b>
	Vendor No.: <b>T29041172</b>
	NV Business ID: <b>NV20171136978</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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3548-22-GOWIN**

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 **11/2021**

Retroactive? **Yes**

If "Yes", please explain

**This contract is for the continuation of services to keep Nevadans updated on relevant, time-sensitive, and meaningful info via the various media platforms. A retro memo was submitted due to GOWINNs transition under DETR, delaying the contract process.**

3. Termination Date: **07/31/2022**

Contract term: **1 year and 30 days**

4. Type of contract: **Contract**

Contract description: **Advertisement**

5. Purpose of contract:

**This is a new contract to provide ongoing social media communication and outreach initiatives to the public.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$39,800.00**

Payment for services will be made at the rate of \$39,800.00 per contract

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Use various social media platforms to keep students updated

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? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Cast Design Team  
NeONBRAND  
Creative Digital Group



b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

They were the most knowledgeable, experienced and had the best price for what they were offering.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	carnol1	09/29/2021 16:38:41 PM
Division Approval	carnol1	09/29/2021 16:38:44 PM
Department Approval	carnol1	09/29/2021 16:38:47 PM
Contract Manager Approval	ghein	09/29/2021 16:43:34 PM
Budget Analyst Approval	dlenzner	10/11/2021 17:57:49 PM

OFFICE OF THE DIRECTOR  
Financial Management



STEVE SISOLAK  
Governor

ELISA CAFFERATA  
Director

**MEMORANDUM**

**DATE:** September 13, 2021

**TO:** Darlene C. Baughn, Executive Budget Officer  
Department of Administration

**FROM:** Elisa Cafferata, Director

**SUBJECT:** RETROACTIVE CONTRACT  
Cast Design Team LLC


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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 Cast Design Team LLC. This contract is for the continuation of services to keep Nevadans updated on relevant, time-sensitive, and meaningful information via the various social media platforms. The previous contract, C24173, expired on June 30, 2021. This contract will be in effect July 1, 2021 through July 31, 2022.

Thank you for your consideration of this request.

Amanda Thompson for Gina Hein  
Contract Manager

**DETR, Financial Management, Approved by:**

  
\_\_\_\_\_  
Elisa Cafferata  
Director, DETR

Date: 9/23/21

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24629**

Agency Name: **DETR - EMPLOYMENT SECURITY**  
 Agency Code: **902**  
 Appropriation Unit: **1004-23**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **Richard Laine**  
 Contractor Name: **DFI Consulting**  
 Address: **3812 Military Road, N.W.**  
 City/State/Zip: **Washington, DC 20015**  
 Contact/Phone: **Richard Laine 201-563-7194**  
 Vendor No.: **T27044388**  
 NV Business ID: **NV20212190125**  
 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 #: 3549-23-GOWIN

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/08/2021**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2021**

Contract term: **23 days**

4. Type of contract: **Contract**

Contract description: **Consultant**

5. Purpose of contract:

**This is a new contract to provide consulting services to assist with the development of a plan to support Nevada's adoption and operationalization of the Governor's vision of the Nevada job force.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The consultant will assist OWINN to rapidly connect unemployed jobseekers to services, work and training, as well as transforming employment and workforce outcome.

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? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Richard Laine  
Guinn Center  
WestEd

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

**No** b. If "No", please explain:

**DBA**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	carnol1	10/01/2021 14:29:48 PM
Division Approval	carnol1	10/01/2021 14:29:50 PM
Department Approval	carnol1	10/01/2021 14:29:53 PM
Contract Manager Approval	ghein	10/01/2021 14:38:18 PM
Budget Analyst Approval	dlenzner	10/08/2021 12:29:21 PM



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Purchasing Division*

515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
 Phone: 775-684-0170 | Fax: 775-684-0188

<i>Purchasing Use Only:</i>	
<i>Approval#:</i>	<b>210908</b>

**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 <u>only</u> the contact(s) listed below:		
	<b>ENTER STATE AGENCY NAME:</b>	<i>Governor's Office of Workforce Innovation (GOWINN)</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Isla Young, Executive Director</i>	<i>702-486-8080</i>	<i>iyoung@gov.nv.gov</i>

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	<i>DFI Consulting</i>
	Contact Name:	<i>Richard Laine</i>
	Complete Address: City, State, and Zip Code	<i>3812 Military Road, N.W., Washington, D.C. 20015</i>
	Telephone Number:	<i>201-563-7194</i>
	Email Address:	<i>richardlaine@gmail.com</i>

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	
	Professional Service Exemption:	<b>X</b>

<b>1d</b>	<b>Contract Information:</b>			
	Is this a new Contract? Check One:	Yes: <b>X</b>	No:	
	Amendment Number:	#		
	<b>Enter CETS Number:</b>	# <i>24629</i>		

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	<b>X</b>	No:
	Contract:	Start Date:	<i>BOE Approval</i>	End Date: <i>10/31/2021</i>

<b>1f</b>	<b>Funding: National Governor's Association (NGA) – Workforce Innovation Network</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	<b>X</b>
	Other (Explain):	

*Redd 09/20/21*

Purchasing Use Only:

Approval #:

1g

Total Estimated Value of this Service Contract, Amendment or Purchase:

\$ 49,000

2 Provide a description of work/services to be performed or commodity/good to be purchased:

GOWINN sought a *Consultant* vendor that will assist and work in collaboration with the NGA Center for specific deliverables of Nevada's NGA Center Workforce Innovation Fund and Workforce Innovation Network (NGA WINN) grant. The goals for this grant are to assist in the Governor's commitment to rapidly connecting unemployed jobseekers to services, work and training, as well as to transforming employment and workforce outcomes, in response to COVID-19.

GOWINN, in partnership with the Nevada Governor's Association (NGA), seeks a consultant to examine and articulate the gap between existing state practices and resources, and desired future goals. This contractor will conduct an analysis of current performance and compare to the Job Force vision, as proposed by the Governor's Office. This contractor will also analyze processes at the organizational levels and assist with the development of a statewide strategic action plan to support Nevada's adoption and operationalization of the Governor's vision of the Nevada Job Force.

3 What are the unique features/qualifications required for this service or good that are not available from any other vendor:

DFI Consulting was selected by a panel of evaluators who determined they were the best fit for the project's needs. With their submitted proposal, DFI Consulting proved to be very knowledgeable of state workforce systems, strategic planning, best practices in workforce recovery, federal recovery legislation and facilitating groups of diverse stakeholders. DFI Consulting also demonstrated their ability to complete the work required by the grant within the indicated tight timeframe.

4 Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:

GOWINN was awarded this grant in April 2021 and approved by IFC on June 22, 2021. Deliverables stated in the grant were expected to be completed by August 31, 2021. GOWINN was granted an extension to complete the work by October 31, 2021. Due to the short timeframe, need to spend funds expeditiously and fast turnaround required for this grant, an informal RFP was conducted (solicitation is attached). DFI Consulting was selected by a panel of evaluators who reviewed and determined that DFI Consulting was the best vendor for this project. The expectation that a formal solicitation could be done and have the contract implemented before July 1, 2021 was not realistic for this project that needed to get the funds quickly committed in order to satisfy the NGA's grant requirements. Also, per the 2021 Legislature, the Department of Employment, Training and Rehabilitation (DETR) became GOWINN's fiscal administrator. Due to the change, GOWINN sought information on its budget account transition and the contracting approval process that GOWINN would need to use for any contracts implemented effective July 1, 2021., causing significant delays in the overall contract process.

5 Were alternative services or commodities evaluated?

Check One:

Yes

No

X

a. *If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.*

<i>WestEd</i> <i>DFI Consulting</i> <i>Guinn Center</i> A panel of evaluators reviewed and determined that DFI Consulting was the best vendor for this project due to their experience and knowledge.
b. <i>If not, why were alternatives not evaluated?</i>
<i>N/A</i>

Purchasing Use Only:

Approval #:

	Has the agency purchased this service or commodity in the past? Check One:			Yes	No
	<i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <b>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</b></i>				X
6	a. If yes, starting with the most recent contract and working backward, for the <u>entire</u> relationship with this vendor, or any other vendor for this service or commodity, the following information <u>must</u> be provided:				
	Term		Value	Short Description	Type of Procurement ENTER RFP#, RFQ#, Waiver #
	Start Date	End Date			
			\$		
			\$		
			\$		
			\$		
		\$			

	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
7	Due to the constricting timeframes of the grant, there is just not enough time to perform a formal solicitation. Ultimately, the state will have to return the grant funds to the NGA. This will negatively impact the state's perceived ability to manage grants as well as potentially damage relationships with the NGA and the state's ability to obtain grants in the future.

	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
8	An informal solicitation was performed to ensure the price for this service was fair and reasonable. A group of evaluators reviewed the proposals from three vendors, and after careful consideration, DFI Consulting was selected.

	Will this purchase obligate the State to this vendor for future purchases? Check One:			Yes	No
	<u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>				X
9	a. If yes, please provide details regarding future obligations or needs.				
	N/A				



<i>Purchasing Use Only:</i>	
<i>Approval #:</i>	

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Gabriela Villafuerte  
 Agency Representative Initiating Request

Gabriela Villafuerte  
 Print Name of Agency Representative Initiating Request

9/17/2021  
 Date

Isla Young  
 Signature of Agency Head Authorizing Request

Isla Young, GOWINN Executive Director  
 Print Name of Agency Head Authorizing Request

9/17/2021  
 Date

**FOR PURCHASING USE ONLY – PLEASE NOTE:** *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.*

\_\_\_\_\_  
 Name of agency or entity who provided information or review:

\_\_\_\_\_  
 Representative Providing Review

\_\_\_\_\_  
 Print Name of Representative Providing Review

\_\_\_\_\_  
 Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:

Kevin O. Ostry  
 Administrator, Purchasing Division or Designee

9/30/21  
 Date

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24631**

Agency Name: **DETR - EMPLOYMENT SECURITY**  
Agency Code: **902**  
Appropriation Unit: **1004-23**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: Red 7 Communications, LLC  
Contractor Name: **Red 7 Communications, LLC**  
Address: **8689 W Sahara Ave Ste 280**  
City/State/Zip: **Las Vegas, NV 89117-8305**  
Contact/Phone: Kathy Topp 7022718305  
Vendor No.: T32011284  
NV Business ID: NV20121301243

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 #: 3551-23-GOWIN

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/08/2021**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2021**

Contract term: **23 days**

4. Type of contract: **Contract**

Contract description: **Com and Outreach**

5. Purpose of contract:

**This is a new contract to provide a communication strategy and outreach plan to bring various partners together to accomplish goals identified within a state workforce development action plan.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00**

Payment for services will be made at the rate of \$49,000.00 per Contract

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Communication vendor to provide an outreach strategy and action plan for unemployed jobseekers with available services that the State of Nevada provides

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? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Abbi Agency  
Red 7 Communications  
Cast Design Team LLC

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	carnol1	10/01/2021 14:30:05 PM
Division Approval	carnol1	10/01/2021 14:30:07 PM
Department Approval	carnol1	10/01/2021 14:30:10 PM
Contract Manager Approval	ghein	10/01/2021 14:37:32 PM
Budget Analyst Approval	dlenzner	10/08/2021 12:29:06 PM



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Purchasing Division*

515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
 Phone: 775-684-0170 | Fax: 775-684-0188

<i>Purchasing Use Only:</i>	
Approval#:	210907

**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 <u>only</u> the contact(s) listed below:		
	ENTER STATE AGENCY NAME:	Governor's Office of Workforce Innovation (GOWINN)	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Isla Young, Executive Director</i>	<i>702-486-8080</i>	<i>iyoung@gov.nv.gov</i>

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	<i>Red 7 Communications</i>
	Contact Name:	<i>Kathy Topp</i>
	Complete Address: City, State, and Zip Code	<i>8689 W. Sahara #280, Las Vegas, NV 89117</i>
	Telephone Number:	<i>702-271-8305</i>
	Email Address:	<i>kathy@red7communications.com</i>

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	
	Professional Service Exemption:	<i>X</i>

<b>1d</b>	<b>Contract Information:</b>			
	Is this a new Contract? Check One:	Yes: <i>X</i>	No:	
	Amendment Number:	#		
	<b>Enter CETS Number:</b>	# <i>24631</i>		

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	<i>X</i>	No:
	Contract:	Start Date:	<i>BOE Approval</i>	End Date: <i>10/31/2021</i>

<b>1f</b>	<b>Funding: National Governor's Association (NGA) – Workforce Innovation Network</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	<i>X</i>
	Other (Explain):	

*Rec'd*  
*09/20/21*

Purchasing Use Only:

Approval #:

2109070

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$ 49,000

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<p>GOWINN sought a <i>Communications and Outreach</i> vendor that will assist and work in collaboration with the NGA Center for specific deliverables of Nevada's NGA Center Workforce Innovation Fund and Workforce Innovation Network (NGA WINN) grant. The goals for this grant are to assist in the Governor's commitment to rapidly connecting unemployed jobseekers to services, work and training, as well as to transforming employment and workforce outcomes, in response to COVID-19.</p> <p>The goals for the <i>Vendor</i> are to provide a communication and outreach strategy and action plan to develop a comprehensive and customized outreach initiative that will bring together various partners to accomplish goals identified within a state workforce development action plan. This <i>Vendor</i> will work closely with the GOWINN/NGA/WIN State team and will reference the developed framework for the Nevada Job Force, supporting short-term workforce recovery efforts, to develop and roll out stakeholder-specific messaging and a grassroots approach in messaging that is effective in identified communities.</p>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	Red 7 was selected by a panel of evaluators who determined they were the best fit for the project's needs. With their submitted proposal, Red 7 proved to be very knowledgeable and experienced in rolling out effective and targeted messages to stakeholders and the community. Red 7 also demonstrated their ability to complete the work required by the grant within the indicated tight timeframe.

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>
	GOWINN was awarded this grant in April 2021 and approved by IFC on June 22, 2021. Deliverables stated in the grant were expected to be completed by August 31, 2021. GOWINN was granted an extension to complete the work by October 31, 2021. Due to the short timeframe, need to spend funds expeditiously and fast turnaround required for this grant, an informal RFP was conducted (solicitation is attached). Red 7 was selected by a panel of evaluators who reviewed and determined that Red 7 Communications was the best vendor for this project. The expectation that a formal solicitation could be done and have the contract implemented before July 1, 2021 was not realistic for this project that needed to get the funds quickly committed in order to satisfy the NGA's grant requirements. Also, per the 2021 Legislature, the Department of Employment, Training and Rehabilitation (DETR) became GOWINN's fiscal administrator. Due to the change, GOWINN sought information on its budget account transition and the contracting approval process that GOWINN would need to use for any contracts implemented effective July 1, 2021., causing significant delays in the overall contract process.

5	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
		X	
a.	<i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>		

#210907©

<p><i>Cast Design Team LLC</i> <i>Abbi Agency</i> <i>Red 7 Communications</i></p> <p>A panel of evaluators reviewed and determined that Red 7 Communications was the best vendor for this project due to their experience and knowledge.</p>
<p>b. <u><i>If not</i></u>, why were alternatives not evaluated?</p>
<p><i>N/A</i></p>

Purchasing Use Only:

Approval #:

2109070

	Has the agency purchased this service or commodity in the past? Check One:			Yes	No	
	<i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></i>				X	
6	a. If yes, starting with the most recent contract and working backward, for the <u>entire</u> relationship with this vendor, or any other vendor for this service or commodity, the following information <u>must</u> be provided:					
	Term		Value	Short Description	Type of Procurement ENTER RFP#, RFQ#, Waiver #	
	Start Date	End Date				
			\$			
			\$			
			\$			
			\$			
		\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?	
	Due to the constricting timeframes of the grant, there is just not enough time to perform a formal solicitation. Ultimately, the state will have to return the grant funds to the NGA. This will negatively impact the state's perceived ability to manage grants as well as potentially damage relationships with the NGA and the state's ability to obtain grants in the future.	

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?	
	An informal solicitation was performed to ensure the price for this service was fair and reasonable. A group of evaluators reviewed the proposals from three vendors, and after careful consideration, Red 7 Communications was selected.	

	Will this purchase obligate the State to this vendor for future purchases? Check One:			Yes	No
	<u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>				X
9	a. If yes, please provide details regarding future obligations or needs.				
	N/A				

<i>Purchasing Use Only:</i>	
Approval #:	2109070

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.

Gabriela Villafuerte  
 Agency Representative Initiating Request

Gabriela Villafuerte 9/17/2021  
 Print Name of Agency Representative Initiating Request Date

Isla Young  
 Signature of Agency Head Authorizing Request

Isla Young, GOWINN Executive Director 9/17/2021  
 Print Name of Agency Head Authorizing Request Date

**FOR PURCHASING USE ONLY – PLEASE NOTE:** *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.*

\_\_\_\_\_  
 Name of agency or entity who provided information or review:

\_\_\_\_\_  
 Representative Providing Review

\_\_\_\_\_  
 Print Name of Representative Providing Review Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:

Kevin D. Doty 9/30/21  
 Administrator, Purchasing Division or Designee Date



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24989**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>Creative Builders Inc.</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>Creative Builders Inc.</b>
Appropriation Unit: <b>B007 - All Categories</b>	Address: <b>3395 S Jones Blvd., #123</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89146</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Nick Ceabuca (702) 354-81</b>
	Vendor No.:
	NV Business ID: <b>NV20051047902</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 %	<b>X</b>	Fees	<b>100.00 % License &amp; Application</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 **10/06/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2021**

Contract term: **86 days**

4. Type of contract: **Contract**

Contract description: **Tenant Improvements**

5. Purpose of contract:

**This is a new contract to provide tenant improvements at a new office location.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: Per agreement included as Attachment A

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board has relocated to a new address that requires construction tenant improvements.

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 construction expertise for construction tenant improvements.

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):

Creative Building Inc.  
RDP General Contractors  
Envy Construction LLC

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vwind1	09/21/2021 10:22:18 AM
Division Approval	vwind1	09/21/2021 10:22:22 AM
Department Approval	vwind1	09/21/2021 10:22:24 AM
Contract Manager Approval	vwind1	09/21/2021 10:22:26 AM
Budget Analyst Approval	hfield	10/06/2021 15:28:08 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25029**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>RENO GREEN LANDSCAPING INC</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>RENO GREEN LANDSCAPING INC</b>
Appropriation Unit: <b>B015 - All Categories</b>	Address: <b>PO BOX 19127</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-0898</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>Carrie Owen 775/852-8952</b>
	Vendor No.: <b>T81100215</b>
	NV Business ID: <b>NV19791004658</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 %	<b>X</b>	Fees	<b>100.00 % License 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 **10/18/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2022**

Contract term: **194 days**

4. Type of contract: **Contract**

Contract description: **Snow 2021**

5. Purpose of contract:

**This is a new contract to provide snow removal services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: Billed monthly following service

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Snow removal is required to protect property and the safety of individuals employed by the Board.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff does not have the expertise or equipment necessary to perform these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Reno Green Landscaping Inc.  
Cory's Lawn Service  
All Seasons Lawn

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Availability

d. Last bid date: 09/22/2020 Anticipated re-bid date: 09/22/2022

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	5522	10/01/2021 13:04:11 PM
Division Approval	5522	10/01/2021 13:04:14 PM
Department Approval	5522	10/01/2021 13:04:17 PM
Contract Manager Approval	5522	10/01/2021 13:04:20 PM
Budget Analyst Approval	hfield	10/18/2021 15:09:27 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24962**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>SOCIAL ENTREPRENEURS, INC.</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>SOCIAL ENTREPRENEURS, INC.</b>
Appropriation Unit: <b>B029 - All Categories</b>	Address: <b>Social Entrepreneurs, Inc. 6548 S MCCARRAN BLVD STE B RENO, NV 89509-6150</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89509-6150</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>kmarschall@socialent.com 775/324-4567</b>
	Vendor No.: <b>T27004599</b>
	NV Business ID: <b>NV19961250456</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 %	<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 **10/15/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/02/2023**

Contract term: **1 year and 352 days**

4. Type of contract: **Contract**

Contract description: **Consulting Services**

5. Purpose of contract:

**This is a new contract to provide strategic planning to guide future direction.**

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 \$10,000.00 per year

Other basis for payment: Payment to be submitted upon receipt of monthly invoice; total not to exceed \$10,000 per year maximum.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Sunset Subcommittee of State of Nevada Legislative Commission had previously asked for a copy of BESW's most recent strategic plan. Therefore, in 2018 BESW conducted it's first strategic planning session and subsequently developed a 5 year plan. The Board finds that it is necessary to develop a revised strategic plan to continue carrying out its duties successfully. The Board will use it as a living document to guide day-to-day activities as well as evaluate and adapt to changing conditions.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This project is outside of the current skill sets of the organization.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Strategic Progress, LLC  
Social Entrepreneurs  
AJ Consulting

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected based on experience in the area of strategic planning especially in state government.

d. Last bid date: 06/27/2018 Anticipated re-bid date: 10/02/2023

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	kaoppen1	09/13/2021 13:16:14 PM
Division Approval	kaoppen1	09/13/2021 13:16:19 PM
Department Approval	kaoppen1	09/13/2021 13:16:29 PM
Contract Manager Approval	kaoppen1	09/13/2021 13:16:33 PM
Budget Analyst Approval	hfield	10/08/2021 11:09:36 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: **24975**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: Numbers, Inc.
Agency Code: <b>BDC</b>	Contractor Name: <b>Numbers, Inc.</b>
Appropriation Unit: <b>B038 - All Categories</b>	Address: <b>1285 Baring Blvd. #309</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sparks, NV 89434</b>
If "No" please explain: Not Applicable	Contact/Phone: Carol Woods 775-742-2962
	Vendor No.:
	NV Business ID: NV20031345377

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 %	<b>X</b>	Fees	<b>100.00 % Licensing 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 **10/05/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2023**

Contract term: **1 year and 360 days**

4. Type of contract: **Contract**

Contract description: **Accounting Services**

5. Purpose of contract:

**This is a new contract to provide accounting and payroll services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Payment for services will be made at the rate of \$600.00 per month

Other basis for payment: \$300 Initial Set Up; \$600 per month on-going services payable quarterly upon invoice.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board is required to maintain their own financial and payroll systems. The Board is funded entirely by licensing fees and is not part of the state financial or payroll systems. NRS 437 as amended by SB217

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board does not have staff with the expertise necessary to perform these functions.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This vendor provides similar services to other licensing Boards and services have been verified as being satisfactory.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

State Board of Occupational Therapy services verified as satisfactory
Funeral and Cemetery Services Board services verified as satisfactory
Speech-Language Pathology, Audiology and Hearing Aid Dispensing Board services verified as satisfactory
Nevada Board of Physical Therapy services verified as satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Table with 3 columns: Approval Level, User, Signature Date. Rows include Budget Account Approval, Division Approval, Department Approval, Contract Manager Approval, and Budget Analyst Approval.



Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director

Melanie Young  
Administrator

**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: October 20, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Melanie Young, Budget Administrator  
Budget Division  
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an action 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 September 30, 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	\$ 3,495,320.72
Statutory Contingency Account	\$ 12,269,765.00
Stale Claims Account	\$ 3,137,629.00
Emergency Account	\$ 364,763.00
Disaster Relief Account	\$ 6,996,569.00

IFC Unrestricted Contingency Fund General Fund	\$ 26,749,733.25
IFC Unrestricted Contingency Highway Fund	\$ 1,638,068.35
IFC Restricted Contingency Fund General Fund	\$ 12,042,164.00
IFC Restricted Contingency Highway Fund	\$ 334,796.00

Statutory Authority:

NRS 331.187, 353.097, 353.263, 353.264, 353.266, 353.268, 353.2735 and  
AB355, AB464, AB468, AB494 of the 2021 Legislative Session

<b>REVIEWED:</b>  _____
<b>ACTION ITEM:</b> _____

**BA 1348 TORT Claim Fund**  
**NRS 331.187**  
**FY 2022 (as of September 30, 2021)**

Beginning Cash	3,886,164.00	
Insurance Premiums - A	-	
Insurance Premiums	2,740,130.49	
AG Loan Repayment	5,000.00	
Trans from CRF	-	
	6,631,294.49	
<b>Total Revenue</b>		<b>\$ 6,631,294.49</b>

Paid Claims:

Attorney General's Office (Operating)	(39,567.16)	
Tort Claims	(2,196,406.61)	
Reserve for Reversion	-	
	(2,235,973.77)	
<b>Total Payments</b>		<b>\$ 4,395,320.72</b>
<b>Account Balance</b>		<b>\$ 4,395,320.72</b>

Claims Submitted for Payment:

Wrongful Death Elgin	(500,000.00)	
Department of Transportation claims	(400,000.00)	
	(900,000.00)	
<b>Submitted for Payment</b>	<b>\$ (900,000.00)</b>	
<b>Account Balance</b>		<b>\$ 3,495,320.72</b>

Projected Outstanding Claims:

Attorney General's Office (projection)	-	
	-	
<b>Total Pending Claims</b>		<b>\$ -</b>
<b>Account Balance</b>		<b>\$ 3,495,320.72</b>

**BA 4892 Statutory Contingency Account  
NRS 353.264  
FY 2022 (as of September 30, 2021)**

Beginning Cash	12,269,765.00	
	-	
<b>Total Revenue</b>		<b>\$ 12,269,765.00</b>

Paid Claims:

No claims paid to date

	-	
<b>Total Payments</b>		<b>\$ 12,269,765.00</b>
<b>Account Balance</b>		

Claims Submitted for Payment:

Post Conviction Claims NRS 212.070	(5,403.65)	
Wrongful Conviction Berry	(18,668.88)	
Attorney General Special Counsel	(10,940.00)	
	-	
	\$ (35,012.53)	
<b>Submitted for Payment</b>		<b>\$ 12,234,752.47</b>
<b>Account Balance</b>		

Projected Outstanding Claims:

	-	
<b>Total Pending Claims</b>	\$ -	
<b>Account Balance</b>		<b>\$ 12,234,752.47</b>

**BA 4888 Stale Claims Account  
NRS 353.097  
FY 2022 as of September 30, 2021**

Beginning Cash	3,137,629.00	
Transfer from Interim Finance	-	
Appropriations	-	
<b>Total Revenue</b>		<b>\$ 3,137,629.00</b>

Paid Claims:

Post Conviction Claims	(42,498.43)	
Governor's Office		
Secretary of State	(32,429.38)	
State Treasurer's Office		
State Controller's Office		
Supreme Court		
Taxation		
Veterans Affairs		
DETR - NERC		
Public Defender		
Dept. of Education		
Nevada State Library		
Museum		
Military Department		
Health Care Financing and Policy		
Youth Parole		
DHHS - Aging Services		
DHHS - Health Division	(274.05)	
DHHS Welfare Division		
DHHS - Mental Health Inst	(1,118.72)	
DHHS - SO Nev Adult Mental Health		
DHHS-Rural Clinics		
DHHS - Mental Health and Dev Services		
DHHS - NO Nev Mental Health		
DHHS - SO Nev Mental Health		
DHHS - LV Childrens Behavioral Services		
Public Safety - Parole & Probation		
DHHS - RNO Childrens Behavioral Services		
Hearings		
Fire Marshall	(738.72)	
Gaming Control Board		
Parks	(283.10)	
DCNR -Water Resources		
DCNR - Forestry		
Employment Security		
Dept. of Administration		
Dept. of Corrections		
Public Safety - Parole & Probation		
Parole/Pardons Boards		
DHHS-Youth Service Division		
Judiciary		
DHHS-Child and Family Services		
Admin Director		
<b>Total Payments</b>	(77,342.40)	
<b>Account Balance</b>		<b>\$ 3,060,286.60</b>

**BA 4889 Emergency Fund  
NRS 353.263  
FY 2022 (as of September 30, 2021)**

Beginning Cash 364,763.00

**Total Revenue** **\$ 364,763.00**

Paid Claims:

-

Payments \$ -  
**Account Balance** **\$ 364,763.00**

Claims Submitted for Payment:

-

Total Submitted Payments \$ -  
**Account Balance** **\$ 364,763.00**

Projected Outstanding Claims

-

Total Pending Claims \$ -  
**Estimated Account Balance - Including all Claims** **\$ 364,763.00**

**BA 1335 Disaster Relief Account  
NRS 353.2735  
FY 2022 (as of September 30, 2021)**

Beginning Cash	6,996,569.00	
Treasurer's Interest	-	
1st - 2nd Qtr Transfers Per NRS 353.288(4)	-	
3rd Qtr Transfers Per NRS 353.288(4)	-	
<b>Total Revenue</b>		<b>\$ 6,996,569.00</b>

Paid Claims:

Transfer to DEM	-	
	-	
	-	
Payments	-	
<b>Account Balance</b>		<b>\$ 6,996,569.00</b>

Projected Outstanding Claims :

<u>Reserve for Reversion to GF</u>	0.00	
Total Pending Claims	0.00	

**Estimated Account Balance - Including all Claims \$ 6,996,569.00**

**IFC Contingency Fund Unrestricted  
NRS 353.266  
FY 2022 (as of September 30, 2021)**

***Unrestricted General Fund***

FY 2021 Beginning Cash Balance	20,296,179.53	
FY 2021 Appropriations	0.00	
Reversion to IFC	6,760,521.00	
<b>Total Revenue</b>	<b>27,056,700.53</b>	<b>27,056,700.53</b>

Paid Claims:

Meeting Costs	(5,287.28)	
Controllers Office	(51,680.00)	Approved @ August 2021 IFC
Conservation & Natural Res - Div of Water Resources	(250,000.00)	Approved @ August 2021 IFC

Total Payments	(306,967.28)	
<b>Account Balance</b>	<b>26,749,733.25</b>	<b>26,749,733.25</b>

Pending Reimbursement:

Office of the Military	(303,601.00)	Pending October 2021 IFC
Total Pending	(303,601.00)	
<b>Account Balance-GF</b>	<b>26,446,132.25</b>	<b>26,446,132.25</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>	<b>1,638,068.35</b>

Paid Claims:

Total Payments	0.00	
<b>Account Balance-HWY</b>	<b>1,638,068.35</b>	<b>1,638,068.35</b>



IFC Contingency Fund Restricted  
 NRS 353.266  
 FY 2022 (as of September 30, 2021)

**Restricted General Fund**  
 Beginning Balance July 1, 2021

	3,852,296.00	
	8,307,527.00	
<b>Total Revenue</b>		<b>12,159,823.00</b>

Department of Taxation      Paid Claims:      (117,659.00)

	(117,659.00)	
	(117,659.00)	
<b>Account Balance</b>		<b>12,042,164.00</b>

Pending:

	0.00	
	0.00	
<b>Account Balance</b>		<b>12,042,164.00</b>

**Restricted Highway Fund**  
 Beginning Balance July 1, 2011

	334,796.00	
	334,796.00	
<b>Total Revenue</b>		<b>334,796.00</b>

Paid Claims:

	0.00	
	0.00	
<b>Account Balance</b>		<b>334,796.00</b>

**Total Restricted Balance:**      12,376,960.00

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**STATE OF NEVADA  
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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: October 11, 2021

To: Susan Brown, Clerk of the Board  
Governor's Finance Office

From: Natasha Kephart, Executive Branch Budget Officer *NK*  
Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

**DEPARTMENT OF MOTOR VEHICLES – COMPLETE STREETS PROGRAM**

Agenda Item Write-up:

Pursuant to NRS 482.1825, Subsection 2, the Department of Motor Vehicles (DMV) shall certify to the State Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This is the 1st quarter of State Fiscal Year 2022 (FY22) report for the period beginning July 1, 2021, and ending September 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 1st quarter, the DMV collected a total of \$106,871.00 voluntary contributions for the Complete Streets Program. The following tables demonstrate the percentage contributed by county alongside the 4<sup>th</sup> quarter of fiscal year 21 and the same quarter last year:

REVIEWED: <u>ARF</u>
INFO ITEM: _____

## Contributions

1st Quarter			4th Quarter			1st Quarter		
FY 2022	Total 1st Quarter		FY 2021	Total Collected 4th		FY 2021	Total 1st Quarter	
By County	1st Quarter	% of Total	By County	4th Quarter	% of Total	By County	1st Quarter	% of Total
Carson City	\$ 3,452.00	3.23%	Carson City	\$ 3,038.00	3.04%	Carson City	\$ 3,636.00	3.20%
Clark	\$ 83,538.00	78.17%	Clark	\$ 77,114.00	77.21%	Clark	\$ 88,554.00	78.16%
Douglas	\$ 3,349.00	3.13%	Douglas	\$ 3,252.00	3.26%	Douglas	\$ 3,446.00	2.69%
Washoe	\$ 16,532.00	15.47%	Washoe	\$ 16,478.00	16.50%	Washoe	\$ 20,926.93	15.95%
<b>Total</b>	<b>\$ 106,871.00</b>	<b>100%</b>	<b>Total</b>	<b>\$ 99,882.00</b>	<b>100.00%</b>	<b>Total</b>	<b>\$ 116,562.93</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 \$1,068.71 for the 1% costs for DMV to administer the program, Clark County received \$82,702.62; Washoe County received \$16,366.68; Carson City received \$3,417.48; and Douglas County received \$3,315.51. The following tables demonstrate the percent of the DMV 1% commission by county alongside the previous 4<sup>th</sup> quarter of last year and the same quarter last year:

### DMV Commission (1%)

1st Quarter			4th Quarter			1st Quarter		
FY 2022	Total 1st Quarter		FY 2021	Total DMV 1% 4th		FY 2021	Total 1st Quarter	
By County	1st Quarter	% of Total	By County	4th Quarter	% of Total	By County	1st Quarter	% of Total
Carson City	\$ 34.52	3.23%	Carson City	\$ 30.38	3.04%	Carson City	\$ 36.36	3.20%
Clark	\$ 835.38	78.17%	Clark	\$ 771.14	77.21%	Clark	\$ 885.54	78.16%
Douglas	\$ 33.49	3.13%	Douglas	\$ 32.52	3.26%	Douglas	\$ 34.46	2.69%
Washoe	\$ 165.32	15.47%	Washoe	\$ 164.78	16.50%	Washoe	\$ 209.27	15.95%
<b>Total</b>	<b>\$ 1,068.71</b>	<b>100%</b>	<b>Total</b>	<b>\$ 998.82</b>	<b>100.00%</b>	<b>Total</b>	<b>\$ 1,165.63</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.

FY22 Total	Carson City	Clark	Douglas	Washoe	FY21 Total	Total FY21
Donations	1,726	41,769	1,675	8,266	Donations	53,436
Registrations	13,359	252,429	14,848	7,719	Registrations	352,355
<b>% of Registrations that Donate</b>	<b>12.92%</b>	<b>16.55%</b>	<b>11.28%</b>	<b>11.53%</b>	<b>Average %</b>	<b>13.07%</b>

For FY22 1<sup>st</sup> quarter, Clark County received on average 16.55% where Carson City received on average 12.92% of vehicle registrations donating.

The following table demonstrates the percentage of registrations donated by quarter for fiscal year 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
% of Registrations that Donate	12.79%	16.31%	11.40%	12.49%	Average %	13.25%

Statutory Authority:

NRS 482.1825