

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

### PUBLIC MEETING NOTICE AND AGENDA

**Date and Time:** December 14, 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=8-5Rk7QkE>

**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 November 9, 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 Conservation & Natural Resources – Division of Environmental Protection	1	\$27,337
<b>Total</b>	<b>1</b>	<b>\$27,337</b>

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

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

Claimant: Aaron Antolik  
Claim No: TC18963  
Settlement Amount: \$100,000.00  
Date of Loss: February 25, 2019

**6. Collective Bargaining** (For possible action)

Pursuant to NRS 288.555, subsection 1, the Department of Administration, Division of Human Resources Management, acting on behalf of the Executive Department of the State of Nevada, requests approval of an inclusion as an addendum to the Collective Bargaining Agreement with the American Federation of State, County and Municipal Employees (AFSCME), Local 4041 for the following Bargaining Units:

A - Labor, maintenance, custodial and institutional employees

E - Professional employees who provide health care

F - Employees, other than professional, who provide health care and personal care

I - Category III peace officers

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

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

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

## 10. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$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 October 19, 2021 through November 18, 2021.

## 11. Information Item Reports

### A. Department of Conservation and Natural Resources – Division of State Lands – Fiscal Year 2022, 1st Quarter

Pursuant to NRS 321.5954, subsection 4, the State Land Registrar is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. This report covers program activities for the period of July 1, 2021 through September 30, 2021.

### B. Statewide Quarterly Overtime Report – Fiscal Year 2022, 1st Quarter

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management is required to provide the Budget Division of the Office of Finance a quarterly report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division is required to provide the Board of Examiners the report and its analysis regarding the report. This report covers the period of July 1, 2021 through September 30, 2021.

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

## 13. 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:** 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

### **MEMBERS PRESENT:**

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

### **STAFF PRESENT:**

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

### **OTHERS PRESENT:**

Adrienne Monroe, Administrative Services Officer, Department of Corrections

## MEETING MINUTES

### 1. Call to Order / Roll Call

**Governor:** I will call to order today's meeting of the State of Nevada, Board of Examiners for Tuesday, November 9, 2021. If I could I ask the Clerk to take the roll, please.

**Board Secretary:** Governor Sisolak.

**Governor:** Here.



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

**Secretary of State:** Here.

**Board Secretary:** Attorney General Ford.

**Attorney General:** Here.

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

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

**Governor:** Item number two, *Public Comment*. This is the first time set aside for public comment. Anyone wishing to address the Board on any item on today's agenda, please step forward, identify yourself for the record and comments will be limited to three minutes. Is there any public comment down here? No. Any public comment in Carson City?

**Clerk of the Board:** No.

- 3. Approval of the October 12, 2021 Meeting Minutes** (For possible action)

**Governor:** Item number three, *Approval of the October 12, 2021 Meeting Minutes*. Do I have a motion?

**Attorney General:** Move approval.

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

**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>

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

**Clerk of the Board:** Good morning. There are seven requests for vehicles on this agenda item. The first request is from the Department of Administration, State Public Works Division to purchase four new vehicles for an amount up to \$119,111. Vehicles that are being replaced have met the age and/or mileage requirements in the State Administrative Manual (SAM) and funding is included in the budget.

The second request is from the Department of Conservation and Natural Resources, Division of Environmental Protection to purchase one vehicle for an amount up to \$36,425. Funds are included in the agency's budget.

The next request is from the Department of Corrections to purchase one used vehicle for an amount up to \$11,500. The vehicle that is being replaced has met the age and/or mileage requirements in SAM and funds are included in the agency's budget.

The final item is for the Department of Public Safety, State Fire Marshal Division to purchase one replacement vehicle for an amount up to \$24,626. The vehicle that is being replaced has met the age and/or mileage requirements in SAM and funding is included in the agency budget. Are there any questions on any of these items?

**Governor:** I do not have any questions. Do we have any questions on item number four?

**Attorney General:** None here.

**Secretary of State:** Did you have anything regarding estimated amounts when actual values come in?

**Clerk of the Board:** That was something we had been discussing and I wasn't sure if I would go ahead and put that out there now as we are confident that there will be no change to these amounts. We are finding there is volatility in this sector in the current environment. So, there may be occurrences when the amounts that are included in the agenda would be exceeded by the agency. We could change the language on these to say that these are estimated amounts and they may exceed the amounts on the agenda.

**Attorney General:** Right now, these have the 'not to exceed' number, which, if they were to exceed it, they come back before us. Is it agreeable we leave it as it is? I move for approval under those circumstances.

**Governor:** The problem is that then they're going to be delayed again and they would have to come back with another 'not to exceed' amount. I know there is higher volatility on vehicles right now. I'm okay either way.

**Clerk of the Board:** It's our understanding, for the items on today's agenda, that the pricing is solid. If for some reason the pricing were to increase and they needed to come back, the purchase could be in-process because it's at that point when we would know that the pricing has changed.

**Governor:** Let's go with that then.

**Attorney General:** I move approval.

**Secretary of State:** I have a question before we vote. I just wanted to know, on the used vehicle, what that was intended for and why we're getting a used one and not a new one. It's not going to change my vote but I am curious.

**Adrienne Monroe:** The vehicle is for prison industries and they were looking for the most affordable, economical option and they found one that they felt would be sufficient for their needs for the least amount of money.

**Secretary of State:** What's it going to be used for? That's what I'm curious about.

**Adrienne Monroe:** Probably for hauling hay and other farming and ranching utilities.

**Governor:** I appreciate the Secretary's concern. It's a 30-year-old vehicle.

**Secretary of State:** Then the only question, Governor, is if it's worth the \$11,500 for a used one but if they're using it for what she said, I understand that.

**Governor:** The odometer cannot be read so, it must be in poor condition.

**Clerk of the Board:** Yes, according to the backup in the item, it says it's to move materials, supplies, livestock and for training for inmates.

**Secretary of State:** Then, that would make sense. Thank you for telling me that. Again, Governor, I do want to thank the staff for assisting with any questions that we have so, thank you and thanks for that response.

**Governor:** I agree.

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

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

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

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee 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.

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

**Clerk of the Board:** This item contains six requests to contract with former employees pursuant to Nevada Revised Statute (NRS) 333.705, subsection 1. The first is from the Department of Administration, Purchasing Division to contract with a former employee to assist with reviewing and evaluating groundwater modeling documents for the Division of Environmental Protection. This individual will be employed part-time through Marathon Staffing group and it is expected that this will last through September of 2023.

The next item is to contract with a former employee to provide a review of demographic products for quality and accuracy and process improvement for the Department of Taxation. This individual will be employed part-time through Manpower for seven months or through June 30, 2022.

The next item is also the Department of Administration, Purchasing Division to contract with a former employee to provide assistance with fieldwork and the oversight of a program permit review and training for the Division of Environmental Protection. This individual will be employed part-time through Marathon Staffing Group through June 30, 2022.

The next item is the Department of Administration, Purchasing Division to contract with a former employee to provide classification and sentence management services for the Department of Corrections. This individual will be employed part-time through Manpower for approximately three months.

The next item is for the Department of Administration, Purchasing Division to contract with a former employee to provide staff training and mental health technician services for the Department of Health and Human Services, Division of Child and Family Services. This individual will be employed full-time through Reliable Health Care through June 30, 2022.

The final item under this agenda item is for the Department of Health and Human Services, Division of Public and Behavioral Health to contract with a former employee to provide management analyst services in the COVID-19 Fiscal Grant Unit. This individual will be employed full-time through the National Foundation for the Centers for Disease Control and Prevention, Inc. through June 30, 2023. Are there any questions on these items?

**Governor:** No and I want to echo Secretary Cegavske's comment. I know General Ford agrees with me that your staff briefings are very helpful and answer all of our questions ahead of time. So, Susan, thank you for that. I do not have any questions. Do we have any questions on this item or a motion?

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

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

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

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

**Clerk of the Board:** There are three leases under agenda item six today. Are there any questions on any of these items?

**Governor:** I do not have any questions. Do we have any questions about the proposed leases?

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

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

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

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

**Clerk of the Board:** There are 38 contracts under agenda item seven today for approval by the Board. Are there any questions on any of these items?

**Governor:** Again, no. Your briefing answered all of my questions. Do we have any questions about the contracts?

**Attorney General:** No. Move approval.

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

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

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

**Clerk of the Board:** There are 16 master service agreements under agenda item eight for approval by the Board today. Are there any questions on these items?

**Governor:** No questions here. Do we have any questions?

**Attorney General:** No. Move approval.

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

**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.

**Governor:** Item number nine, *Information Item – Clerk of the Board Contracts*. Did you have any comments on this, Susan?

**Clerk of the Board:** No, only 79 contracts are over \$10,000 and under the \$100,000 threshold that were approved by the Clerk of the Board between September 21, 2021 and October 18, 2021.

**Governor:** I trust you with all of those.

**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.

**Governor:** Item number 10, *Information Item Reports*.

**Clerk of the Board:** The first report is an informational item about available balances in the various contingency accounts as of September 30, 2021. These accounts are managed by either the Board of Examiners or through the Interim Finance Committee and are intended to cover various contingencies through the 2021-2023 biennium. Are there any questions on this item?

**Governor:** I have no questions.

**Attorney General:** No.

**Governor:** Questions, Secretary Cegavske?

**Secretary of State:** Governor, thank you. I do not have any on this. Thank you.

**Governor:** Thank you. Next, *Complete Streets*. These are informational.

**Clerk of the Board:** The second item is a report from the Department of Motor Vehicles on the voluntary contributions collected by counties pursuant to NRS 482.480. This is known as the Complete Streets Program. This report is for the period of July 1, 2021 through September 30, 2021. During the first quarter of fiscal year 2022, the department collected \$106,871. This is compared to \$116,563 in the same period last year and the \$99,882 collected last quarter. Of the amount collected, approximately 78% was from Clark County, about 15.5% from Washoe County and just over 3% each from Carson City and Douglas County. After deducting the 1% to administer the collection and distribution of contributions, the department distributed \$105,802 for this quarter and approximately 13% of those registering a vehicle in these counties during this quarter contributed to the Complete Streets Program. Are there any questions on this item?

**Governor:** No questions.



**Attorney General:** No.

**Governor:** That is an information item.

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

**Governor:** The next item is *Public Comment*, number 11. This is the second time we set aside for public comment. Anyone wishing to address the Board, please step forward, identify yourself for the record and comments will be limited to three minutes. We'll start in Las Vegas. We have no one in Las Vegas. Do we have anyone in Carson City?

**Clerk of the Board:** No, we do not.

## 12. Adjournment

**Governor:** That being said, we are on item number 12, *Adjournment*. We are adjourned. Thank you all very much.

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: November 10, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Richard Jacobs, Executive Branch Budget Officer *RJ*  
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 Division of Environmental Protection requests approval to purchase one replacement vehicle for a total amount not to exceed \$27,336.99.

Additional Information:

This request is to purchase one new vehicle to replace a current vehicle that complies with the Vehicle Replacement Policy of SAM 1316. The Division plans to replace one 2009 Chevy Tahoe with a 2022 Chevrolet Equinox for a total not to exceed \$27,336.99. The Division received vehicle funding of \$28,014 in decision unit E-712 during the 2021 Legislative Session.

Statutory Authority:

NRS 334.010

REVIEWED: LA

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



## MEMORANDUM

To: Richard Jacobs, Executive Branch Budget Officer I

Date: October 26, 2021

From: Jason B. Cooper, Administrative Services Officer III *Jason B. Cooper*

Subject: Replacement Vehicle Request for Budget Account 3189 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 Division's Administrator, Greg Lovato.

The Bureau would like to purchase a 2022 Chevrolet Equinox LS AWD 4-door. This will replace the 2009 Chevy Tahoe which currently has an odometer reading of 159,440.

### 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 Equinox – 1XX26 AWD 4dr LS w/1FL		
<b>Dealer Name:</b>	Michael Hohl Motors GM		
<b>Delivery Location:</b>	Carson City, NV		
<b>Vehicle Colors:</b>	Exterior: Summit White	Interior: Medium Ash Gray	<input type="checkbox"/> Cloth
			<input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 27,308.74	\$27,308.74
SPECIFY OPTIONS: (description)			\$
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	
Total purchase price with options		\$ 27,308.74	\$ 27,308.74
DMV Title and DRS Fee's		<del>\$29.25</del>	<del>\$29.25</del>
<b>GRAND TOTAL:</b>			<del>\$27,336.99</del>

<b>Registered Owner:</b>	Agency Name & Address: Nevada Division of Environmental Protection 901 S. Stewart St, Ste 4001 Carson City, NV 89701
<b>Legal Owner:</b>	Agency Name & Address: Nevada Division of Environmental Protection 901 S. Stewart St, Ste 4001 Carson City, NV 89701
<b>County Vehicle Based In:</b>	Carson City, NV
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Jason Cooper (775) 687-9531

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

<b>Agency Name:</b> NDEP-Office of Financial Assistance	<b>Budget Account #:</b> 3189
<b>Contact Name:</b> Jason B. Cooper, ASO III	<b>Telephone Number:</b> 775-687-9531
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>1</u> <b>Amount of the request:</b> <u>\$27,337.99</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>SUV</u> <b>Mission of the requested vehicle(s):</b> Statewide travel to conduct site inspections and ensure compliance to state revolving fund conditions.	
<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>  <u>Vehicle meets SAM 1314</u>	
<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <u>Current Vehicle Information:</u> Vehicle #1 Model Year: 2009 Chevy Tahoe Odometer Reading: 159,440 Type of Vehicle: SUV AWD  <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	<b>Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.</b>  <u>Vehicle meets SAM 1316</u>  <hr/> <b>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</b> <u>Better fuel economy</u>
<i>Please attach an additional sheet if necessary</i>	
<b>APPOINTING AUTHORITY APPROVAL:</b>  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 30%; border-bottom: 1px solid black; text-align: center;"> </div> <div style="width: 30%; border-bottom: 1px solid black; text-align: center;"> <u>Administrator</u> Title         </div> <div style="width: 30%; border-bottom: 1px solid black; text-align: center;"> <u>10/26/21</u> Date         </div> </div>	
<b>BOARD OF EXAMINERS' APPROVAL:</b>  <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase  <hr/> <b>Board of Examiners</b> _____ <b>Date</b> _____	



# MICHAEL HOHL MOTORS

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

Vehicle: [Fleet] 2022 Chevrolet Equinox (1XX26) AWD 4dr LS w/1FL ( Complete )

## Quote Worksheet

	<b>MSRP</b>
Base Price	\$27,600.00
Dest Charge	\$1,195.00
Total Options	\$1,150.00
<b>Subtotal</b>	<b>\$29,945.00</b>
GM BID ASSISTANCE	(\$3,900.00)
NV ADMIN FEE	\$270.09
<b>Subtotal Pre-Tax Adjustments</b>	<b>(\$3,629.91)</b>
Less Customer Discount	\$964.40
<b>Subtotal Discount</b>	<b>\$964.40</b>
Trade-In	\$0.00
<b>Subtotal Trade-In</b>	<b>\$0.00</b>
<b>Taxable Price</b>	<b>\$27,279.49</b>
Sales Tax	\$0.00
<b>Subtotal Taxes</b>	<b>\$0.00</b>
TITLE TRANSFER FEE	\$29.25
<b>Subtotal Post-Tax Adjustments</b>	<b>\$29.25</b>
<b>Total Sales Price</b>	<b>\$27,308.74</b>

Category 16 Service fees 45% \$12,288.93

Category 18 DW Grant 55% \$15,019.81

### Comments:

MARCI- HERE IS THE QUOTE FOR A 22 ORDERED UNIT. I'VE INCLUDED THE CONVENIENCE PACKAGE ( 8 WAY POWER DRIVERS SEAT AND DEEP TINTED REAR GLASS) AND AND THE FLOOR LINER PACKAGE (ALL WEATHER MATS AND CARGO AREA LINER). IF THESE ITEMS ARE NOT WANTED, YOU CAN DELETE THEM FROM THE QUOTE. IF SO, LET ME KNOW AND I'LL SEND YOU A REVISED QUOTE. EVEN WITH THESE ITEMS YOU ARE BELOW YOUR BUDGET AMOUNT BY OVER 600.00.

\_\_\_\_\_  
Dealer Signature / Date

\_\_\_\_\_  
Customer Signature / Date

At the user's request, prices for this vehicle have been formulated on the basis of Initial Pricing for the vehicle, however GM cannot guarantee that Initial Pricing is available. 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: 14940. Data Updated: Oct 15, 2021 12:14:00 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, Room 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: November 10, 2021

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

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

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**OFFICE OF THE ATTORNEY GENERAL**

Agenda Item Write-up:

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

Claimant: Aaron Antolik  
Claim No: TC18963  
Settlement Amount: \$100,000.00  
Date of Loss: February 25, 2019

This claim will be paid directly to his counsel:  
Cook & Kelesis, Ltd.  
517 S. Ninth Street  
Las Vegas, NV 89101

Additional Information:

A Settlement Agreement has been entered in the amount of \$100,000.00 representing a settlement and release of all claims.

Statutory Authority:

SAM 2905 and NRS 41.036



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



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

AARON D. FORD  
*Attorney General*

KYLE E.N. GEORGE  
*First Assistant Attorney General*

CHRISTINE JONES BRADY  
*Second Assistant Attorney General*



STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street  
Carson City, Nevada 89701

JESSICA L. ADAIR  
*Chief of Staff*

LESLIE NINO PIRO  
*General Counsel*

HEIDI PARRY STERN  
*Solicitor General*

## MEMORANDUM

**To:** Jennifer Hamilton, Executive Branch Budget Officer

**From:** Nancy Katafias, State Tort Claims Manager

**Subject:** Tort Claim Submittal for the December 14, 2021, BOE agenda

**Date:** November 8, 2021

---

Please find attached 1 claim for submittal and approval for the December 14, 2021, BOE agenda. Upon BOE approval, this claim will be paid out of budget 1348/category 15.

Plaintiff: Aaron Antolik  
Claim No.: TC 18963  
Payment: \$100,000

Payable to counsel:  
Cook & Kelesis, Ltd.  
517 S Ninth Street  
Las Vegas NV 89101

## TORT CLAIM RECOMMENDATION

DATE: November 1, 2021  
CLAIMANT: Aaron Antolik  
CLAIM NUMBER: TC18963  
DATE OF LOSS: February 25, 2019  
DAMAGES CLAIMED: \$100,000.00  
AGENCY: Admin/Public Works  
AGENCY EMPLOYEE: Jose Aguirre

### DISCUSSION

In the administrative claim filed against the State and then lawsuit, the claimant alleges the Buildings and Grounds employee failed to yield the right of way from a posted stop sign and collided with his employer's 2018 Hyundai Tucson, in which he was driving. This claim is submitted for the personal injuries of the claimant. See TC 19084 for the damages to the employer's vehicle which was paid in the amount of \$11,801.68 and TC 19090 which is a subrogated claim submitted by the worker's compensation carrier for the personal injuries.

The investigation found that the NHP responded to the scene and cited the State employee for failure to yield the right of way.

Because the State employee was in the course and scope of employment and was driving a State vehicle, it appears the State is liable for the damages.

Because the case was not settled during the administrative process, counsel for the claimant and for the employer both filed lawsuits regarding personal injuries. The Deputy Attorney General (DAG) assigned to defend the cases opined that the remedy for the workers compensation carrier is to file a lien against the claimant's settlement.

The DAG was able to settle this personal injury case with the claimant in the amount of \$100,000, pending Board of Examiner (BOE) approval. After BOE approval, and prior to any payment being made, the DAG and counsel for the claimant will file a good faith settlement motion which will allow the judge to resolve the dispute.

The below lines are left blank, the recommendation continues on page 2---

**RECOMMENDATION**

It is recommended that claim TC 18963 be paid in the amount of \$100,000.00.

**RECOMMENDATION: PAY**

G/L 7352

Cook & Kelesis, Ltd  
517 South 9th Street  
Las Vegas NV 89101

Approved:

Nancy Katafias

November 1, 2021

NANCY KATAFIAS, CLAIMS MANAGER

DATE

Leslie Nino Piro

November 1, 2021

LESLIE NINO PIRO, GENERAL COUNSEL

DATE

## SETTLEMENT AGREEMENT

This Settlement Agreement is entered into this \_\_\_\_ day of \_\_\_\_\_, 2021, by and between AARON ANTOLIK (ANTOLIK/Plaintiff), and JOSE PABLO AGUIRRE, and the DEPARTMENT OF ADMINISTRATION, STATE PUBLIC WORKS DIVISION, BUILDINGS & GROUNDS SECTION, a Political Subdivision of the STATE OF NEVADA, erroneously sued as the Department of Public Works, Building and Grounds Division (STATE/Defendants), collectively referred to herein as the Parties.

### RECITALS

**WHEREAS**, a dispute has arisen between the Parties, and an action was commenced in Department 26 of the Eighth Judicial District Court of the State of Nevada, Case No. A-21-829468-C. The case arises from a February 25, 2019, auto accident between former State employee and Defendant AGUIRRE and Plaintiff, ANTOLIK. The complaint alleges negligence against the State of Nevada, on relation to the acts and negligence of former employee AGUIRRE.

**WHEREAS**, the Parties wish to compromise, settle, satisfy, and resolve the disputes in connection with any and all claims arising from Case No. A-21-829468-C.

**NOW, THEREFORE**, in consideration of the covenants, provisions and promises set forth herein, the Parties hereto agree as follows:

1. Plaintiff agrees to dismiss the above-entitled action as it relates to the Defendants with prejudice.
2. The State agrees to pay ANTOLIK the sum of ONE HUNDERD THOUSAND DOLLARS AND NO CENTS (\$100,000.00) in settlement of any and all claims. The settlement checks, drafts or warrants may be made payable to Plaintiff's attorney Marc P. Cook, Esq. of the law firm of COOK & KELESIS, LTD., in the amounts set out above. Said sum shall be paid within two (2) weeks of the approval of this Settlement Agreement by the State Board of Examiners and the Court's approval of the STATE's Good Faith Settlement Motion, whichever occurs last. The State will cause this Settlement Agreement to be on the State Board of Examiner's December 2021 agenda.
3. By way of the Settlement Agreement, Defendants admit no liability as to the claims made by the Plaintiff in this litigation, nor do they admit that such acts occurred. Defendants further maintain that their actions, at all times, were lawful.
4. This Settlement Agreement becomes effective only upon Board of Examiner approval of this Settlement Agreement and upon the Court's granting the STATE's good faith settlement motion.
5. This Settlement becomes effective upon a court order directing EMC Insurance Companies to accept funds, payment, subrogation, and/or consideration in the amount of \$33,333.33, as identified in the *Breen* formula as payment in full on behalf of the Settling Parties (or EMC Insurance Companies otherwise agreeing and accepting said funds as payment in full on behalf of the Settling Parties).

5. If any party is required to institute legal action to enforce their rights and privileges under this Agreement, or to have the meaning of any terms, provisions, and conditions over which there is a dispute, declared and determined by a court of law, the prevailing party, or parties in any final judgment, shall be entitled to all Court costs and reasonable attorney's fees as determined by the Court.

6. Plaintiff covenants and agrees that throughout this lawsuit and in connection with this Agreement he has sought and received the advice of competent counsel, that his attorneys have fully, completely, and thoroughly explained the meaning and consequences of each and every covenant, term and condition contained herein, that he is satisfied with the counsel and advice he received, and he agrees with the advice and counsel received.

7. Each of the Parties warrants that no promise, inducement, or agreement not expressed herein has been made, either individually or collectively, in connection with this Settlement Agreement. This Settlement Agreement constitutes the entire agreement between the Parties. Each of the Parties admits, acknowledges, and declares that he/she is fully and completely informed as to the rights of each of the Parties hereto. Each of the Parties admits, acknowledges, and declares that he/she has given mature and careful thought and consideration to the making of this Agreement and to all the obligations hereby assumed and undertaken and the rights hereby extinguished or created. Each of the undersigned Parties admits, acknowledges, and declares that he/she has entered into this Settlement Agreement voluntarily, free from any undue influence, coercion, duress, or menace of any kind. Each of the undersigned Parties hereto admits, acknowledges, and declares that he/she has read every part of this Settlement Agreement, that he/she fully and completely understands and is cognizant of all the terms and conditions contained herein.

8. This Agreement constitutes a binding, enforceable legal contract that may be enforced as any other contract. The Parties hereto further expressly agree that this Agreement is supported by good, valid, and sufficient consideration. The Parties hereto understand and agree that this Agreement may be enforced by an action in court.

9. Except as set forth herein, this Settlement Agreement contains the entire agreement between the Parties hereto and no promise, inducement, or representation other than herein set forth has been made, offered, or agreed upon. The terms of this Agreement are contractual and not mere recital.

10. Each of the undersigned represents that he/she has the present authority to execute this Settlement Agreement on behalf of his/her respective departments, divisions, clients, Party, or otherwise. Each of the Parties agrees to execute any additional documents and to take any further action which reasonably may be necessary to accomplish the matters agreed to herein.

11. Should any provision of this Settlement Agreement be held invalid or illegal, such illegality shall not invalidate the whole of this Settlement Agreement, but rather, the Settlement Agreement shall be construed as if it did not contain the illegal part, and the rights and obligations of the Parties hereto shall be construed and enforced accordingly.

12. It is understood and agreed by the Parties hereto that this Agreement shall run to and be binding upon their heirs, successors, assignees, executors, administrators, and assigns. It

is understood that the consideration set forth above is not to be construed as an admission or acknowledgment of any liability or responsibility whatsoever, and all liability or responsibility is expressly denied.

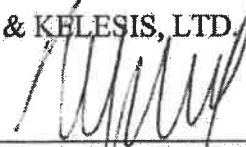
13. This Settlement Agreement shall not be construed against the Party drafting it but shall be construed fairly and equitably as though it was the joint product of the Parties.

14. This Settlement Agreement may be executed in counterparts, each of which shall be deemed an original and said counterparts constitute one and the same instrument which may be sufficiently evidenced by a counterpart.


DATED this 28 day of October, 2021.

  
AARON ANTOLIK  
Plaintiff

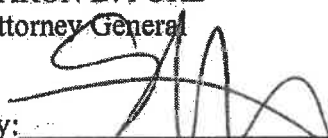
DATED this 20 day of Oct, 2021.

COOK & KELESIS, LTD.  
By:   
MARC P. COOK, ESQ.  
Attorneys for Plaintiff

DATED this 4<sup>th</sup> day of November, 2021.

  
WARD PATRICK, Administrator  
State of Nevada, Public Works Division

DATED this 3rd day of Nov., 2021.

AARON D. FORD  
Attorney General  
By:   
SUSAN K. STEWART (Bar No. 9914)  
Deputy Attorney General  
Attorneys for Defendants

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

\_\_\_\_\_  
State of Nevada, Board of Examiners

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: November 9, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Michele Lynn, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division *mly*  
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  
DIVISION OF HUMAN RESOURCES MANAGEMENT**

Agenda Item Write-up:

Pursuant to NRS 288.555, subsection 1, the Department of Administration, Division of Human Resources Management, acting on behalf of the Executive Department of the State of Nevada, requests approval of an inclusion as an addendum to the Collective Bargaining Agreement with the American Federation of State, County and Municipal Employees (AFSCME), Local 4041 for the following Bargaining Units:

- A - Labor, maintenance, custodial and institutional employees
- E - Professional employees who provide health care
- F - Employees, other than professional, who provide health care and personal care
- I - Category III peace officers

Additional Information


AFSCME Local 4041 filed a grievance disputing the interpretation and application of language regarding Shift Differential Pay adversely affecting membership. To settle the grievance at the lowest possible level, the Labor Relations Unit in consultation with the Department of Administration and Attorney General's Office elected to offer a Settlement Agreement to AFSCME Local 4041 and they have accepted the State's offer. The addendum reinstates the practice for payment of Shift Differential Pay as detailed in NAC 284.210 and disregards the language agreed upon by the parties in Article X- Compensation of the Collective Bargaining Agreement. Reinstatement shall be effective upon the date of approval of this executed settlement agreement. No retroactive payment



for Shift Differential Pay will be disbursed. Agency has determined there will be no fiscal impact.

Statutory Authority:

NRS 288.555, subsection 1

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

Steve Sisolak  
Governor



Laura E. Freed  
Director

Matthew Tuma  
Deputy Director

Frank Richardson  
Administrator

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Division of Human Resource Management*  
209 E. Musser Street, Suite 101 | Carson City, Nevada 89701  
Phone: (775) 684-0150 | <http://hr.nv.gov> | Fax: (775) 684-0122

**MEMORANDUM**

November 9, 2021

**TO:** Clerk of the Board of Examiners

**THROUGH:** Frank Richardson, Administrator, Division of Human Resource Management

**FROM:** Mande Bowsmith, Deputy Administrator, Labor Relations Unit

**SUBJECT:** Consideration and Approval of an Amended Agreement between the State and AFSCME Regarding Shift Differential Pay

---

The Division of Human Resource Management, Labor Relations Unit, respectfully requests the consideration and approval of this item by the Board of Examiners, pursuant to NRS 288.555.

The item before the Board is a Settlement Agreement entered into by the State and the American Federation of State, County, & Municipal Employees, Local 4041 (AFSCME) for inclusion as an addendum to the full collective bargaining agreement (CBA).

AFSCME, Local 4041, filed a grievance under Article XXI – Union/Management Dispute Resolution, disputing the interpretation and application of language in Article X – Compensation, regarding Shift Differential Pay. The negotiated language changed the process whereby an employee receives 5% premium pay for Shift Differential under NAC 284.210, and AFSCME claimed the change was adversely affecting its membership.

In an effort to settle the grievance at the lowest possible level, the Labor Relations Unit, in consultation with the Department of Administration and the Attorney General's Office, elected to offer a Settlement Agreement to AFSCME. AFSCME has accepted the State's offer. The provisions of the Settlement Agreement will become effective upon approval by the Board and become part of the CBA. There is no fiscal impact for this Settlement Agreement.

Attached please find the signed Settlement Agreement entered into by the State and AFSCME, Local 4041.


Thank you for your consideration.

SETTLEMENT AGREEMENT

The State of Nevada will agree to reinstate the practice for payment of Shift Differential Pay as detailed in NAC 284.210 and disregard the language agreed upon by the parties in Article X - Compensation of the CBA; however, such reinstatement shall be effective upon the date of approval of this executed settlement agreement by the Board of Examiners, pursuant to NRS 288.555, for inclusion as an addendum to the current CBA. No retroactive payment for Shift Differential Pay will be disbursed.

The parties agree to renegotiate language regarding Shift Differential Pay during the collective bargaining process for a successor CBA.

This settlement agreement is entered into this date between the State of Nevada and AFSCME, Local 4041, and executed by:

  
\_\_\_\_\_  
Jeanne Lake, AFSCME, Local 4041

  
\_\_\_\_\_  
Mandee Bowsmith, State of Nevada

11/06/21  
Date

11/8/2021  
Date

# LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	BOARD OF MASSAGE THERAPISTS	AIRPORT SQUARE, LLC	\$161,153
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>01/01/2022</b> – <b>12/31/2026</b>	<b>Located in Reno</b>
2.	STATE PUBLIC CHARTER SCHOOL AUTHORITY	FINSTON FAMILY TRUST	\$140,976
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>12/01/2021</b> – <b>11/30/2023</b>	<b>Located in Carson 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:	
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Nevada State Board of Massage Therapists  
 1755 East Plumb Lane, Suite 252  
 Reno, Nevada 89502  
 Sandy Anderson  
 T: 775.687.9951 F: 775.786.4264 E: sjanderson@lmt.nv.gov

Remarks: This is a renewal of an existing lease.

Exceptions/Special notes:

2. Name of Lessor: Airport Square, LLC  
 c/o CBRE

3. Address of Lessor: 6900 S. McCarran Boulevard, Suite 3000  
 Reno, Nevada 89509  
 Matt Grimes

4. Property contact: Nevada Commercial Services, Inc.  
 Jennifer Vogt  
 T: 775.851.3666 F: 775.851.3667 E: jvogt@ncsreno.com

5. Address of Lease property: 1755 E. Plumb Lane, Suite 250, 252 and 254  
 Reno, Nevada 89502

a. Square Footage:  Rentable  Usable 1,873

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
\$ 2,640.93	12	\$ 31,691.16	January 1, 2022 - December 31, 2022	\$0.00	\$0.00	\$1.41
0% \$ 2,640.93	12	\$ 31,691.16	January 1, 2023 - December 31, 2023	\$0.00	\$0.00	\$1.41
2% \$ 2,697.12	12	\$ 32,365.44	January 1, 2024 - December 31, 2024	\$0.00	\$0.00	\$1.44
0% \$ 2,697.12	12	\$ 32,365.44	January 1, 2025 - December 31, 2025	\$0.00	\$0.00	\$1.44
2% \$ 2,753.31	12	\$ 33,039.72	January 1, 2026 - December 31, 2026	\$0.00	\$0.00	\$1.47

c. Total Lease Consideration: 60 \$ 161,152.92

d. Total Improvement Cost: \$0.00

e. Option to renew:  Yes  No 365 Renewal terms: One Identical Term

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

g. Term: Five (5) years

h. Pass-thrus/CAM/Taxes  Landlord  Tenant

i. Utilities:  Landlord  Tenant

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

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

l. Comparable Area Market Rate Average: \$2.07

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

n. Lease will be paid for by Agency Budget Account Number: B036

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



**STATEWIDE LEASE INFORMATION**

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

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

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

  
Authorized Agency Signature

8/28/2021  
Date

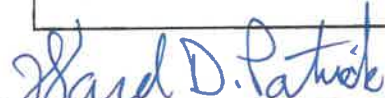
For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input 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 type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Exp: _____	
f. Nevada Business ID Number: <u>TBD</u>		
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 type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number: <u>T27043488</u>		
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

11/8/21  
Date

Public Works Division

bm

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.

For Budget Division Use Only	
Reviewed by:	VF 10/25/21
Reviewed by:	DL 10/26/21
Reviewed by:	

**STATEWIDE LEASE INFORMATION  
FOURTH AMENDMENT**

1. Agency:	State Public Charter School Authority 1749 North Stewart Street Carson City, Nevada 89706 Marko Markovic T: 775.687.9165 F: 775.687.9113 E: markom@apcsa.nv.gov						
Remarks:	This is an amendment to a current lease.						
Exceptions/Special notes:	Lessor has not asked for an increase in the last 3 years.						
2. Name of Lessor:	Finston Family Trust						
3. Address of Lessor:	7 Meriam Drive San Rafael, California 94903						
4. Property contact:	c/o Premier Properties of Nevada, Inc. Jennifer Hilderbrand T: 775.828.3700 E: jhilderbrand@premierpropertiesnv.com						
5. Address of Lease property:	1749 North Stewart Street, Suite 40 Carson City, Nevada 89706						
a. Square Footage:	<input type="checkbox"/> Rentable <input checked="" type="checkbox"/> Usable 3,916						
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
Increase %	\$ 5,874.00	12	\$ 70,488.00	December 1, 2021 - November 30, 2022	\$0.00	\$0.00	\$1.50
0%	\$ 5,874.00	12	\$ 70,488.00	December 1, 2022 - November 30, 2023	\$0.00	\$0.00	\$1.50
c. Total Lease Consideration:	24 \$ 140,976.00					\$0.00	
d. Total Improvement Cost:							
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						
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 checked="" type="checkbox"/> 5 day	<input type="checkbox"/> Rural 3 day	<input type="checkbox"/> Rural 5 day	<input 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:	\$1.63						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	2711						
6. This lease constitutes:	<input checked="" type="checkbox"/> An extension of an existing lease <input type="checkbox"/> An addition to current facilities <input type="checkbox"/> A relocation <input type="checkbox"/> A new location <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other						
a. Estimated Expenses:	Moving: \$0.00		Furnishings: \$0.00		Data/Phones: \$0.00		

**RECEIVED**  
OCT 19 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

Jennifer Bauer                      Oct 11, 2021  
\_\_\_\_\_  
Authorized Agency Signature                      Date

24

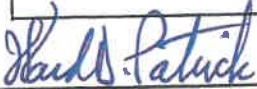
For Public Works Information:

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:	NV20021514011	Exp: 12/31/2021
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and In good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:		
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	T29049434	

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

                      10/11/21  
\_\_\_\_\_  
Authorized Signature                      Date  
Public Works Division

# For Board of Examiners     YES     NO



Steve Sisolak  
Governor



Laura Freed  
Director

Matthew Tuma  
Deputy Director

Ward D. Patrick, PE  
Adminivtrator

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

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

Leasing Services Section  
(775) 684-18151 Fax (775) 684-1817

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Public Works Division*

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

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

Date: October 9 , 2021  
To: Darlene Baughn  
From: Leanne Lima, Leasing Services  
Subject: For placement on BOE agenda

RECEIVED  
OCT 19 2021  
GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

Projected BOE Date: December 14, 2021

BOE Deadline Date: November 9 , 2021

Lessor: Finston Family Trust  
Tenant: State Public Charter School Authority  
Property Location: 1749 North Stewart Street, Suite 40, Carson City

This memo is a clarification for a retroactive start date of December 1, 2021 for the leases referenced above, which house the State Public Charter School Authority.

Due to an unanticipated delay in the signature process, each signer has their own process for review and signatures, thus creating a delay for submittal to BOE, prior to the December 1 start date.

This is the 4<sup>th</sup> amendment to the lease, which extends the term of the lease for two additional years. Due to the short-term renewal, the lessor declined to provide a reduction in the lease costs.

The rates negotiated are at 81% of the market survey.

No State space is available to accommodate the agency needs.

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	015	GOVERNOR'S OFFICE OF FINANCE - SMART 21	PERISCOPE HOLDINGS, INC.	GENERAL 81% HIGHWAY 19%	\$140,990	Sole Source
	Contract Description:	This is a new contract to provide consulting and technical service to support the integration of the State's purchasing system NevadaEPro and the State's financial solution SAP.				
		Term of Contract:	Upon Approval - 08/30/2022	Contract # 25148		
2.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	HALL JAFFE & CLAYTON, LLP	OTHER: STATUTORY CONTINGENCY	\$100,000	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. Department of Tax, Jorge Pupo, et al.				
		Term of Contract:	08/20/2021 - 08/31/2023	Contract # 25054		
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - NON-EXEC	BJG ARCHITECTURE & ENGINEERING	BONDS 91% OTHER: AGENCY FUNDS 9%	\$417,660	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Great Basin College Welding Lab and Renovation CIP project, to include design development, construction documents, permit submittal, bidding support and construction administration services for the welding lab addition and renovation: CIP Project No. 21-C12; SPWD Contract No. 114542.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25214		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - NON-EXEC	PGAL, LLC	BONDS 50% OTHER: AGENCY FUNDS 50%	\$760,789	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering construction administration services for the University of Nevada, Las Vegas Engineering Academic and Research Building CIP project, to include pre-construction services, construction coordination and review of sub-contractors, job-site review meetings, written reports of observations and progress, drawings, specifications, and other reports for the construction of the engineering building: CIP Project No. 21-C05; SPWD Contract No. 114501.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25160		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	PURCELL ELECTRICAL PROFESSIONAL CORPORATION DBA PK ELECTRICAL, INC.	BONDS	\$256,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Adult Mental Health Services Building 1 - Electrical Upgrade CIP project, to include design phase services, permit and construction documents, schematic design and design development drawings, bid documents and construction administration services for the electrical system upgrade: CIP Project No. 21-M02-4; SPWD Contract No. 1144953.				
	Term of Contract:	Upon Approval - 06/30/2025	Contract # 25073			
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	TJ KROB CONSULTING ENGINEERS, INC. DBA TJK CONSULTING ENGINEERS	BONDS	\$249,600	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Dini-Townsend Psychiatric Hospital Central Plant & Controls Renovation CIP project, to include mechanical analysis, plumbing, electrical, architectural, and structural design services for the heating and cooling system renovation and update of the control system: CIP Project No. 21-M02-5; SPWD Contract No. 114494.				
	Term of Contract:	Upon Approval - 06/30/2025	Contract # 25053			
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	FARR WEST ENGINEERING	BONDS	\$425,900	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center - Domestic Water and Sanitary Sewer Replacement CIP project, to include bidding services, construction administration, and construction observations for the replacement of the sewer and water systems: CIP Project No. 21-M03; SPWD Contract No. 114503.				
	Term of Contract:	Upon Approval - 06/30/2025	Contract # 25057			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	VERUS ASSOCIATES NEVADA, LLC	BONDS	\$534,038	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center - Housing Units 4-7 Cell Doors and Lock Replacement CIP projects, to include schematic design phase, design development phase, detailed design drawings, floor plans, construction documents and construction administration services required to replace the sally port doors, locks, and controls in the different housing units: CIP Project Nos. 21-M58, 21-M60: SPWD Contract No. 114499.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25079		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - STATEWIDE CIP PROJECTS - NON-EXEC	VAN WOERT BIGOTTI ARCHITECTS	HIGHWAY 33% BONDS 67%	\$456,600	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Department of Public Safety Headquarters Building Advance Planning CIP project, to include architectural, structural, mechanical, civil and electrical engineering services for the advanced planning of the public safety headquarters building: CIP Project No. 21-P04, SPWD Contract No. 114536.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25192		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - VETERANS CIP PROJECTS - NON-EXEC	WOOD RODGERS, INC.	BONDS 15% OTHER: FEDERAL 85%	\$404,600	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Southern Nevada Veterans Memorial Cemetery Expansion CIP project, to include schematic design, design development, construction documents, cultural resource report, supplemental topography mapping, geotechnical investigation services, plan specification, construction estimates and design narrative, bidding assistance and construction administration services for the planned expansion of the cemetery columbarium: CIP Project No. 21-C11, SPWD Contract No. 114551.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25191		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - VETERAN'S CIP PROJECTS - NON-EXEC	CORE CONSTRUCTION SERVICES OF NEVADA, INC. DBA CORE WEST, INC.	BONDS 57% FEDERAL 43%	\$222,000	Professional Service
	Contract Description:	This is a new contract to provide owner construction manager at risk services for the Nevada Army National Guard Washoe County Training Center Addition CIP project: CIP Project No. 21-C03; SPWD Contract No. 114557.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25206		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - VETERAN'S CIP PROJECTS - NON-EXEC	HERSHENOW & KLIPPENSTEIN ARCHITECTS, LTD DBA H+K ARCHITECTS	BONDS 42% FEDERAL 58%	\$301,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Harry Reid Army Aviation Support Facility - Aircraft Storage Hanger: CIP Project No. 21-C10; SPWD Contract No. 114248. This amendment increases the maximum amount from \$250,596 to \$551,596 due to additional schematic design, design development, construction documents, topographic survey, and project studies and analysis required to complete the project.				
		Term of Contract:	09/14/2021 - 06/30/2025	Contract # 24740		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DCNR AND AGRICULTURE CIP PROJECTS - NON-EXEC	ARCHITECTS PLUS, LLC	BONDS	\$327,475	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Division of Forestry Northern Region 2 Headquarters Heavy Equipment Repair Shop Renovation CIP project, to include design development, construction administration, geotechnical investigation and report, property legal description work, furniture, fixtures, and equipment services and analysis of the existing site fire-water system associated with the Heavy Equipment Repair Shop Renovations: CIP Project No. 21-C01, SPWD Contract No. 114549.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25205		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DCNR AND AGRICULTURE CIP PROJECTS - NON-EXEC	J-U-B ENGINEERING, INC.	BONDS 27% OTHER: AGENCY FUNDS 73%	\$807,931	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Cave Creek Dam Rehabilitation CIP project, to include low level outlet, excavation, and embankment design, peer review, construction documents, bid documents and support, construction administration services and an emergency action plan update for the dam improvement: CIP Project No. 21-C04; SPWD Contract No. 114263.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25142		
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - CULTURAL AFFAIRS CIP PROJECTS - NON-EXEC	FEA CONSULTING ENGINEERS	BONDS	\$106,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada State Museum, Las Vegas Central Plant Replacement CIP project, to include mechanical, plumbing, electrical and structural design for the new rooftop cooling towers: CIP Project No. 21-M59; SPWD Contract No. 114465.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25139		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	CARPENTER SELLERS DEL GATTO	OTHER: AGENCY FUNDED CIP	\$124,100	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Southern Nevada Adult Mental Health Services Stein Hospital - Buildings 1,2,3A and 6 Window and Floor Replacements Agency CIP project, to include schematic design, construction and bid documents and construction administration and cost estimating services sufficient to complete window and floor replacements and building stucco upgrades: CIP Project No. 22-A008; SPWD Contract No. 114550.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 25194		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - TOURISM	NOBLE STUDIOS, INC.	OTHER: LODGING TAX	\$2,500,000	
	Contract Description:	This is a new contract to provide a review of department websites and provide recommendations for improvement, incorporating web usability and other applications, and optimizing the travelnevada.com accessibility.				
		Term of Contract:	Upon Approval - 06/30/2024	Contract # 25145		
18.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	CLARK COUNTY	OTHER: REVENUE	\$700,000	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide skilled and intermediate levels of care including nursing, physician and related services for medically indigent persons identified by the Clark County Department of Social Services.				
		Term of Contract:	07/21/2021 - 06/30/2023	Contract # 25134		
19.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	PERENNIAL LAND CARE	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$190,000	
	Contract Description:	This is a new contract to provide ongoing landscaping services.				
		Term of Contract:	11/01/2021 - 11/01/2025	Contract # 25087		
20.	300	DEPARTMENT OF EDUCATION	EMETRIC, LLC	FEDERAL	\$575,000	
	Contract Description:	This is the fourth amendment to the original contract which provides ongoing maintenance, support and enhancement to the state's longitudinal data system, the Student Accountability Information Network. This amendment increases the maximum amount from \$5,055,233 to \$5,630,233 to add the option for users to view the information in Spanish.				
		Term of Contract:	10/01/2017 - 09/30/2022	Contract # 19139		
21.	400	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIRECTOR'S OFFICE	SOLIX, INC.	OTHER: VARIOUS AGENCIES	\$2,437,004	
	Contract Description:	This is a new contract to provide cost allocation services.				
		Term of Contract:	Upon Approval - 11/30/2025	Contract # 25200		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SIERRA REGIONAL CENTER	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF THE UNIVERSITY OF NEVADA, RENO	GENERAL 48% FEDERAL 52%	\$200,000	Exempt
	Contract Description:	This is a new contract to provide training and employment resource services to eligible participants with intellectual and developmental disabilities.				
		Term of Contract:	Upon Approval - 12/31/2023	Contract # 25156		
23.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES DIVISION	FEDERAL	\$938,322	Exempt
	Contract Description:	This is a new interlocal agreement to provide administrative services for consumer health assistance which includes education, outreach and advocacy to Nevada's citizens who seek information regarding health care assistance and/or need assistance in completing the Medicaid and Nevada Check Up application process.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25170		
24.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	PUBLIC HEALTH SUPPORTIVE SERVICES, LLC	GENERAL 50% FEDERAL 50%	\$691,680	
	Contract Description:	This is a new contract to provide a data collection system for Certified Community Behavioral Healthcare Centers.				
		Term of Contract:	Upon Approval - 12/31/2025	Contract # 25177		
25.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	CENTRAL LYON COUNTY FIRE PROTECTION DISTRICT	FEDERAL	\$3,000,000	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides emergency ambulance services to Medicaid recipients. This amendment increases the maximum amount from \$1,519,885 to \$4,519,885 due to the hiring of additional first responders and increased departmental hours and updates the Budget Proposal.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19849		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
26.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	CITY OF HENDERSON OBO HENDERSON FIRE DEPARTMENT	FEDERAL	\$20,000,000	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides emergency ambulance services to Medicaid recipients. This amendment increases the maximum amount from \$15,961,309 to \$35,961,309 due to higher-than-expected cost settlements.				
		Term of Contract:	07/01/2017 - 06/30/2022	Contract # 20340		
27.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	EAST FORK FIRE PROTECTION DISTRICT	FEDERAL	\$5,685,225	Exempt
	Contract Description:	This is a new interlocal agreement to provide emergency ambulance services to Medicaid recipients.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 24842		
28.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	EAST FORK FIRE PROTECTION DISTRICT	FEDERAL	\$1,000,000	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides emergency ambulance services to Medicaid recipients. This amendment increases the maximum amount from \$3,503,158 to \$4,503,158 due to higher-than-expected cost settlements.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 19951		
29.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	NORTH LAKE TAHOE FIRE PROTECTION DISTRICT	FEDERAL	\$1,972,425	Exempt
	Contract Description:	This is a new interlocal agreement to provide emergency ambulance services to Medicaid recipients.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 24855		
30.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	NORTH LYON COUNTY FIRE PROTECTION DISTRICT	FEDERAL	\$2,552,550	Exempt
	Contract Description:	This is a new interlocal agreement to provide emergency ambulance services to Medicaid recipients.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 24856		
31.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	PYRAMID LAKE PAIUTE TRIBE OBO PYRAMID LAKE FIRE RESCUE/ EMS	FEDERAL	\$974,610	Exempt
	Contract Description:	This is a new interlocal agreement to provide emergency ambulance services to Medicaid recipients.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 24857		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
32.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	STOREY COUNTY FIRE PROTECTION DISTRICT	FEDERAL	\$1,300,000	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides emergency ambulance services to Medicaid recipients. This amendment increases the maximum amount from \$811,474 to \$2,111,474 due to higher-than-expected cost settlements.				
		Term of Contract:	07/01/2018 - 06/30/2022	Contract # 21105		
33.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT	NEVADA DEPARTMENT OF EDUCATION	GENERAL 50% FEDERAL 50%	\$134,764	Exempt
	Contract Description:	This is a new interlocal agreement to provide support to improve the mental health and wellness in the student population.				
		Term of Contract:	11/01/2021 - 06/30/2023	Contract # 25012		
34.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	INDUCTIVEHEALTH INFORMATICS, INC.	FEDERAL	\$512,506	
	Contract Description:	This is the first amendment to the original contract which provides a single statewide disease surveillance system to allow local, state and federal agencies to identify, investigate and mitigate communicable diseases, environmental hazards and bioterrorism events. This amendment increases the maximum amount from \$1,529,153.88 to \$2,041,659.88 due to the addition of a multi-factor authentication solution and an increase in migration efforts.				
		Term of Contract:	03/09/2021 - 03/08/2025	Contract # 23951		
35.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	TALUS ANALYTICS, LLC	FEDERAL	\$128,400	Exempt
	Contract Description:	This is the first amendment to the original contract which provides statewide analysis of COVID-19 trends. This amendment increases the maximum amount from \$180,000 to \$308,400 to provide interpretation analysis for communications and assist with refining policy guidance and metrics.				
		Term of Contract:	12/31/2020 - 12/31/2021	Contract # 23879		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
36.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD CARE ASSISTANCE AND DEVELOPMENT	MY OFFICE STAFF	OTHER: STATE SHARE 6.8% FEDERAL 93.2%	\$504,292	
	Contract Description:	This is a new contract to provide consulting and fiscal monitoring services for the Child Care Development and the Child Support Enforcement Programs.				
		Term of Contract:	Upon Approval - 08/30/2025	Contract # 24701		
37.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - INFORMATION SERVICES	CARAHSOFT TECHNOLOGY CORP	FEDERAL	\$85,204	
	Contract Description:	This is the second amendment to the original work plan under Master Service Agreement #18855 which provides cloud services to enhance the Unified Nevada Information Technology for Youth system. This amendment extends the termination date from December 31, 2021 to September 17, 2022 and increases the maximum amount from \$208,401.49 to \$293,605.95 due to additional interface enhancements.				
		Term of Contract:	08/11/2020 - 09/17/2022	Contract # 23368		
38.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	SOCIAL CHANGE PARTNERS, LLC	FEDERAL	\$126,000	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides ongoing consultation services and aid in the analysis and implementation of federally funded extended foster care. This amendment extends the termination date from June 30, 2022 to June 30, 2023 and increases the maximum amount from \$64,000 to \$190,000 due to the addition of an extended young adult support services program.				
		Term of Contract:	08/01/2021 - 06/30/2023	Contract # 24573		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES DIVISION - VICTIMS OF CRIME	COST CONTAINMENT STRATEGIES, INC.	FEE: PENALTIES AND ASSESSMENTS	\$830,368	Sole Source
	Contract Description:	This is the third amendment to the original contract which provides ongoing medical billing review, claims administration and software programming. This amendment extends the termination date from December 31, 2021 to June 30, 2022 and increases the maximum amount from \$7,605,681.60 to \$8,436,049.27 due to the continued need for these services.				
		Term of Contract:	01/01/2017 - 06/30/2022	Contract # 18222		
40.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	OTHER: REVENUE	\$277,347	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing inmate camp and fire labor.				
		Term of Contract:	10/01/2021 - 09/30/2025	Contract # 25084		
41.	440	DEPARTMENT OF CORRECTIONS - PRISON DAIRY	GERALD R. PECK DBA ALL CREATURES MOBILE VETERINARY	FEDERAL	\$350,000	
	Contract Description:	This is a new contract to provide ongoing veterinary services for the wild horses boarded by the state for the Bureau of Land Management.				
		Term of Contract:	Upon Approval - 12/31/2025	Contract # 25171		
42.	500	DIVISION OF MINERAL RESOURCES	ENVIRONMENTAL PROTECTION SERVICES, LLC	FEE: MINING CLAIMS	\$2,400,000	
	Contract Description:	This is the second amendment to the original contract which provides the ability to safeguard and close abandoned mine land hazards. This amendment extends the termination date from February 5, 2022 to February 5, 2026 and increases the maximum amount from \$2,400,000 to \$4,800,000 due to updates in the cost schedule and the continued need for these services.				
		Term of Contract:	02/13/2018 - 02/05/2026	Contract # 19573		
43.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	DON LEE FARMS	FEDERAL	\$1,205,353	
	Contract Description:	This is a new contract to provide breakfast and lunch products using USDA commodities as ingredients.				
		Term of Contract:	Upon Approval - 06/14/2025	Contract # 25085		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	JENNIE-O TURKEY STORE SALES	FEDERAL	\$3,950,942	
	Contract Description:	This is a new contract to provide ongoing breakfast and lunch products using USDA commodities as ingredients.				
		Term of Contract:	12/01/2021 - 06/14/2025	Contract # 25082		
45.	611	GAMING CONTROL BOARD	CIBER GLOBAL, LLC	GENERAL	\$5,409,619	
	Contract Description:	This is the eighth amendment to the original contract which provides ongoing assistance in developing custom applications to replace the current Digital Equipment Corp/Virtual Memory System. This amendment extends the termination date from March 31, 2022 to September 15, 2023 and increases the maximum amount from \$15,474,731 to \$20,884,350 due to the continued need for these services.				
		Term of Contract:	03/11/2014 - 09/15/2023	Contract # 15317		
46.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	LAS VEGAS METROPOLITAN POLICE DEPARTMENT	HIGHWAY 61% OTHER: FORFEITURES 39%	\$850,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide use of Las Vegas Metropolitan Police Department's Firearms Training Campus. <b>This contract is contingent upon IFC approval of work programs #C54518 and C57472.</b>				
		Term of Contract:	Upon Approval - 08/15/2023	Contract # 25203		
47.	702	DEPARTMENT OF WILDLIFE - DATA AND TECHNOLOGY SERVICES	AMPLEX CORPORATION	FEE: FEDERAL E-DUCK STAMP	\$150,000	Sole Source
	Contract Description:	This is a new contract to provide fulfillment services for the Federal Electronic Duck Stamp Program.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 24748		
48.	702	DEPARTMENT OF WILDLIFE - HABITAT	WHITE PINE COUNTY	FEE: DUCK STAMP, HABITAT CONSERVATION, UPLAND GAME BIRD STAMP	\$150,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide noxious weed control at Steptoe Valley Wildlife Management Area, Wayne E. Kirch Wildlife Management Area, Key Pittman Wildlife Management Area and Lockes Ranch State Property.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25122		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
49.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES COOPERATIVE PROJECTS-NON-EXEC	US DISTRICT COURT WATER MASTER	OTHER: JOINT FUNDING AGREEMENT - PASS THROUGH	\$570,000	Exempt
	Contract Description:	This is the first amendment to the original Joint Funding Agreement to administer pass-through funding for the Truckee River Operation Agreement. This amendment extends the termination date from December 31, 2021 to September 30, 2022 and increases the maximum amount from \$1,200,000 to \$1,770,000 due to the continued need for these services.				
		Term of Contract:	10/01/2019 - 09/30/2022	Contract # 22411		
50.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	LANDER COUNTY	OTHER: REVENUE	\$177,634	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 25188		
51.	902	DEPARTMENT OF EMPLOYMENT TRAINING AND REHABILITATION - GOVERNOR'S OFFICE OF WORKFORCE INNOVATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO GREAT BASIN COLLEGE	FEDERAL	\$521,648	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides assistance to dislocated workers adversely affected by the COVID-19 pandemic. This amendment increases the maximum amount from \$241,666.67 to \$763,314.63 due to the increased need for these services and additional reporting.				
		Term of Contract:	03/09/2021 - 09/29/2023	Contract # 23972		
52.	902	DEPARTMENT OF EMPLOYMENT TRAINING AND REHABILITATION - GOVERNOR'S OFFICE OF WORKFORCE INNOVATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO WESTERN NEVADA COLLEGE	FEDERAL	\$500,000	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides assistance to dislocated workers adversely affected by the COVID-19 pandemic. This amendment increases the maximum amount from \$541,666.67 to \$1,041,666.67 due to the increased need for these services and additional reporting.				
		Term of Contract:	03/09/2021 - 09/29/2023	Contract # 23971		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
53.	902	DEPARTMENT OF EMPLOYMENT TRAINING AND REHABILITATION - GOVERNOR'S OFFICE OF WORKFORCE INNOVATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF TRUCKEE MEADOWS COMMUNITY COLLEGE	FEDERAL	\$500,000	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides assistance to dislocated workers adversely affected by the COVID-19 pandemic. This amendment increases the maximum amount from \$241,666.67 to \$741,666.67 due to the increased need for these services and additional reporting.				
		Term of Contract:	03/09/2021 - 09/29/2023	Contract # 23973		
54.	902	DEPARTMENT OF EMPLOYMENT TRAINING AND REHABILITATION - GOVERNOR'S OFFICE OF WORKFORCE INNOVATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO COLLEGE OF SOUTHERN NEVADA	FEDERAL	\$375,000	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides assistance to dislocated workers adversely affected by the COVID-19 pandemic. This amendment increases the maximum amount from \$1,709,000 to \$2,084,000 due to the increased need for these services and additional reporting.				
		Term of Contract:	03/09/2021 - 09/29/2023	Contract # 23970		
55.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	ACTUS POLICY RESEARCH, LLC	FEDERAL	\$548,745	
	Contract Description:	This is a new contract to provide an impact evaluation that includes a tiered evidence approach for the Reemployment Services and Eligibility Assessment program.				
		Term of Contract:	Upon Approval - 12/31/2025	Contract # 25204		
56.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	BRAZEN TECHNOLOGIES, INC.	FEDERAL	\$374,669	
	Contract Description:	This is a new contract to provide a cloud-based virtual recruiting platform to meet the changing needs of employers and job seekers.				
		Term of Contract:	01/01/2022 - 12/31/2025	Contract # 25217		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
57.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	MELANIE S. ARTHUR	FEDERAL	\$157,800	
	Contract Description:	This is a new contract to provide an update to existing business services office policies, procedures, and training materials for the workforce programs to align with US Department of Labor workforce regulations.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 25049		
58.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - UNEMPLOYMENT INSURANCE	GEOGRAPHIC SOLUTIONS, INC.	FEDERAL	\$1,165,680	Exempt
	Contract Description:	This is the fourth amendment to the original contract which provides software and user training for the Pandemic Unemployment Assistance Benefits System. This amendment extends the termination date from December 31, 2021 to June 30, 2022 and increases the maximum amount from \$5,456,635 to \$6,622,315 due to the continued need for these services and the transfer of various modules to new vendors. <b>This contract is contingent upon IFC approval of work program #C57111.</b>				
		Term of Contract:	04/09/2020 - 12/31/2021	Contract # 23103		
59.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - UNEMPLOYMENT INSURANCE	ID.ME, INC.	FEDERAL	\$400,000	Exempt
	Contract Description:	This is the second amendment to the original contract which provides the ID.me Referee application to verify the identity of unemployment insurance claimants. This amendment extends the termination date from December 31, 2021 to December 31, 2022 and increases the maximum amount from \$1,500,000 to \$1,900,000 due to the continued need for these services. <b>This contract is contingent upon IFC approval of work program #C57111.</b>				
		Term of Contract:	08/10/2020 - 12/31/2022	Contract # 23522		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
60.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - UNEMPLOYMENT INSURANCE	MAXIMUS HUMAN SERVICES, INC.	FEDERAL	\$10,275,650	Exempt
	Contract Description:	This is the second amendment to the original contract which provides third party call center services. This amendment increases the maximum amount from \$22,135,861.72 to \$32,411,511.72 and extends the termination date from December 31, 2021 to June 30, 2022 due to the continued need for these services. <b>This contract is contingent upon IFC approval of work program #C57111.</b>				
		Term of Contract:	01/01/2021 - 06/30/2022	Contract # 23901		
61.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - UNEMPLOYMENT INSURANCE	WEST PUBLISHING CORPORATION	FEDERAL	\$449,500	Exempt
	Contract Description:	This is the first amendment to the original contract which provides fraud detection and protection tools. This amendment extends the termination date from December 31, 2021 to December 31, 2022 and increases the maximum amount from \$798,500 to \$1,248,000 due to the continued need for these services and assigns the contract from Ponderosa Solutions LLC to West Publishing Corporation. <b>This contract is contingent upon IFC approval of work program #C57111.</b>				
		Term of Contract:	12/31/2020 - 12/31/2022	Contract # 23849		
62.	950	PUBLIC EMPLOYEES' BENEFITS PROGRAM	LABYRINTH SOLUTIONS, INC. DBA LSI CONSULTING	OTHER: SUBSIDY & PREMIUM REVENUE	\$479,667	
	Contract Description:	This is the first amendment to the original contract which provides eligibility and enrollment benefits management system services. This amendment increases the maximum from \$6,849,000 to \$7,328,667 due to the addition of Consolidated Omnibus Budget Reconciliation Act (COBRA) management services.				
		Term of Contract:	12/08/2020 - 06/30/2027	Contract # 23678		
63.	950	PUBLIC EMPLOYEES' BENEFITS PROGRAM	UMR, INC.	OTHER: PREMIUM AND SUBSIDY REVENUE	\$62,789,120	
	Contract Description:	This is a new contract to provide ongoing third-party administrator services for medical and dental claims.				
		Term of Contract:	Upon Approval - 06/30/2028	Contract # 25155		
64.	B006	LICENSING BOARDS AND COMMISSIONS - COSMETOLOGY	NCS PEARSON, INC. DBA PEARSON ASSESSMENTS	FEE: LICENSURE	\$1,512,000	
	Contract Description:	This is a new contract to provide law and theory testing services.				
		Term of Contract:	12/31/2021 - 12/31/2025	Contract # 25093		

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25148**

Agency Name: <b>GOVERNOR'S FINANCE OFFICE</b>	Legal Entity Name: <b>PERISCOPE HOLDINGS, INC.</b>
Agency Code: <b>015</b>	Contractor Name: <b>PERISCOPE HOLDINGS, INC.</b>
Appropriation Unit: <b>1325-16</b>	Address: <b>5000 PLAZA ON THE LAKE STE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>AUSTIN, TX 78746</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Rejan Giguere 512/717-0680</b>
	Vendor No.: <b>T27044484</b>
	NV Business ID: <b>NV20171351907</b>
To what State Fiscal Year(s) will the contract be charged? <b>2022-2023</b>	

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

<input checked="" type="checkbox"/> General Funds	<b>81.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
<input checked="" type="checkbox"/> Highway Funds	<b>19.00 %</b>	Other funding	0.00 %

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: **08/30/2022**

Contract term: **271 days**

4. Type of contract: **Contract**

Contract description: **SAP Procurement**

5. Purpose of contract:

**This is a new contract to provide consulting and technical service to support the integration of the State's purchasing system NevadaEPro and the State's financial solution SAP.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$140,990.10**

Other basis for payment: Milestone 1-SXLT Development and Unit Testing Complete, \$49,367.30. Milestone 2-UAT Complete \$54,313.04. Milestone 3-Data Conversion Complete \$12,454.64. Milestone 4-SAP Interface Go-Live Complete \$9,205.60. Milestone 5-Final Sign-off/Support Transition Complete \$15,649.52.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Periscope Holdings is the current vendor that holds the contract for Nevada EPro for Good of the State contracts. OPM needs to interface with Nevada EPro to have the contracts information reflect in SMART 21 solutions/SAP so agencies may purchase off these contracts for good and services.

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

Periscope Holding is the current vendor that holds the contract for Nevada EPro.

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

Was the solicitation (RFP) done by the 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 #: 211005**

**Approval Date: 10/26/2021**

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

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

10. Does the contract contain any IT components? Yes

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Currently working with OPM on another SAP interface

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

**No** If "Yes", please provide details of the litigation 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:

Keli Menzel, Procurement Lead Ph: 775/250-6064

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dcarlo4	10/20/2021 14:40:02 PM
Division Approval	tmilazz1	10/21/2021 11:06:00 AM
Department Approval	ssands	10/27/2021 07:47:03 AM
Contract Manager Approval	mvietti	11/04/2021 12:54:35 PM
EITS Approval	msmi40	11/10/2021 06:54:20 AM
Budget Analyst Approval	mranki1	11/23/2021 09:15:35 AM
BOE Agenda Approval	dlenzner	11/23/2021 09:38:47 AM
BOE Final Approval	Pending	

**Steve Sisolak**  
*Governor*



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

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

**MEMORANDUM**

**TO:** Paul Nicks, Director, OPM  
Brandy S. Cox, ASO III, OPM  
Jeremiah Duley, ITM II, OPM

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

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

**SUBJECT:** TIN Review Completed – OPM - *SMART 21 Interfaces* – T1325197

**DATE:** September 29<sup>th</sup>, 2020

We have completed the review for Office of Project Management’s (OPM) – *SMART 21 Interfaces* TIN. The submitted TIN, for an estimated value of \$2,054,499, supports the enhancement and/or update of technology solutions already in place.

This TIN was submitted in support of interfaces and integrations with solutions from across multiple across the State. The systems submitted in this TIN are as follows:

Agency	System	Vendor Name	Estimate
DETR	EmployNV	GeoSolutions	\$137,000
DETR	Aware	Alliance	\$282,810
DETR	Phone Bill Interface	DETR	\$6,700
DHHS/DHCFP	MMIS	DXC	\$65,000

DHHS/ADSD	Harmony	Metaware	\$65,000
GFO	NEBS	Aeris	\$353,500
Treasurer	Prepaid Tuition	Wagers	\$15,000
Treasurer	Unclaimed Property	Libra	\$15,000
Admin/Purchasing	Nevada E-Pro	Periscope	\$727,274
Admin/Fleet	Fleet Anywhere Billing	EITS	\$144,067
DPS	OTIS	EITS	\$35,588
DCNR	NDEP website	MSA	\$7,560
Controllers	NCIS	CGI	\$200,000

OPM has been working closely with EITS to identify any infrastructure considerations for the SMART 21 project and EITS looks forward to that collaboration continuing.

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

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.



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

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

<b>Purchasing Use Only:</b>	
Approval#:	21005@

**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 <u>only</u> the contact(s) listed below:</b>		
	ENTER STATE AGENCY NAME:	Office of Project Management (OPM), SMART 21	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Keli Menzel, OPM Procurement Lead	775-687-7220	keli@opm.nv.gov

1b	<b>Vendor Information:</b>	
	Vendor Name:	Periscope Holdings, Inc.
	Contact Name:	Rejan Giguere
	Complete Address: City, State, and Zip Code	5000 Plaza on the Lake, Ste. 100, Austin TX 78746
	Telephone Number:	(512) 472-9062
	Email Address:	rejan@periscopeholdings.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? Check One:	Yes:	X	No:
	Amendment Number:			
	<b>Enter CETS Number:</b>			

1e	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	No:	
	Contract:	Start Date:	Upon Approval	End Date: 08/31/2022

1f	<b>Funding:</b>	
	State Appropriated:	X
	Federal Funds:	
	Grant Funds:	
Other (Explain):		

Revision - Rec'd 10/25/21

<b>Purchasing Use Only:</b>	
Approval #:	211005(2)

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$140,990.10 amended amount

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>The purpose of this contract is to interface with Periscope on contracts/solicitations to SAP based on the design phase. The cost for the integration phase from EPro to SAP will not exceed \$140,990.10. The following five milestones make up the total cost of this contract:</i>
	<i>Milestone 1: SFLT Development and Unit Testing Complete \$49,367.30</i>
	<i>Milestone 2: UAT Complete \$54,313.04</i>
	<i>Milestone 3: Data Conversion Complete \$12,454.64</i>
	<i>Milestone 4: SAP Interface Go-Live Complete \$9,205.60</i>
	<i>Milestone 5: Final Sign-off/Support Transition Complete \$15,649.52</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>Periscope Holdings, Inc. not only developed / owns EPro, but is the current vendor that holds a contract with Nevada State Purchasing for EPro contracts and solicitations.</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>This request cannot be competitively bid as Periscope Holdings, Inc. is the only contractor with the in-depth knowledge of EPro, including abilities, limitations, and possibilities for change for the solution.</i>

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>		
	b. <i>If not, why were alternatives not evaluated?</i>		
	<i>Periscope Holdings, Inc., is the current vendor that owns EPro, and holds the contract with Nevada State Purchasing for EPro contracts and solicitations. SAP will need to interface with EPro so agency may utilize those contracts.</i>		

<i>Purchasing Use Only:</i>	
Approval #:	2110050

	<b>Has the agency purchased this service or commodity in the past? Check One:</b>			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
	a. <i>If yes, starting with the most recent contract and working backward, for the <b>entire</b> relationship with this vendor, or any other vendor for this service or commodity, the following information <b>must</b> be provided:</i>				
6	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement ENTER RFP#, RFQ#, Waiver #</i>
	<i>Start Date</i>	<i>End Date</i>			
			\$		
			\$		
			\$		
			\$		

	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
7	<i>If this request is to be denied, Nevada State agencies will not be able to utilize Good of the State Contracts to purchase commodities and/or services.</i>

	<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>
8	<i>Efforts to obtain other quotes from vendors was not done as SAP will need to integrate with Periscope Holdings, Inc., who is the current vendor that owns EPro, and holds the contact with Nevada State Purchasing for contracts and solicitations.</i>

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



<i>Purchasing Use Only:</i>	
Approval #:	211005④

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.

Yoli Menzel  
 Agency Representative Initiating Request

Yoli Menzel 10/22/21  
 Print Name of Agency Representative Initiating Request Date

[Signature]  
 Signature of Agency Head Authorizing Request

Melissa S Lawler-Lewis 10/22/21  
 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 10/26/21  
 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: **25054**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>Hall Jaffe &amp; Clayton, LLP</b>
Agency Code: <b>030</b>	Contractor Name: <b>Hall Jaffe &amp; Clayton, LLP</b>
Appropriation Unit: <b>1030-04</b>	Address: <b>7425 Peak Drive</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89128</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-316-4111</b>
	Vendor No.: <b>Pending</b>
	NV Business ID: <b>NV20031000393</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 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 % Statutory Contingency</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/20/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **Yes**

If "Yes", please explain

**We are requesting this contract to be retroactive to August 20, 2021 due to the retirement of previous outside counsel, Diane Welsh from McDonald Carano.**

3. Termination Date: **08/31/2023**

Contract term: **2 years and 11 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. Department of Tax, Jorge Pupo, et al.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

Not Applicable

b. 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:

Leslie Nino Piro, General Counsel Ph: 702-486-3077

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	10/07/2021 13:26:55 PM
Division Approval	jhoba2	10/07/2021 13:27:01 PM
Department Approval	jhoba2	10/07/2021 13:27:05 PM
Contract Manager Approval	Iramire7	10/07/2021 13:33:38 PM
Budget Analyst Approval	jcoope8	10/21/2021 14:18:23 PM
BOE Agenda Approval	hfield	11/17/2021 15:58:03 PM
BOE Final Approval	Pending	

AARON D. FORD  
*Attorney General*

CAROLINE BATEMAN  
*First Assistant Attorney General*

CHRISTINE JONES BRADY  
*Second Assistant Attorney General*



JESSICA L. ADAIR  
*Chief of Staff*

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:** October 7, 2021

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

**From:** Lesley Volkov, Management Analyst II

**Subject:** Retroactive Approval for contract # 25054 Hall Jaffe & Clayton,  
LLP

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We are requesting this contract to be retroactive to August 20, 2021 due to the retirement of previous outside counsel, Diane Welsh from McDonald Carano.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25214**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>BJG ARCHITECTURE &amp; ENGINEERING</b>
Agency Code: <b>082</b>	Contractor Name: <b>BJG ARCHITECTURE &amp; ENGINEERING</b>
Appropriation Unit: <b>1510-78</b>	Address: <b>675 W. MOANA LN., STE. 107</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-827-1010</b>
	Vendor No.: <b>T80927591</b>
	NV Business ID: <b>NV19921042277</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>91.00 %</b>
Highway Funds	0.00 %	<b>X</b> Other funding	<b>9.00 % AGENCY FUNDS</b>

Agency Reference #: 114542

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: **06/30/2025**

Contract term: **3 years and 211 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 Great Basin College Welding Lab and Renovation CIP project, to include design development, construction documents, permit submittal, bidding support and construction administration services for the welding lab addition and renovation: CIP Project No. 21-C12; SPWD Contract No. 114542.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$417,660.00**

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, Jack, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/09/2021 14:16:53 PM
Division Approval	nmann	11/09/2021 14:16:56 PM
Department Approval	nmann	11/09/2021 14:16:58 PM
Contract Manager Approval	lwildes	11/09/2021 14:22:33 PM
Budget Analyst Approval	jrodrig9	11/15/2021 01:09:17 AM
BOE Agenda Approval	jrodrig9	11/15/2021 01:09:20 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25160**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>PGAL, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>PGAL, LLC</b>
Appropriation Unit: <b>1510-77</b>	Address: <b>7373 PEAK DR., STE. 170</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89129</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-730-4911</b>
	Vendor No.: <b>T29003284</b>
	NV Business ID: <b>NV20021118384</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>50.00 %</b>
Highway Funds	0.00 %	<b>X</b> Other funding	<b>50.00 % Agency Funds</b>

Agency Reference #: 114501

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: **06/30/2025**

Contract term: **3 years and 211 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering construction administration services for the University of Nevada, Las Vegas Engineering Academic and Research Building CIP project, to include, pre-construction services, construction coordination and review of sub-contractors, job-site review meetings, written reports of observations and progress, drawings, specifications, and other reports for the construction of the engineering building: CIP Project No. 21-C05; SPWD Contract No. 114501.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$760,789.00**

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:

Lewis, Wilford, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/03/2021 13:47:24 PM
Division Approval	nmann	11/03/2021 13:47:26 PM
Department Approval	nmann	11/03/2021 13:47:29 PM
Contract Manager Approval	lwildes	11/04/2021 07:27:22 AM
Budget Analyst Approval	jrodrig9	11/18/2021 11:43:48 AM
BOE Agenda Approval	jrodrig9	11/18/2021 11:43:50 AM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25073**

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>PURCELL ELECTRICAL PROFESSIONAL CORPORATION</b> Contractor Name: <b>PURCELL ELECTRICAL PROFESSIONAL CORPORATION</b> Address: <b>PK Electrical Inc. 681 SIERRA ROSE DR., STE. B RENO, NV 89511-2060</b> City/State/Zip: Contact/Phone: 775-826-9010 Vendor No.: T81016802 NV Business ID: NV19961128650
--	--

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 #: 114495

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: **06/30/2025**

Contract term: **3 years and 211 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 Building 1 - Electrical Upgrade CIP project, to include design phase services, permit and construction documents, schematic design and design development drawings, bid documents and construction administration services for the electrical system upgrade: CIP Project No. 21-M02-4; SPWD Contract No. 1144953.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$256,000.00**

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:  
Aviles, Jason, Project Manager Ph: 775-684-4141

20. Contract Status:  
Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/02/2021 13:31:51 PM
Division Approval	nmann	11/02/2021 13:31:53 PM
Department Approval	nmann	11/02/2021 13:31:56 PM
Contract Manager Approval	lwildes	11/02/2021 13:57:11 PM
Budget Analyst Approval	vfajota	11/04/2021 16:28:43 PM
BOE Agenda Approval	jrodrig9	11/18/2021 16:13:37 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **25053**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>TJ KROB CONSULTING ENGINEERS, INC. DBA TJK CONSULTING ENGINEERS</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>TJ KROB CONSULTING ENGINEERS, INC. DBA TJK CONSULTING ENGINEERS</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 #: 114494

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: **06/30/2025**Contract term: **3 years and 211 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 Psychiatric Hospital Central Plant & Controls Renovation CIP project, to include mechanical analysis, plumbing, electrical, architectural, and structural design services for the heating and cooling system renovation and update of the control system: CIP Project No. 21-M02-5; SPWD Contract No. 114494.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$249,600.00**

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	10/15/2021 16:44:37 PM
Division Approval	nmann	10/15/2021 16:44:39 PM
Department Approval	nmann	10/15/2021 16:44:42 PM
Contract Manager Approval	lwildes	11/04/2021 08:00:53 AM
Budget Analyst Approval	jrodrig9	11/10/2021 01:24:32 AM
BOE Agenda Approval	jrodrig9	11/10/2021 01:24:39 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25057**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>FARR WEST ENGINEERING</b>
Agency Code: <b>082</b>	Contractor Name: <b>FARR WEST ENGINEERING</b>
Appropriation Unit: <b>1550-08</b>	Address: <b>5510 LONGELY LANE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-851-4788</b>
	Vendor No.: <b>T81102795</b>
	NV Business ID: <b>NV2011242988</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 #: 114503

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: **06/30/2025**

Contract term: **3 years and 211 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 Correctional Center - Domestic Water and Sanitary Sewer Replacement CIP project, to include bidding services, construction administration, and construction observations for the replacement of the sewer and water systems: CIP Project No. 21-M03; SPWD Contract No. 114503.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$425,900.00**

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:  
Smith, Aaron, Project Manager Ph: 775-684-4141

20. Contract Status:  
Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/15/2021 16:58:06 PM
Division Approval	nmann	10/15/2021 16:58:09 PM
Department Approval	nmann	10/15/2021 16:58:13 PM
Contract Manager Approval	lwildes	10/19/2021 12:19:32 PM
Budget Analyst Approval	nkephart	10/20/2021 08:38:07 AM
BOE Agenda Approval	jrodrig9	11/10/2021 01:05:26 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25079**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>VERUS ASSOCIATES NEVADA, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>VERUS ASSOCIATES NEVADA, LLC</b>
Appropriation Unit: <b>1550-28</b>	Address: <b>9210 PROTOTYPE DR., STE 101</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89512</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-870-1004</b>
	Vendor No.: <b>T29038999</b>
	NV Business ID: <b>NV20161620968</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 #: 114499

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: **06/30/2025**

Contract term: **3 years and 211 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 Correctional Center - Housing Units 4-7 Cell Doors and Lock Replacement CIP projects, to include schematic design phase, design development phase, detailed design drawings, floor plans, construction documents and construction administration services required to replace the sally port doors, locks, and controls in the different housing units: CIP Project Nos. 21-M58, 21-M60: SPWD Contract No. 114499.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$534,038.00**

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:

Aviles, Jason, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/02/2021 14:40:00 PM
Division Approval	nmann	11/02/2021 14:40:02 PM
Department Approval	nmann	11/02/2021 14:40:04 PM
Contract Manager Approval	lwildes	11/02/2021 14:44:25 PM
Budget Analyst Approval	vfajota	11/04/2021 16:08:19 PM
BOE Agenda Approval	jrodrig9	11/15/2021 03:04:55 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: **25192**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>VAN WOERT BIGOTTI ARCHITECTS</b>
Agency Code: <b>082</b>	Contractor Name: <b>VAN WOERT BIGOTTI ARCHITECTS</b>
Appropriation Unit: <b>1558-13</b>	Address: <b>1400 S VIRGINIA ST. SUITE C</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-2836</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-328-1010</b>
	Vendor No.: <b>T60080600</b>
	NV Business ID: <b>NV19781005709</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>67.00 %</b>
<b>X</b> Highway Funds	<b>33.00 %</b>	Other funding	0.00 %
Agency Reference #:	114536		

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: **06/30/2025**

Contract term: **3 years and 211 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 Public Safety Headquarters Building Advance Planning CIP project, to include architectural, structural, mechanical, civil and electrical engineering services for the advanced planning of the public safety headquarters building: CIP Project No. 21-P04, SPWD Contract No. 114536.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$456,600.00**

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/05/2021 16:11:04 PM
Division Approval	nmann	11/05/2021 16:11:07 PM
Department Approval	nmann	11/05/2021 16:11:09 PM
Contract Manager Approval	lwildes	11/08/2021 07:40:58 AM
Budget Analyst Approval	jrodrig9	11/10/2021 02:13:52 AM
BOE Agenda Approval	jrodrig9	11/10/2021 02:13:55 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: **25191**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>WOOD RODGERS, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>WOOD RODGERS, INC.</b>
Appropriation Unit: <b>1567-28</b>	Address: <b>3301 C STREET BUILDING 100-B</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SACRAMENTO, CA 95816</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-823-4068</b>
	Vendor No.: <b>T29006428</b>
	NV Business ID: <b>NV20031304987</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>15.00 %</b>
Highway Funds	0.00 %	<b>X</b> Other funding	<b>85.00 % Federal</b>

Agency Reference #: 114551

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: **06/30/2025**

Contract term: **3 years and 211 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Southern Nevada Veterans Memorial Cemetery Expansion CIP project, to include schematic design, design development, construction documents, cultural resource report, supplemental topography mapping, geotechnical investigation services, plan specification, construction estimates and design narrative, bidding assistance and construction administration services for the planned expansion of the cemetery columbarium: CIP Project No. 21-C11, SPWD Contract No. 114551.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$404,600.00**

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:

null, null Ph: null

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/05/2021 15:40:21 PM
Division Approval	nmann	11/05/2021 15:40:23 PM
Department Approval	nmann	11/05/2021 15:40:26 PM
Contract Manager Approval	lwildes	11/08/2021 07:53:33 AM
Budget Analyst Approval	jrodrig9	11/10/2021 01:59:14 AM
BOE Agenda Approval	jrodrig9	11/10/2021 01:59:17 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: **25206**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CORE CONSTRUCTION SERVICES OF NEVADA, INC. DBA CORE WEST, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>CORE CONSTRUCTION SERVICES OF NEVADA, INC. DBA CORE WEST, INC.</b>
Appropriation Unit: <b>1577-46</b>	Address: <b>5330 RENO CORPORATE DRIVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-525-5757</b>
	Vendor No.: <b>T81092744</b>
	NV Business ID: <b>NV19861002524</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>43.00 %</b>	<b>X</b> Bonds	<b>57.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114557

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: **06/30/2025**

Contract term: **3 years and 211 days**

4. Type of contract: **Contract**

Contract description: **OWNER-CMAR**

5. Purpose of contract:

**This is a new contract to provide owner construction manager at risk services for the Nevada Army National Guard Washoe County Training Center Addition CIP project: CIP Project No. 21-C03; SPWD Contract No. 114557.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$222,000.00**

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	11/09/2021 13:49:56 PM
Division Approval	nmann	11/09/2021 13:49:59 PM
Department Approval	nmann	11/09/2021 13:50:01 PM
Contract Manager Approval	lwildes	11/09/2021 14:19:53 PM
Budget Analyst Approval	jrodrig9	11/15/2021 01:22:27 AM
BOE Agenda Approval	jrodrig9	11/15/2021 01:22:29 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>24740</b>	Amendment Number: <b>1</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>HERSHENOW + KLIPPENSTEIN ARCHITECTS, LTD.</b>
Agency Code: <b>082</b>	Contractor Name: <b>HERSHENOW &amp; KLIPPENSTEIN ARCHITECTS, LTD DBA H+K ARCHITECTS</b>
Appropriation Unit: <b>1577-49</b>	Address: <b>5485 RENO CORPORATE DR., SUITE 102</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-2262</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-332-6440</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>58.00 %</b>	<b>X</b> Bonds	<b>42.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114248

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/14/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 290 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is the first amendment to the original contract which provides professional architectural/engineering services for the Harry Reid Army Aviation Support Facility - Aircraft Storage Hanger: CIP Project No. 21-C10; SPWD Contract No. 114248. This amendment increases the maximum amount from \$250,596 to \$551,596 due to additional schematic design, design development, construction documents, topographic survey, and project studies and analysis required to complete the project.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$250,596.00	\$250,596.00	\$250,596.00	Yes - Action
2. Amount of current amendment (#1):	\$301,000.00	\$301,000.00	\$301,000.00	Yes - Action
3. New maximum contract amount:	\$551,596.00			

#### 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?

**No** b. If "No", please explain:

**Agency did not provide explanation.**

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

Yes

18. 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	11/08/2021 14:15:00 PM
Division Approval	nmann	11/08/2021 14:15:05 PM
Department Approval	nmann	11/18/2021 10:26:18 AM
Contract Manager Approval	lwildes	11/18/2021 10:30:17 AM
Budget Analyst Approval	nkephart	11/18/2021 16:03:41 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: **25205**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ARCHITECTS PLUS, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>ARCHITECTS PLUS, LLC</b>
Appropriation Unit: <b>1591-38</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? **2022-2025**

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 #: 114549

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: **06/30/2025**

Contract term: **3 years and 211 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 Division of Forestry Northern Region 2 Headquarters Heavy Equipment Repair Shop Renovation CIP project, to include design development, construction administration, geotechnical investigation and report, property legal description work, furniture, fixtures, and equipment services and analysis of the existing site fire-water system associated with the Heavy Equipment Repair Shop Renovations: CIP Project No. 21-C01, SPWD Contract No. 114549.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$327,475.00**

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:

Runkle, Jack, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/09/2021 10:29:31 AM
Division Approval	nmann	11/09/2021 10:29:33 AM
Department Approval	nmann	11/09/2021 10:29:36 AM
Contract Manager Approval	lwildes	11/09/2021 10:46:41 AM
Budget Analyst Approval	jrodrig9	11/14/2021 22:30:04 PM
BOE Agenda Approval	jrodrig9	11/14/2021 22:30:08 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25142**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>J-U-B ENGINEERING, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>J-U-B ENGINEERING, INC.</b>
Appropriation Unit: <b>1591-39</b>	Address: <b>9160 DOUBLE DIAMOND PARKWAY</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89521</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-852-1440</b>
	Vendor No.: <b>T32010158</b>
	NV Business ID: <b>NV19741000794</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>27.00 %</b>
Highway Funds	0.00 %	<b>X</b> Other funding	<b>73.00 % Agency funds</b>

Agency Reference #: 114263

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: **06/30/2025**

Contract term: **3 years and 211 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 Cave Creek Dam Rehabilitation CIP project, to include low level outlet, excavation, and embankment design, peer review, construction documents, bid documents and support, construction administration services and an emergency action plan update for the dam improvement: CIP Project No. 21-C04; SPWD Contract No. 114263.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$807,931.00**

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/03/2021 10:42:00 AM
Division Approval	nmann	11/03/2021 10:42:02 AM
Department Approval	nmann	11/03/2021 10:42:04 AM
Contract Manager Approval	lwildes	11/03/2021 12:05:06 PM
Budget Analyst Approval	jrodrig9	11/15/2021 02:51:32 AM
BOE Agenda Approval	jrodrig9	11/15/2021 02:51:36 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **25139**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>FEA CONSULTING ENGINEERS</b>
Agency Code: <b>082</b>	Contractor Name: <b>FEA CONSULTING ENGINEERS</b>
Appropriation Unit: <b>1592-37</b>	Address: <b>2821 W HORIZON RIDGE PKWY #200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HENDERSON, NV 89052-4429</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-269-6060</b>
	Vendor No.: <b>T81086339</b>
	NV Business ID: <b>NV20001327516</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 #: 114465

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: **06/30/2025**

Contract term: **3 years and 211 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 State Museum - Las Vegas Central Plant Replacement CIP project, to include mechanical, plumbing, electrical and structural design for the new rooftop cooling towers: CIP Project No. 21-M59; SPWD Contract No. 114465.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$106,000.00**

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:

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/02/2021 16:28:12 PM
Division Approval	nmann	11/02/2021 16:28:15 PM
Department Approval	nmann	11/02/2021 16:28:17 PM
Contract Manager Approval	lwildes	11/03/2021 08:12:02 AM
Budget Analyst Approval	jrodrig9	11/15/2021 02:41:30 AM
BOE Agenda Approval	jrodrig9	11/15/2021 02:41:32 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: **25194**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	CARPENTER SELLERS DEL GATTO
Agency Code:	<b>082</b>	Contractor Name:	<b>CARPENTER SELLERS DEL GATTO</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 3161, expenditure category 95, deferred maintenance.		Contact/Phone:	702-251-8896

Vendor No.: T80997582  
 NV Business ID: NV19871041301

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 funded CIP</b>

Agency Reference #: 114550

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: **06/30/2023**

Contract term: **1 year and 210 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 (SNAMHS) Stein Hospital - Buildings 1,2,3A and 6 Window and Floor Replacements Agency CIP project, to include schematic design, construction and bid documents and construction administration and cost estimating services sufficient to complete window and floor replacements and building stucco upgrades: CIP Project No. 22-A008; SPWD Contract No. 114550.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$124,100.00**

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:

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/08/2021 14:28:11 PM
Division Approval	nmann	11/08/2021 14:28:14 PM
Department Approval	nmann	11/08/2021 14:28:17 PM
Contract Manager Approval	lwildes	11/09/2021 07:41:15 AM
Budget Analyst Approval	jrodrig9	11/14/2021 23:46:45 PM
BOE Agenda Approval	jrodrig9	11/14/2021 23:46:47 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: **25145**

Agency Name: **DTCA - DIVISION OF TOURISM**  
Agency Code: **101**  
Appropriation Unit: **1522-31**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **NOBLE STUDIOS, INC.**  
Contractor Name: **NOBLE STUDIOS, INC.**  
Address: **50 W LIBERTY ST STE 800**  
City/State/Zip: **RENO, NV 89501-1948**  
Contact/Phone: **JARROD LOPICCOLO 775/883-6000**  
Vendor No.: **T29013206**  
NV Business ID: **NV20051380698**

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 % LODGING TAX</b>

Agency Reference #: **RFP #10TCA-S1687 am**

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: **06/30/2024**

Contract term: **2 years and 211 days**

4. Type of contract: **Contract**

Contract description: **Digital Agency Rec**

5. Purpose of contract:

**This is a new contract to provide digital agency of record services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Division of Tourism is tasked to provide and promote tourism to the state of 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 required resources or time to complete the tasks that this contract will 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):

**AMPLIFY RELATIONS  
BLUE LINE MEDIA, LLC  
NOBLE STUDIOS  
THE DATA CENTER, LLC**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #10TCA-S1687, and accordance with NRS 333, the selected vendor was the only vendor to submit a proposal.

d. Last bid date: 08/31/2021 Anticipated re-bid date: 01/15/2026

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 Tourism and Cultural Affairs, Division of Tourism, July 1, 2018 - present. They have been deemed as satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amathies	10/19/2021 14:00:15 PM
Division Approval	amathies	10/19/2021 14:00:17 PM
Department Approval	amathies	10/19/2021 14:00:20 PM
Contract Manager Approval	amathies	10/19/2021 14:00:22 PM
Budget Analyst Approval	jcoope8	11/15/2021 14:51:06 PM
BOE Agenda Approval	hfield	11/18/2021 15:01:13 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **25134**

Agency Name: <b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name: County of Clark
Agency Code: <b>240</b>	Contractor Name: <b>County of Clark</b>
Appropriation Unit: <b>2561-00</b>	Address: <b>Clark County Social Service 1600 Pinto Lane</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89106</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>MZM@CLARKCOUNTYNV.GOV 702/455-0128</b>
	Vendor No.: <b>T81026920</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 Other funding</b>	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/21/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **Yes**

If "Yes", please explain

**The Department of Veterans Services (NDVS) respectfully requests this Interlocal Agreement be made retroactive to July 21, 2021 to allow for the collection of revenue. Due to a longer than anticipated time to obtain signatures and Clark County Commission approval, the November agency deadline was the earliest the interlocal could be submitted. Approval of this request will allow NDVS to collect the revenue for the services provided from July 21, 2021 through the approval date.**

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

Contract term: **1 year and 344 days**

4. Type of contract: **Other (include description): Revenue Interlocal Agreement**

Contract description: **Indigent Care**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide skilled and intermediate levels of care including nursing, physician and related services for medically indigent persons identified by the Clark County Department of Social Services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$700,000.00**

Other basis for payment: \$2.00 per day over the Medicaid rates for each of the CCDSS residents at all levels of care with total contract or installments payable: monthly, not to exceed \$350,000 a year.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Clark County does not have the resources available to provide this skilled care and the Nevada State Veterans Home has the resources to provide the needed care to the identified population.

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

Not applicable - Revenue Interlocal Agreement

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Revenue Interlocal Agreement

d. Last bid date: 03/24/2021 Anticipated re-bid date: 03/03/2025

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

NDVS has worked with this vendor and is satisfied with the vendor's performance.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	10/20/2021 07:51:14 AM
Division Approval	jtheil1	10/20/2021 07:51:16 AM
Department Approval	jtheil1	10/20/2021 07:51:21 AM
Contract Manager Approval	cbenham	10/20/2021 07:54:10 AM
Budget Analyst Approval	afrantz	11/09/2021 14:27:40 PM
BOE Agenda Approval	afrantz	11/09/2021 14:27:44 PM
BOE Final Approval	Pending	

STEVE SISOLAK  
Governor



STATE OF NEVADA

**NEVADA DEPARTMENT OF VETERANS SERVICES**

6630 South McCarran Blvd, Building C, Suite 204

Reno, Nevada 89509

(775) 688-1653 • Fax (775) 688-1656

October 18, 2021

**To:** Aaron Frantz  
Governor's Finance Office

**From:** Joseph Theile, Deputy CFO  
Nevada Department of Veterans Services

**Subject:** Request for Retroactive Approval – Clark County Department of Social Service (CETS 25134)

---

The Department of Veterans Services (NDVS) respectfully requests this Interlocal Agreement be made retroactive to July 21, 2021, to allow for the collection of revenue. Due to a longer than anticipated time to obtain signatures and Clark County Commission approval, the November agency deadline was the earliest the interlocal could be submitted. Approval of this request will allow NDVS to collect the revenue for the services provided from July 21, 2021, through the approval date.

Thank you for your time and courtesy with this request and should you have any questions or comments, please do not hesitate to let me know.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25087**

Agency Name: <b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name: Perennial Land Care
Agency Code: <b>240</b>	Contractor Name: <b>Perennial Land Care</b>
Appropriation Unit: <b>2561-07</b>	Address: <b>3682 Highland Dr.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89103-5722</b>
If "No" please explain: Not Applicable	Contact/Phone: Don Teal 702-743-3384
	Vendor No.: T27019281
	NV Business ID: NV20021371533
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 %
<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>
Agency Reference #: RFP# 24VS-S1701 HM	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **Yes**

If "Yes", please explain

**The RFP process took longer than anticipated as there were some technical issues with the vendors and accessing the RFP information, as well as, a longer than anticipated pricing negotiation which pushed the contract past the October BOE deadline. In the future we will start the RFP process earlier to factor in delays and unseen problems.**

3. Termination Date: **11/01/2025**

Contract term: **4 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Landscaping Services**

5. Purpose of contract:

**This is a new contract to provide ongoing landscaping services at the southern Nevada home.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$190,000.00**

Payment for services will be made at the rate of \$3,650.00 per month

Other basis for payment: on submission of approved invoices, including for repairs or one time fees as stated in the contract

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Landscaping services are needed to be in compliance with state and federal agencies and governing boards

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

The agency and state do not have the employees nor the expertise to provide the necessary 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):



NLS Ground Management  
Gothic landscape  
Countryside Lawns

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #24VS-S1701, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/25/2021 Anticipated re-bid date: 08/02/2025

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 is the current vendor and services are satisfactory

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	10/12/2021 15:56:37 PM
Division Approval	jtheil1	10/12/2021 15:56:40 PM
Department Approval	jtheil1	10/12/2021 15:56:45 PM
Contract Manager Approval	cbenham	10/20/2021 11:47:39 AM
Budget Analyst Approval	afrantz	11/09/2021 15:05:56 PM
BOE Agenda Approval	afrantz	11/09/2021 15:05:59 PM
BOE Final Approval	Pending	

STEVE SISOLAK  
Governor



STATE OF NEVADA

**NEVADA DEPARTMENT OF VETERANS SERVICES**

6630 South McCarran Blvd, Building C, Suite 204

Reno, Nevada 89509

(775) 688-1653 • Fax (775) 688-1656

**MEMORANDUM**

**TO:** Aaron Frantz, Executive Branch Budget Officer

**FROM:** Christopher Benham, Management Analyst II

**DATE:** October 12, 2021

**SUBJECT:** Request for Retroactive Approval –Perennial Land Care  
CETS: 25087

---

NDVS respectfully requests this contract be made retroactive to November 1, 2021, as it was necessary to continue this service without interruption as proper upkeep of the grounds is critical to the daily operation of the Southern Nevada State Veterans Home. It is also required for the home to stay in compliance with state and federal licensing requirements. The RFP process took longer than anticipated as there were some technical issues with the vendors and accessing the RFP information as well as a longer than anticipated pricing negotiation which pushed us past the October BOE deadline.

Thank you for your time and consideration with this request. Should you have any questions please do not hesitate to let me know.



Chris Benham  
Management Analyst II  
Nevada Department of  
Veterans Services  
work: (775)825-9758  
[benhamc@veterans.nv.gov](mailto:benhamc@veterans.nv.gov)  
"Serving Nevada's Heroes"  
[Connect on Social Media](#)

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **19139** Amendment Number: **4**  
 Agency Name: **NDE - DEPARTMENT OF EDUCATION** Legal Entity Name: **eMetric, LLC**  
 Agency Code: **300** Contractor Name: **eMetric, LLC**  
 Appropriation Unit: **All Budget Accounts - Category 45** Address: **211 N. Loop 1604 E, Suite 170**  
 Is budget authority available?: **Yes** City/State/Zip: **San Antonio, TX 78232**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Dixie Knight 210-496-6500**  
 Vendor No.: **T27000846**  
 NV Business ID: **NV20101526272**

To what State Fiscal Year(s) will the contract be charged? **2018-2023**

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

General Funds	0.00 %	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 **10/01/2017**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2022**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **Framework Support**

5. Purpose of contract:

**This is the fourth amendment to the original contract which provides ongoing maintenance, support and enhancement to the state's Longitudinal Data System called the Student Accountability Information Network. This amendment increases the maximum amount from \$5,055,233 to \$5,630,233 to add the option for users to view information in the system in Spanish.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,853,676.00	\$3,853,676.00	\$3,853,676.00	Yes - Action
a. Amendment 1:	-\$101,296.00	-\$101,296.00	-\$101,296.00	Yes - Action
b. Amendment 2:	\$120,000.00	\$120,000.00	\$120,000.00	Yes - Action
c. Amendment 3:	\$1,182,853.00	\$1,182,853.00	\$1,182,853.00	Yes - Action
2. Amount of current amendment (#4):	\$575,000.00	\$575,000.00	\$575,000.00	Yes - Action
3. New maximum contract amount:	\$5,630,233.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The department needs to comply with the accountability reporting requirements of the Every Student Succeeds Act (ESSA) and Nevada Revised Statute 385.347 and prepare and disseminate information on state, district, and school performance and progress in an understandable and uniform format starting with school year 2018.

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

The department relies on eMetric, LLC support because the work to further develop the Nevada Data Portal as the state accountability reporting website for SAIN requires programming and system automation expertise that the current staff does not have.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

RFP 1987 was conducted in 2012 and this vendor was chosen by the evaluation team as the highest in accomplishing deliverables with the best cost proposal. Contract Extension Justification #175 was approved by State Purchasing on 3/13/2017 to extend the contract with this vendor through 9/30/2021.

d. Last bid date: 06/21/2012 Anticipated re-bid date: 06/21/2021

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Department of Education #13731 - 9/11/2012-9/30/2017 - work has been satisfactory

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

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

Not Applicable

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

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	11/09/2021 15:40:03 PM
Division Approval	hsakelar	11/09/2021 15:40:14 PM

Department Approval	hsakelar	11/09/2021 15:40:20 PM
Contract Manager Approval	hsakelar	11/09/2021 15:40:26 PM
EITS Approval	msmi40	11/10/2021 07:15:19 AM
Budget Analyst Approval	mranki1	11/16/2021 11:28:13 AM
BOE Agenda Approval	dlenzner	11/18/2021 14:37:28 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25200**

Agency Name: **DHHS - HEALTH AND HUMAN SERVICES DIRECTOR'S OFFICE**  
Agency Code: **400**  
Appropriation Unit: **All Appropriations**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **SOLIX, INC.**  
Contractor Name: **SOLIX, INC.**  
Address: **10 Lanidex Plaza West Ste 300**  
City/State/Zip: **Parsippany, NJ 07054**  
Contact/Phone: **Eric D. Seguin 973-581-7676**  
Vendor No.: **T32011740**  
NV Business ID: **NV20051804228**

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 #: **40DHHS-S1568**

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: **11/30/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Cost Allocation**

5. Purpose of contract:

**This is a new contract to provide cost allocation services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,437,003.80**

Other basis for payment: Upon receipt of invoice and approval of services by the State.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**To maximize federal revenues while complying with all federal regulations.**

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

**Staff does not have the level of expertise required.**

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):

**Public Consulting Group  
Interactive Voice Applications  
Fusellogix LLC**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S1568, 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: 07/27/2021 Anticipated re-bid date: 01/12/2025

10. Does the contract contain any IT components? Yes

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

7/1/2020, Public Utilities Commission - 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	chadwic1	11/09/2021 08:51:23 AM
Division Approval	bbarlo1	11/09/2021 09:00:15 AM
Department Approval	bbarlo1	11/09/2021 09:00:19 AM
Contract Manager Approval	chadwic1	11/09/2021 09:00:46 AM
EITS Approval	msmi40	11/09/2021 11:26:57 AM
Budget Analyst Approval	afrantz	11/23/2021 09:33:20 AM
BOE Agenda Approval	afrantz	11/23/2021 09:33:24 AM
BOE Final Approval	Pending	



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

**M E M O R A N D U M**

**TO:** Stacey Johnson, Deputy Director Fiscal Services, DHHS  
Tasha Couste, IT Manager II, DHHS  
Christina Hadwick, Chief Financial Officer, DHHS

**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 - DHHS – 314 – Cost Allocation - 3150

**DATE:** November 23, 2021

We have completed the review for DHHS' Cost Allocation - TIN 314.

The submitted TIN is for an estimated value of \$807,616.80 in the current biennium and \$1,081,770.00 next biennium (100% multi-agency resources.) to replace an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

The Nevada Department of Health and Human Services (DHHS) five divisions': Aging and Disability Services Division (ADSD); Division of Child and Family Services (DCFS), Division of Health Care Financing and Policy (DHCFP); Division of Public and Behavioral Health (DPBH); and Division of Welfare and Supportive Services (DWSS) is procuring a software solution that is used for ensuring the proper allocation of expenditure data to produce quarterly claims for the Public Assistance Cost Allocation Plan (PACAP).



The solution will replace the current software solutions for the five DHHS divisions' Random Moment Time Study (RMTS) and/or Time and Effort Tracking (T&E) systems. The RMTS and T&E software solutions have a significant impact and are critical to the PACAP and the quarterly claims.

The e-SivicCAP and e-SivicMACS solutions shall: ensure a reduction in manual effort and inefficiencies; increase federal and state compliance; ensure data accuracy through improved controls for data editing and validation, transaction balancing, and financial reporting and accounting; increase system flexibility to accommodate multiple program areas, growth, and future mandates; eliminate redundant data entry by streamlining data entry points; reduce data entry errors through data interfaces or imports of source data from the State's financial system, RMTS, and T&E solutions.

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: **25156**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	<b>BOARD OF REGENTS - University of Nevada Reno</b>
Agency Code:	<b>402</b>	Contractor Name:	<b>BOARD OF REGENTS - University of Nevada Reno</b>
Appropriation Unit:	<b>3280-36</b>	Address:	<b>MAIL STOP 0294</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89557-0294</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>MARY BRYANT 775/682-9087</b>
		Vendor No.:	<b>D35000816B</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.

<input checked="" type="checkbox"/>	General Funds	<b>48.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>52.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2023**

Contract term: **2 years and 30 days**

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

Contract description: **UNR SRC JDT Services**

5. Purpose of contract:

**This is a new contract to provide training and employment resource services to eligible participants with intellectual and developmental disabilities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Other basis for payment: As Invoiced per Attachment BB

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Establish obligations, expectations, and relationship between ADSD and provider to ensure quality JDT services are made available to eligible participants in accordance with federal requirements in the Home and Community Based Waiver for individuals with intellectual and developmental disabilities (HCBS Waiver) and Division policies. Provider must represent to ADSD the ability to provide JDT services as defined in HCBS Waiver regulations and meet ADSD certification requirements, DS provider standards of service provision and policy. ADSD must certify all JDT provider agencies through the standardized certification process pursuant to NRS 435, NAC 435, and DS policies and procedures.

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

State employees do not have the expertise to perform these services.

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

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

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

Not Applicable

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

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

Interlocal &#65533; Exempt  
Pursuant to NRS 277.180 one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

BOR NSHE UNR contracts with multiple State of Nevada agencies.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sewart	10/22/2021 14:49:39 PM
Division Approval	amanocha	10/22/2021 16:31:18 PM
Department Approval	dschmid5	10/26/2021 08:35:07 AM
Contract Manager Approval	maceved1	11/01/2021 13:52:05 PM
Budget Analyst Approval	bmacke1	11/10/2021 11:38:54 AM
BOE Agenda Approval	afrantz	11/12/2021 08:29:19 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: **25170**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Aging and Disability Services Division
Agency Code:	<b>403</b>	Contractor Name:	<b>Aging and Disability Services Division</b>
Appropriation Unit:	<b>3158-11</b>	Address:	<b>3416 Goni Rd. Ste. D-132</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Carson City, NV 89706</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Mariana Acevedo, CCM 775-687-4210
		Vendor No.:	
		NV Business ID:	Governmental Entity

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 211 days**

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

Contract description: **Consumer Health**

5. Purpose of contract:

**This is a new interlocal agreement to provide administrative services for consumer health assistance which includes education, outreach and advocacy to Nevada's citizens who seek information regarding health care assistance and/or need assistance in completing the Medicaid and Nevada Check Up application process.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$938,322.00**

Other basis for payment: FY22 - \$234,276; FY23 - \$235,494; FY24 - \$234,276; FY25 - \$234,276

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract allows DHCFP, as the "single State agency" for Medicaid, to pass on federal funds to the Office for Consumer Health Assistance for Medicaid outreach, education, and assistance.

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

State employees are doing this work.

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

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

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

**Not Applicable**

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple contracts with DHCFP to current. Satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Nima Rezaie, ASO III Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmayhall	10/27/2021 10:06:35 AM
Division Approval	ltuttl1	10/27/2021 11:08:54 AM
Department Approval	pburrel1	10/28/2021 15:52:04 PM
Contract Manager Approval	ltuttl1	10/28/2021 16:12:34 PM
Budget Analyst Approval	laaron	11/09/2021 12:04:15 PM
BOE Agenda Approval	laaron	11/09/2021 12:04:17 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25177**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: Public Health Supportive Services, LLC
Agency Code: <b>403</b>	Contractor Name: <b>Public Health Supportive Services, LLC</b>
Appropriation Unit: <b>3158-04</b>	Address: <b>9550 Vikingholm Rd.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89521</b>
If "No" please explain: Not Applicable	Contact/Phone: James Kuzhippala 702/883-5782
	Vendor No.: T32011707
	NV Business ID: NV20212199459

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 #: RFP #40DHHS-S1662 (RV)

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: **12/31/2025**

Contract term: **4 years and 31 days**

4. Type of contract: **Contract**

Contract description: **CCBHC**

5. Purpose of contract:

**This is a new contract to provide a data collection system for Certified Community Behavioral Healthcare Centers.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$691,680.00**

Other basis for payment: \$172,920.00 per fiscal year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Certified Community Behavioral Healthcare Centers (CCBHCs) are required to collect specific data and meet certain quality measures in order to receive incentive/bonus payments (Quality Incentive Payments). This data needs to be calculated in order for this to happen.

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

This is a specialized skill set current staff are unable to do based on current staffing levels.

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):

Quality Healthcare Asset Management, LLC  
CertiSurv, LLC  
Public Health Supportive Services, LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 40DHHS-S1662 and in accordance with NRS 333, this was the only vendor to submit a proposal. This vendors proposal was determined to meet the needs of the agency.

d. Last bid date: 07/26/2021 Anticipated re-bid date: 06/01/2025

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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:

Lori Follett, Social Services Program Spec 3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmayhall	11/03/2021 07:54:57 AM
Division Approval	ltuttl1	11/03/2021 08:05:41 AM
Department Approval	pburrel1	11/04/2021 08:26:05 AM
Contract Manager Approval	ltuttl1	11/04/2021 08:27:40 AM
EITS Approval	msmi40	11/12/2021 13:20:31 PM
Budget Analyst Approval	laaron	11/15/2021 13:24:39 PM
BOE Agenda Approval	laaron	11/15/2021 13:24:42 PM
BOE Final Approval	Pending	

Steve Sisolak  
Governor



Laura E. Freed  
Director  
Colleen Murphy  
Deputy Director  
Alan Cunningham  
State Chief Information Officer

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

MEMORANDUM

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

**CC:** Alan Cunningham, State CIO, EITS, DOA  
Tim Galluzi, Administrator, EITS, DOA

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

**SUBJECT:** TIN Completion Memo – DHCFP – 238 – CCBHC QIP – BA3158 update-a

**DATE:** March 17, 2021

We have completed the review of DHCFP's – *CCBHC QIP* – TIN238 update-a.

This update adds an additional 2 years for a total estimated cost of \$691,680 for all four years. No scope changes have been made (only cost and term).

The submitted TIN, for an estimated cost of \$345,840 next biennium and \$345,840 in the following biennium (50% Federal Grant funded and 50% General Fund) to provide Nevada's Certified Community Behavioral Healthcare Centers (CCBHCs) with a HIPPA-compliant, self-service and robust user-friendly data collection system that features a 'help' component to easily navigate daily tasks. The system will notify staff of needed tasks and timelines based upon set criterion of information and matched with policy data. All rules will be mapped to policies of the CCBHC State and Federal policy requirements. This system will report all needed 21 CCBHC quality measures defined by the Substance Abuse and Mental Health Services Administration (SAMHSA).

As clarified in follow-up communications with DHCFP, this solution doesn't include new telecommunications equipment or solutions separate from the vendor's existing vendor to agency communication mechanism.

Please coordinate with EITS for any needed integration with state network or security infrastructure.

The Office of Information Security (OIS) is available, upon the agency's request, to conduct a security review of any solution. If there are any questions regarding support from OIS please reach out to the office directly.

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

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

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>19849</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Central Lyon County Fire Protection District</b>
Agency Code: <b>403</b>	Contractor Name: <b>Central Lyon County Fire Protection District</b>
Appropriation Unit: <b>3243-24</b>	Address: <b>246 Dayton Valley Road Suite 106</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Dayton, NV 89403</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Rich Harvey, Fire Chief 775-246-6209</b>
	Vendor No.: <b>T80993305</b>
	NV Business ID: <b>Governmental Agency</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 %

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 **06/30/2022**

Termination Date:

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 emergency ambulance services to Medicaid recipients. This amendment increases the maximum amount from \$1,519,885 to \$4,519,885 due to the hiring of additional first responders and increased departmental hours and updates the Budget Proposal.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,519,885.00	\$1,519,885.00	\$1,519,885.00	Yes - Action
2. Amount of current amendment (#1):	\$3,000,000.00	\$3,000,000.00	\$3,000,000.00	Yes - Action
3. New maximum contract amount:	\$4,519,885.00			

#### 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	cluevan1	10/19/2021 08:46:13 AM
Division Approval	dmartin3	10/19/2021 09:26:23 AM
Department Approval	pburrel1	10/27/2021 09:14:37 AM
Contract Manager Approval	dmartin3	10/27/2021 09:34:47 AM
Budget Analyst Approval	laaron	11/12/2021 11:14:32 AM
BOE Agenda Approval	laaron	11/12/2021 11:14:34 AM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: <b>20340</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>City of Henderson OBO Henderson Fire Department</b>
Agency Code: <b>403</b>	Contractor Name: <b>City of Henderson OBO Henderson Fire Department</b>
Appropriation Unit: <b>3243-24</b>	Address: <b>250 Water Street, MSC 1012</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>Shawn White, Fire Chief 702-267-2222</b>
	Vendor No.: <b>T41033300</b>
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2022**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2017**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2022**

Termination Date:

Contract term: **5 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 emergency ambulance services to Medicaid recipients. This amendment increases the maximum amount from \$15,961,309 to \$35,961,309 due to higher-than-expected cost settlements.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$15,961,309.00	\$15,961,309.00	\$15,961,309.00	Yes - Action
2. Amount of current amendment (#1):	\$20,000,000.00	\$20,000,000.00	\$20,000,000.00	Yes - Action
3. New maximum contract amount:	\$35,961,309.00			

**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 2017 - Satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmayhall	11/04/2021 08:03:38 AM
Division Approval	dmartin3	11/04/2021 08:08:47 AM
Department Approval	pburrel1	11/04/2021 17:21:38 PM
Contract Manager Approval	dmartin3	11/05/2021 08:06:00 AM
Budget Analyst Approval	laaron	11/09/2021 08:39:57 AM
BOE Agenda Approval	laaron	11/09/2021 08:40:00 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24842**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>East Fork Fire Protection District</b>
Agency Code: <b>403</b>	Contractor Name: <b>East Fork Fire Protection District</b>
Appropriation Unit: <b>3243-24</b>	Address: <b>1694 Country Road</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Minden , NV 89423</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kathy Lewis 775-782-9991</b>
	Vendor No.: <b>T27040913</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 emergency ambulance services to Medicaid recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,685,225.00**

Other basis for payment: FY23 - \$1,225,000; FY24 - \$1,347,500; FY25 - \$1,482,250; FY26 - \$1,630,475

#### 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	10/27/2021 10:20:11 AM
Division Approval	dmartin3	10/27/2021 11:21:08 AM
Department Approval	pburrel1	10/28/2021 15:53:32 PM
Contract Manager Approval	ltuttl1	10/28/2021 16:19:01 PM
Budget Analyst Approval	laaron	11/08/2021 15:12:06 PM
BOE Agenda Approval	laaron	11/08/2021 15:12:09 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: **19951** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **East Fork Fire Protection District**

Agency Code: **403** Contractor Name: **East Fork Fire Protection District**

Appropriation Unit: **3243-24** Address: **1694 County Road**

Is budget authority available?: **Yes** City/State/Zip: **Minden, NV 89423**

If "No" please explain: **Not Applicable** Contact/Phone: **Kathy Lewis, Director of Finance 775-782-9991**

Vendor No.: **T27040913**

NV Business ID: **Governmental Agency**

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 12/2021

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 emergency ambulance services to Medicaid recipients. This amendment increases the maximum amount from \$3,503,158 to \$4,503,158 due to higher-than-expected cost settlements.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,503,158.00	\$3,503,158.00	\$3,503,158.00	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:	\$4,503,158.00			

#### 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	cluevan1	10/27/2021 10:19:56 AM
Division Approval	dmartin3	10/27/2021 11:20:54 AM
Department Approval	pburrel1	10/28/2021 15:52:55 PM
Contract Manager Approval	ltuttl1	10/28/2021 16:20:28 PM
Budget Analyst Approval	laaron	11/08/2021 15:48:00 PM
BOE Agenda Approval	laaron	11/08/2021 15:48:03 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: **24855**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	North Lake Tahoe Fire Protection District
Agency Code:	<b>403</b>	Contractor Name:	<b>North Lake Tahoe Fire Protection District</b>
Appropriation Unit:	<b>3243-24</b>	Address:	<b>866 Oriole Way</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Incline Village, NV 89451</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Ryan Sommers, Fire Chief 775-833-8101
		Vendor No.:	T80245540
		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 11/2021

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 emergency ambulance services to Medicaid recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,972,425.00**

#### 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	rmayhall	10/19/2021 10:01:02 AM
Division Approval	dmartin3	10/19/2021 10:14:23 AM
Department Approval	pburrel1	10/20/2021 11:51:07 AM
Contract Manager Approval	dmartin3	10/20/2021 15:02:16 PM
Budget Analyst Approval	myoun3	11/01/2021 08:48:31 AM
BOE Agenda Approval	myoun3	11/01/2021 08:48:34 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: **24856**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	North Lyon County Fire Protection District
Agency Code:	<b>403</b>	Contractor Name:	<b>North Lyon County Fire Protection District</b>
Appropriation Unit:	<b>3243-24</b>	Address:	<b>195 E. Main Street</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Fernley, NV 89408</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Jason Nicholl 775-575-3310
		Vendor No.:	T29011435
		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 11/2021

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 emergency ambulance services to Medicaid recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,552,550.00**

Other basis for payment: FY23 - \$550,000; FY24 - \$605,000; FY25 - \$665,500; FY26 - \$732,050

#### 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 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	cluevan1	10/26/2021 09:18:13 AM
Division Approval	dmartin3	10/26/2021 09:29:48 AM
Department Approval	pburrel1	10/27/2021 09:15:18 AM
Contract Manager Approval	dmartin3	10/27/2021 09:35:07 AM
Budget Analyst Approval	laaron	11/08/2021 15:39:02 PM
BOE Agenda Approval	laaron	11/08/2021 15:39:04 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: **24857**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Pyramid Lake Paiute Tribe OBO Pyramid Lake Fire Rescue/ EMS
Agency Code:	<b>403</b>	Contractor Name:	<b>Pyramid Lake Paiute Tribe OBO Pyramid Lake Fire Rescue/ EMS</b>
Appropriation Unit:	<b>3243-24</b>	Address:	<b>208 Capitol Hill, P.O. Box 256</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Nixon, NV 89424</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Don Pelt, Fire Chief 775-574-1000
		Vendor No.:	T10116900
		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 11/2021

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 emergency ambulance services to Medicaid recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$974,610.00**

Other basis for payment: FY23 - \$210,000; FY24 - \$231,000; FY25 - \$254,100; FY26 - \$279,510

#### 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 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	11/03/2021 08:13:41 AM
Division Approval	dmartin3	11/03/2021 08:25:09 AM
Department Approval	pburrel1	11/04/2021 17:22:00 PM
Contract Manager Approval	dmartin3	11/05/2021 08:06:51 AM
Budget Analyst Approval	laaron	11/08/2021 15:29:02 PM
BOE Agenda Approval	laaron	11/08/2021 15:29:04 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: <b>21105</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Storey County Fire Protection District</b>
Agency Code: <b>403</b>	Contractor Name: <b>Storey County Fire Protection District</b>
Appropriation Unit: <b>3243-24</b>	Address: <b>145 N. C Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Virginia City, NV 89440</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jeremy Loncar, Fire Chief 775-847-0954</b>
	Vendor No.: <b>T80054670</b>
	NV Business ID: <b>Governmental Entity</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 %

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 **06/30/2022**

Termination Date:

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 emergency ambulance services to Medicaid recipients. This amendment increases the maximum amount from \$811,474 to \$2,111,474 due to higher-than-expected cost settlements.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$811,474.00	\$811,474.00	\$811,474.00	Yes - Action
2. Amount of current amendment (#1):	\$1,300,000.00	\$1,300,000.00	\$1,300,000.00	Yes - Action
3. New maximum contract amount:	\$2,111,474.00			

#### 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	11/03/2021 08:07:30 AM
Division Approval	dmartin3	11/03/2021 08:24:42 AM
Department Approval	pburrel1	11/04/2021 17:22:24 PM
Contract Manager Approval	dmartin3	11/05/2021 08:06:39 AM
Budget Analyst Approval	laaron	11/09/2021 11:40:55 AM
BOE Agenda Approval	laaron	11/09/2021 11:40:58 AM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25012**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	NEVADA DEPARTMENT OF EDUCATION
Agency Code:	<b>406</b>	Contractor Name:	<b>NEVADA DEPARTMENT OF EDUCATION</b>
Appropriation Unit:	<b>3170-11</b>	Address:	<b>700 E 5TH ST</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>CARSON CITY, NV 89701</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Christine McGill 775/687-9168
		Vendor No.:	D30000000
		NV Business ID:	Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
<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 #:	C 17878		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2021**  
 Anticipated BOE meeting date 12/2021

Retroactive? **Yes**

If "Yes", please explain

**This Interlocal was delayed by a version control error, differences in policies among agencies, changes in start dates of work and numerous changes to the original documents.**

3. Termination Date: **06/30/2023**  
 Contract term: **1 year and 241 days**

4. Type of contract: **Interlocal Agreement**  
 Contract description: **Health Coordinator**

5. Purpose of contract:  
**This is a new interlocal agreement to provide support to improve the mental health and wellness in the student population.**

6. NEW CONTRACT  
 The maximum amount of the contract for the term of the contract is: **\$134,764.00**  
 Payment for services will be made at the rate of \$6,738.20 per month

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
Improving wellness in the student population is a priority of DHHS and collaboration with the NDOE facilitates this objective.

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

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

a. List the names of vendors that were solicited to submit proposals (include at least three):  
Not Applicable

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

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

Pursuant to NRS 277.180 one or more public agencies my contract with any one or more other public agencies to perform any governmental service, activity or undertaking.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Continued vendor with DPBH, satisfactory services.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	11/09/2021 14:57:20 PM
Division Approval	jborrowm	11/09/2021 15:34:30 PM
Department Approval	Isherych	11/09/2021 15:56:47 PM
Contract Manager Approval	rmille8	11/09/2021 16:00:23 PM
Budget Analyst Approval	afrantz	11/15/2021 13:42:44 PM
BOE Agenda Approval	afrantz	11/15/2021 13:42:49 PM
BOE Final Approval	Pending	

Steve Sisolak  
Governor



Richard Whitley, MS  
Director

**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
*Helping people. It's who we are and what we do.*



Lisa Sherych  
Administrator

Ihsan Azzam,  
Ph.D., M.D.  
Chief Medical Officer

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## MEMORANDUM

DATE: November 9, 2021

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

THROUGH: John Borrowman, Administrative Services Officer IV  
Division of Public and Behavioral Health *JAB* 11/30/2021

FROM: Tracy Palmer, Health Program Manager II, / *Tracy Palmer*  
Division of Public and Behavioral Health- BBHWP

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL – Nevada Department of Education and Division of Health and Human Services – Division of Child and Family Services and Division of Public and Behavioral Health (CETS #25012 Contract #17878)

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

The following information is required:

- Name of Contractor: Nevada Department of Education.
- Services to be provided: provide a School Wellness Program Coordinator that will support existing collaborations between Division of Family and Child Services (DCFS), Division of Public and Behavioral Health (DPBH) and Nevada Department of Education (NDE).
- Funding source and expenditure category: BA 3170 /11; BA 3646/18
- Requested start date of work: November 1, 2021
- Expected execution date of agreement: December 14, 2021
- Detailed explanation as to why a retroactive agreement is necessary, including:
  - Reason(s) why the agreement was not submitted timely:
    - This Interlocal was delayed by NDE and DCFS/DPBH due to increase in staff turnover during COVID Pandemic, and differences in policies among agencies.
  - Describe the impact to the program/services if this work is not started prior to the execution of the agreement:
    - Without the Interlocal, the interagency collaboration efforts to improve school wellness will be hampered and will increase gaps among schools and community support programs.
  - Explain how the program/bureau will prevent future retroactive requests:
    - Better communication among interlocal entities, agencies contract and fiscal key liaison staff will be stressed to ensure Interlocal Agreements are approved in a timely manner as required in division policy.

If you have any questions, please contact Tracy Palmer Health Program Manager II at (775) 430-6074 or t.palmer@health.nv.gov.

cc: Contract Unit  
Division of Public and Behavioral Health

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23951** Amendment Number: **1**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **INDUCTIVEHEALTH INFORMATICS, INC.**

Agency Code: **406** Contractor Name: **INDUCTIVEHEALTH INFORMATICS, INC.**

Appropriation Unit: **3219-13** Address: **3107 CLAIRMONT RD N NE, STE C**

Is budget authority available?: **Yes** City/State/Zip: **ATLANTA, GA 30329**

If "No" please explain: **Not Applicable** Contact/Phone: **MATTHEW DOLLACKER 678-786-9260**

Vendor No.: **T27041370A**

NV Business ID: **NV20171199605**

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

Agency Reference #: **C 17773**

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 **12/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **03/08/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **EpiTrax Management**

5. Purpose of contract:

**This is the first amendment to the original contract which provides a single statewide disease surveillance system to allow local, state and federal agencies to identify, investigate and mitigate communicable diseases, environmental hazards and bioterrorism events. This amendment increases the maximum amount from \$1,529,153.88 to \$2,041,659.88 due to the addition of a multi-factor authentication solution and an increase in migration efforts.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,529,153.88	\$1,529,153.88	\$1,529,153.88	Yes - Action
2. Amount of current amendment (#1):	\$512,506.00	\$512,506.00	\$512,506.00	Yes - Action
3. New maximum contract amount:	\$2,041,659.88			

#### 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? 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 #40DHHS-S1387, and in accordance with NRS 333, the selected vendor was the only vendor that submitted a proposal. An internal review was done by the Division of Public and Behavioral Health.

d. Last bid date: 11/25/2020 Anticipated re-bid date: 12/12/2024

10. Does the contract contain any IT components? Yes

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

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	kdesoci1	10/05/2021 13:48:34 PM
Division Approval	kdesoci1	10/05/2021 13:48:36 PM
Department Approval	lsherych	10/05/2021 15:54:20 PM
Contract Manager Approval	rmille8	11/09/2021 14:06:31 PM
EITS Approval	msmi40	11/10/2021 07:28:34 AM
Budget Analyst Approval	afrantz	11/17/2021 08:21:15 AM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23879** Amendment Number: **1**

Legal Entity Name: Talus Analytics, LLC

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Contractor Name: **Talus Analytics, LLC**

Agency Code: **406** Address: **1855 57th Street, Ste 200**

Appropriation Unit: **3219-12** City/State/Zip: **Boulder, CO 80301**

Is budget authority available?: **Yes** Contact/Phone: **Ellie Graeden 541-207-7318**

If "No" please explain: **Not Applicable** Vendor No.: **T32010088**

NV Business ID: **NV20201893131**

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

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

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

Agency Reference #: **C17759**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/31/2020**

Anticipated BOE meeting date **12/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year**

4. Type of contract: **Contract**

Contract description: **COVID-19 Analytics**

5. Purpose of contract:

**This is the first amendment to the original contract which provides statewide analysis of COVID-19 trends. This amendment increases the maximum amount from \$180,000 to \$308,400 to provide interpretation analysis for communications and assist with refining policy guidance and metrics.**

#### 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):	\$128,400.00	\$128,400.00	\$128,400.00	Yes - Action
3. New maximum contract amount:	\$308,400.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Due to the COVID-19 pandemic, monthly visual reports need to be developed as requested by the Governor's Office combining Nevada's dashboard data, National Trends data and CDC data.

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

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

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

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

Not Applicable

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

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

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

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

- 10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Contractor has worked with DPBH since 2020, satisfactory services.

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

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

Not Applicable

- 15. The contractor is 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 07:59:40 AM
Division Approval	rmille8	10/05/2021 14:20:53 PM
Department Approval	lsherych	10/05/2021 14:27:48 PM
Contract Manager Approval	rmille8	11/15/2021 08:56:01 AM
Budget Analyst Approval	afrantz	11/17/2021 07:31:36 AM
BOE Agenda Approval	afrantz	11/17/2021 07:31:40 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: **24701**

Agency Name: <b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name: <b>MY OFFICE STAFF</b>
Agency Code: <b>407</b>	Contractor Name: <b>MY OFFICE STAFF</b>
Appropriation Unit: <b>3267-20</b>	Address: <b>PO BOX 7689</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89510-7689</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/813-6687</b>
	Vendor No.: <b>T29039317</b>
	NV Business ID: <b>NV20161320565</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>93.20 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>6.80 % State Share</b>

Agency Reference #: 407

2. Contract start date:

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

Anticipated BOE meeting date 09/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/30/2025**

Contract term: **3 years and 364 days**

4. Type of contract: **Contract**

Contract description: **Fiscal Monitoring**

5. Purpose of contract:

**This is a new contract to provide consulting and programmatic and fiscal monitoring services for the Child Care Development Program and the Child Support Enforcement Program and to provide consulting services, review of fiscal processes and procedure development for the State Collections and Disbursement Unit.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$504,292.50**

Other basis for payment: Actual Per Invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Title 2 of the Code of Federal Regulations (CFR) &#65533;200.328 requires the prime awardee/ pass-through entity to be responsible for oversight of the operations of any Federal award supported activities, which includes monitoring subrecipients&#65533; activities under the Federal award to assure compliance with applicable Federal requirements. Additionally, per Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance) to improve the efficiency of business and identify where processes are not working as they should; and to review the adequacy of internal controls and the reliability of subrecipients financial management system.

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

State staff does not possess the expertise required to comply with the federal regulations referenced.

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):

Quality Healthcare Asset Management LLC  
My Office Staff  
CertiSurv, LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S1499, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 04/29/2021 Anticipated re-bid date: 03/01/2025

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:

Vendor contracted with DWSS in 2019 and 2020 and provided satisfactory services.

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

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

Not Applicable

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

Dave Goldstein, Management Analyst III Ph: (775) 684-8756

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bberry	11/01/2021 11:09:03 AM
Division Approval	mchappel	11/03/2021 13:34:36 PM
Department Approval	mchappel	11/03/2021 13:35:08 PM
Contract Manager Approval	mpomerle	11/03/2021 13:36:40 PM
Budget Analyst Approval	afrantz	11/10/2021 07:34:15 AM
BOE Agenda Approval	afrantz	11/10/2021 07:34:17 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: <b>23368</b>	Amendment Number: <b>2</b>
Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>CARASOFT TECHNOLOGY CORP</b>
Agency Code: <b>409</b>	Contractor Name: <b>CARASOFT TECHNOLOGY CORP</b>
Appropriation Unit: <b>3143-11</b>	Address: <b>11493 SUNSET HILLS RD, STE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RESTON, VA 20191</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Autumn Anderson 703/230-7586</b>
	Vendor No.: <b>T27011089</b>
	NV Business ID: <b>NV20151127305</b>

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/11/2020**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 37 days**

4. Type of contract: **Other (include description): MSA Work Order**

Contract description: **UNITY Data Exchange**

5. Purpose of contract:

**This is the second amendment to the original work plan under Master Service Agreement #18855 which provides cloud services to enhance the Unified Nevada Information Technology for Youth system. This amendment extends the termination date from December 31, 2021 to September 17, 2022 and increases the maximum amount from \$208,401.49 to \$293,605.95 due to additional interface enhancements.**

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
a. Amendment 1:	\$28,401.49	\$28,401.49	\$28,401.49	Yes - Info
2. Amount of current amendment (#2):	\$85,204.46	\$85,204.46	\$113,605.95	Yes - Action
3. New maximum contract amount:	\$293,605.95			
and/or the termination date of the original contract has changed to:	09/17/2022			

**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).

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

**No** If "Yes", please provide details of the litigation 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

11/10/2021 14:09:18 PM

Division Approval	knielsen	11/10/2021 14:09:21 PM
Department Approval	rarmstr3	11/10/2021 16:21:08 PM
Contract Manager Approval	sknigge	11/10/2021 16:25:38 PM
EITS Approval	msmi40	11/12/2021 06:59:59 AM
Budget Analyst Approval	bmacke1	11/15/2021 09:56:53 AM
BOE Agenda Approval	afrantz	11/16/2021 14:00:05 PM



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*

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

**M E M O R A N D U M**

**TO:** Ross Armstrong, Administrator, DCFS  
Srinivas Bokka, IT Manager II, DCFS  
Katrina Nielsen, Administrative Service Officer IV, DCFS

**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 - DCFS – 308 – UNITY Data Exchange  
Modernization - Amendment – 02 – 3143

**DATE:** November 3, 2021

We have completed the review for DCFS' - UNITY Data Exchange Modernization - Amendment – 02 - TIN 308.

The submitted TIN is for an estimated value of \$85,204.46 in the current biennium (100% Federal Grant) to enhance and or upgrade an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency and supports CETS Contract #23368, Amendment 2.

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 comply more fully 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.

NV DCFS contracted with CarahSoft to implement MuleSoft Cloud Solution and the contracting services started on September 17, 2020.

***This TIN request is to extend the contracting services thru September 17, 2022.***

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: **24573** Amendment Number: **1**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **SOCIAL CHANGE PARTNERS, LLC**

Agency Code: **409** Contractor Name: **SOCIAL CHANGE PARTNERS, LLC**

Appropriation Unit: **3145-33** Address: **1450 TAYLOR ST STE 5**

Is budget authority available?: **Yes** City/State/Zip: **SAN FRANCISCO, CA 94133-4729**

If "No" please explain: **Not Applicable** Contact/Phone: **REED CONNELL 510-387-7518**

Vendor No.: **T32009142**

NV Business ID: **NV20191600944**

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 **08/01/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

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

4. Type of contract: **Contract**

Contract description: **Foster Care Planning**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing consultation services and aid in the analysis and implementation of federally funded extended foster care. This amendment extends the termination date from June 30, 2022 to June 30, 2023 and increases the maximum amount from \$64,000 to \$190,000 due to the requirements to establish and administer an extended young adult support services program per Senate Bill 397 in the 81st session.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$64,000.00	\$64,000.00	\$64,000.00	Yes - Action
2. Amount of current amendment (#1):	\$126,000.00	\$126,000.00	\$126,000.00	Yes - Action
3. New maximum contract amount:	\$190,000.00			
and/or the termination date of the original contract has changed to:	06/30/2023			

**II. JUSTIFICATION**

7. What conditions require that this work be done?



Senate Bill 397 was passed in the 2021 Legislative Session requiring DCFS to establish and administer an Extended Young Adult Support Services Program to improve outcomes for youth aging out of foster care and report to the Legislature the number of participants and costs for providing extended support services. In addition, the Division of Child and Family Services is required to adopt regulations governing the Program that are in compliance with the Fostering Connections to Success and Increasing Adoptions Act of 2008.

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

State employees do not have the expertise needed to perform the service.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

**Approval #: 201201**

**Approval Date: 12/04/2020**

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

This vendor completed the study that will inform the planning and implementation of the recommendations of the study.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Division used this vendor from 12/18/2019-present and the work was satisfactory.

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	10/30/2021 12:44:46 PM
Division Approval	knielsen	11/06/2021 12:21:42 PM

Department Approval	rarmstr3	11/08/2021 15:07:05 PM
Contract Manager Approval	sknigge	11/08/2021 15:51:18 PM
Budget Analyst Approval	bmacke1	11/10/2021 14:40:47 PM
BOE Agenda Approval	afrantz	11/12/2021 08:11:02 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: <b>18222</b>	Amendment Number: <b>3</b>
Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>COST CONTAINMENT STRATEGIES INC.</b>
Agency Code: <b>409</b>	Contractor Name: <b>COST CONTAINMENT STRATEGIES INC.</b>
Appropriation Unit: <b>4895-04</b>	Address: <b>INC PO BOX 94525</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89193-4525</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Barry Siskind 702/433-3145</b>
	Vendor No.: <b>T80984462A</b>
	NV Business ID: <b>NV19921037032</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2022**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2017**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **12/31/2021**

Termination Date:

Contract term: **5 years and 180 days**

4. Type of contract: **Contract**

Contract description: **Review Medical Claim**

5. Purpose of contract:

**This is the third amendment to the original contract which provides ongoing medical billing review, claims administration and software programming. This amendment extends the termination date from December 31, 2021 to June 30, 2022 and increases the maximum amount from \$7,605,681.60 to \$8,436,049.27 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:	\$5,993,317.20	\$5,993,317.20	\$5,993,317.20	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$1,612,364.40	\$1,612,364.40	\$1,612,364.40	Yes - Action
2. Amount of current amendment (#3):	\$830,367.67	\$830,367.67	\$830,367.67	Yes - Action
3. New maximum contract amount:	\$8,436,049.27			
and/or the termination date of the original contract has changed to:	06/30/2022			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Victims of Crime Program is authorized by NRS 217.010 to provide assistance with medical expenses to individuals who are victims of violent crime within the State of Nevada.

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 expertise or the resources 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 160902**

**Approval Date: 09/19/2016**

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

The proprietary claims management software provided by Cost Containment Strategies (CCSI) was custom built to meet the needs of the Nevada Victims of Crime Program. The system contains features and built in parameters that allow us to ensure compliance with the statutes and policies that govern our program. The specialized software design elements allow us to manage claims process with limited staffing levels. CCSI has partnered with the program to provide direct support for all back room operations. This allows the program to focus on the victim while CCSI handles all systems and vendor issues, performs all data entry, and handles all document processing.

d. Last bid date: 09/01/2016 Anticipated re-bid date: 12/01/2021

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Since 2011 to current date, Cost Containment has worked with VOC satisfactorily.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	11/05/2021 08:14:26 AM
Division Approval	knielsen	11/05/2021 08:14:29 AM
Department Approval	rarmstr3	11/08/2021 16:22:02 PM
Contract Manager Approval	sknigge	11/09/2021 11:46:04 AM
EITS Approval	msmi40	11/16/2021 07:03:56 AM
Budget Analyst Approval	bmacke1	11/18/2021 16:38:46 PM
BOE Agenda Approval	dlenzner	11/18/2021 19:12:53 PM



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

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

<i>Purchasing Use Only:</i>	
Approval #:	358 @

**CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM**

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

<b>1</b>	<b>Agency Contact Information – Note:</b> Approved copy will be sent to only the contact(s) listed below:		
	State Agency Name:	DCFS	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Sharon Knigge</i>	<i>775-684-7952</i>	<i>sharon.knigge@dcfs.nv.gov</i>
	<i>Katrina Nielsen</i>	<i>775-684-4414</i>	<i>knielsen@dcfs.nv.gov</i>

<b>2</b>	<b>Contractor Information:</b>	
	Contractor:	<i>Cost Containment Strategies, Inc.</i>
	Contact Name:	<i>Barry Siskind</i>
	Complete Address:	<i>PO Box 94525, Las Vegas, NV 89193-4525</i>
	Phone Number:	<i>702-433-3145</i>
	Email Address:	<i>bsiskind@ccsinv.com</i>

<b>3.a</b>	<b>List <u>all previous</u> Contract Information:</b>			
	Solicitation Type, if applicable:	<i>Unknown (predates CETS)</i>	#:	
	CETS #:	<i>#CONV5189</i>		
	Contract Amount:	<i>\$8,000,000</i>		
	Contract Term:	Start Date:	<i>01/2004</i>	End Date:
<b>3.b</b>	<b>List <u>all previous</u> Contract Information:</b>			
	Solicitation Type, if applicable:	<i>RFP</i>	#:	<i>1682</i>

# 358 @

	CETS #:	#11360			
	Contract Amount:	\$6,000,000			
	Contract Term:	Start Date:	12/2008	End Date:	12/2012
3.c	<b>List <u>all previous</u> Contract Information:</b>				
	Solicitation Type, if applicable:	RFP	#:	1993	
	CETS #:	#13817			
	Contract Amount:	\$5,000,000			
	Contract Term:	Start Date:	01/2013	End Date:	12/2016

<b>Purchasing Use Only:</b>	
Approval #:	358 @

4	<b>Current Contract Information:</b>					
	Solicitation Type, if applicable:	Solicitation Waiver			#:	160902
	CETS #:	#18222				
	Initial Contract Amount:	\$5,993,317.20				
	Contract Term:	Start Date:	1/1/2017	End Date:	12/31/2020	

5	<b>Amendment Information – List <u>all previously</u> approved amendments:</b>			
	Amd #:	Brief Synopsis of What Amendment Accomplished:	Change in Contract Amount	Change in End Date
	1	Changes to the scope of work.	\$0	N/A

6	<b><u>Proposed</u> Amendment Information:</b>			
	Amd #:	Brief Synopsis of What the Requested Amendment will Accomplish	Change in Contract Amount	Change in End Date
	2	Extend the contract term for an additional year.	\$1,612,364.40	12/31/2021

7	<b>What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?</b>			
	DCFS requests extension of this contract to continue services uninterrupted with this vendor while the Division explores Master Service Agreement cloud-based contracts to see if an existing contracted vendor may offer a solution or move forward with conducting a formal RFP through the Purchasing Division.			

#358 @

	<b>What are the potential consequences to the State if the contract extension request is denied?</b>
8	<i>This vendor performs medical claim reviews, claims administration and victims of crime data management. These services are critical to this agency and a lapse in service could potentially jeopardize our ability to compensate victims of crime.</i>

<b>Purchasing Use Only:</b>	
Approval #:	358 @

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct.

\_\_\_\_\_  
Signature of Agency Representative Initiating Request

\_\_\_\_\_  
Print Name of Agency Representative Initiating Request

\_\_\_\_\_  
Date

*Mandi Davis*  
\_\_\_\_\_  
Signature of Agency Head Authorizing Request

*Mandi Davis, Deputy Administrator*  
\_\_\_\_\_  
Print Name of Agency Head Authorizing Request

*10/26/20*  
\_\_\_\_\_  
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

*10/27/2020*  
\_\_\_\_\_  
Date



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25084**

Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: Department of Conservation & Natural Resources
Agency Code: <b>440</b>	Contractor Name: <b>Department of Conservation &amp; Natural Resources</b>
Appropriation Unit: <b>3710-00</b>	Address: <b>Nevada Division of Forestry 2478 Fairview Lane</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89701</b>
If "No" please explain: Not Applicable	Contact/Phone: Eric Antle, Conservation Camp Program Manager 775-684-2505
	Vendor No.: Govt.Entity
	NV Business ID: Governmental Entity

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 % Revenue</b>

Agency Reference #: 440

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 12/2021

Retroactive? **Yes**

If "Yes", please explain

**Due to recent limitations in operations at NDOC, including staff shortages and COVID protocols, this agreement required additional agency review. Additionally, inmate fire labor has been under review, requiring additional consideration, as well.**

3. Termination Date: **09/30/2025**

Contract term: **4 years**

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

Contract description: **Inmate Labor**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide ongoing inmate camp and fire labor.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$277,346.52**

Other basis for payment: \$7,704.07 X 9 camps = \$69,336.63 per year X 4 years = \$277,346.52

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 209.457 requires the State Forester Fire Warden, in cooperation with NDOC to establish and carry out a program of conservation camps in the State. This program allows for the use of minimum security inmates to perform work relating to firefighting, forestry conservation, public safety and other work projects.

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

NRS 209.457 allows for the Forestry Division to use offenders who are in custody of the department and are eligible for assignment to a facility of minimum security.

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

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

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

Not Applicable

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

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

This is an Interlocal Agreement and is maintained per NRS 209457.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

Yes If "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 an ongoing agreement between Nevada Department of Corrections and Department of Conservation and Natural Resources, Division of Forestry.

14. Is the contractor currently involved in litigation with the State 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	cjackson	11/03/2021 17:39:13 PM
Division Approval	amonro1	11/04/2021 15:10:32 PM
Department Approval	amonro1	11/04/2021 15:10:35 PM
Contract Manager Approval	aroma2	11/08/2021 16:46:49 PM
Budget Analyst Approval	pokeefe	11/18/2021 16:51:22 PM
BOE Agenda Approval	jrodrig9	11/18/2021 16:52:44 PM
BOE Final Approval	Pending	

Steve Sisolak  
Governor

Charles Daniels  
Director

Lisa Lucas  
Acting Deputy Director  
Support Services



STATE OF NEVADA  
Department of Corrections

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

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MEMORANDUM

TO: Philene O'Keefe, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Adrienne Monroe, Chief of Fiscal Services  
Department of Corrections

DATE: November 1, 2021

SUBJECT: Retroactive Contract / CETS Contract # 25084 Nevada Division of Forestry

Nevada Department of Corrections (NDOC) respectfully requests approval for the retroactive contract between the NDOC and Nevada Division of Forestry. NDOC is requesting a retroactive effective date of October 1, 2021 as the prior contract for the cooperative agreement for inmate labor to maintain conservation camps and provide fire time assistance ended September 30, 2021. This new contract has been under legal review and negotiation since September 3, 2021, as many facets of this contract required evaluation including the inmate pay and PREA requirements.

Should you have any questions, please contact me at (775) 977-5539 or [adriennemonroe@doc.nv.gov](mailto:adriennemonroe@doc.nv.gov).

Thank you.

Adrienne Monroe, Chief of Fiscal Services  
Nevada Department of Corrections

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25171**

Agency Name: **DEPARTMENT OF CORRECTIONS**  
Agency Code: **440**  
Appropriation Unit: **3727-35**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **PECK, GERALD R DBA ALL**  
Contractor Name: **PECK, GERALD R DBA ALL**  
Address: **CREATURES MOBILE VETERINARY  
3542 ARCADIA DR  
CARSON CITY, NV 89705-6903**  
City/State/Zip: **CARSON CITY, NV 89705-6903**  
Contact/Phone: **Gerald Peck, DVM 775/690-0632**  
Vendor No.: **T29002966**  
NV Business ID: **NV20171707009**

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 #: 440

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: **12/31/2025**

Contract term: **4 years and 31 days**

4. Type of contract: **Contract**

Contract description: **Veterinary Services**

5. Purpose of contract:

**This is a new contract to provide ongoing veterinary services for the wild horses boarded by the state for the Bureau of Land Management.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$350,000.00**

Other basis for payment: FY22: \$38,000/ FY23: \$78,000 / FY24: \$87,000 / FY25: \$98,000 /FY26: \$49,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Prison Industries Ranch boards approximately 1600 wild horses for the Bureau of Land (BLM). The agreement requires that the BLM reimburses Prison Industries for the cost of wild horse veterinary services. The program has seen a significant increase in procedures and health tests required for compliance.

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

The department ranch staff do not have the expertise nor the qualifications to perform professional veterinary services. No other State agency performs 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 44DOC-S1560 and in accordance with NRS 333, this was the only vendor to respond. This RFP was released to all eligible vendors within EPro.

d. Last bid date: 07/31/2021 Anticipated re-bid date: 07/31/2025

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Since 2017 with NDOC. Work performed has been verified as satisfactory.

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

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

Not Applicable

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

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jdoucet	10/27/2021 13:56:48 PM
Division Approval	amonro1	11/01/2021 14:43:15 PM
Department Approval	amonro1	11/01/2021 14:43:18 PM
Contract Manager Approval	aroma2	11/01/2021 16:00:05 PM
Budget Analyst Approval	pokeefe	11/05/2021 15:51:49 PM
BOE Agenda Approval	jrodrig9	11/15/2021 01:03:06 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: <b>19573</b>	Amendment Number: <b>2</b>
Agency Name: <b>COMMISSION ON MINERAL RESOURCE</b>	Legal Entity Name: <b>BRIAN M BREITER</b>
Agency Code: <b>500</b>	Contractor Name: <b>ENVIRONMENTAL PROTECTION SERVICES LLC</b>
Appropriation Unit: <b>4219-39</b>	Address: <b>PO BOX 21025</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89721-1025</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Brian Breiter 775-220-6687</b>
	Vendor No.: <b>T29044194A</b>
	NV Business ID: <b>NV20151733629</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2026**

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 % Mining Claims</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 3504**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/13/2018**

Anticipated BOE meeting date **12/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **02/05/2022**

Contract term: **7 years and 359 days**

4. Type of contract: **Contract**

Contract description: **Abandoned Mine Lands**

5. Purpose of contract:

**This is the second amendment to the original contract which provides the ability to safeguard and close abandoned mine land hazards. This amendment extends the termination date from February 5, 2022 to February 5, 2026 and increases the maximum amount from \$2,400,000 to \$4,800,000 due to updates in the cost schedule and the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,500,000.00	\$1,500,000.00	\$1,500,000.00	Yes - Action
a. Amendment 1:	\$900,000.00	\$900,000.00	\$900,000.00	Yes - Action
2. Amount of current amendment (#2):	\$2,400,000.00	\$2,400,000.00	\$2,400,000.00	Yes - Action
3. New maximum contract amount:	\$4,800,000.00			
and/or the termination date of the original contract has changed to:	02/05/2026			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 513 requires the discovery and securing of dangerous conditions resulting from practices which took place at mines that are no longer operating. This work will ensure the mines remain secure.

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

NDOM employees do not have the time. Employees of other state agencies do not have the knowledge.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP # 3504, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/18/2017 Anticipated re-bid date: 02/05/2026

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

15% percentage for materials

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

**No**

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

**No**

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

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

Not Applicable

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

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

Current Vendor for this Agency, happy with work.

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

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

Not Applicable

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

LLC

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

**No** b. If "No", please explain:

**DBA**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dvisher	11/09/2021 12:12:33 PM
Division Approval	dvisher	11/09/2021 12:12:36 PM

Department Approval	dvisher	11/09/2021 12:12:39 PM
Contract Manager Approval	rghiglie	11/09/2021 12:13:04 PM
Budget Analyst Approval	dspeed1	11/18/2021 09:33:33 AM
BOE Agenda Approval	myoun3	11/19/2021 11:25:42 AM



**CONTRACT LOG SHEET**

<b>Vendor Number:</b>	T27022506A	<b>Fund:</b>	4219	<b>Agency:</b>	500
<b>Vendor Name:</b>	BREITER, BRIAN M DBA	<b>Budget:</b>	39	<b>Job #:</b>	
<b>Address:</b>	ENVIRONMENTAL PROTECTION SVCS PO BOX 21025 CARSON CITY, NV 89721-1025	<b>Start Date:</b>	2/13/2018	<b>End Date:</b>	2/5/2022
<b>Purpose:</b>		<b>CETS #:</b>	8/2/1953		

	Date	Start Date	End Date	Contract Authority
<b>FUNDS AWARDED</b>	2/13/2018	2/13/2018	2/5/2022	\$ 1,500,000.00
	4/1/2020	4/1/2020	2/5/2022	\$ 900,000.00
				\$ -
<b>Total Awarded</b>				\$ 2,400,000.00

Date of Voucher	Voucher Number	Description	Invoice #	Travel Amount	Service Amount	Total Remaining Balance
Beginning Balance						\$ 2,400,000.00
'05/02/2018	PV50000001651320	Arden Mine Closures	4731	\$ -	\$ 260,524.76	\$ 2,139,475.24
'05/04/2018	PV50000001651939	SWPP Binder for Arden Prjct	4734	\$ -	\$ 1,350.00	\$ 2,138,125.24
'05/04/2018	PV50000001652086	Soil stabilizing at Aren	4733	\$ -	\$ 34,100.00	\$ 2,104,025.24
'05/15/2018	PV50000001654478	Arden BLM Backfills	4732	\$ -	\$ 8,800.00	\$ 2,095,225.24
'07/19/2018	PV50000001669709	LY1172 backfill	4817	\$ -	\$ 1,135.00	\$ 2,094,090.24
'08/03/2018	PV50000001673169	Broken Hills Backfills	4893	\$ -	\$ 14,045.08	\$ 2,080,045.16
'09/06/2018	PV50000001679814	Fort Churchill Backfill	4952	\$ -	\$ 42,153.36	\$ 2,037,891.80
'10/30/2018	PV50000001691886	Gold Butte Invoice	5128	\$ -	\$ 18,756.03	\$ 2,019,135.77
'10/31/2018	PV50000001691884	Gold Butte 2nd Invoice	5129	\$ -	\$ 250,593.23	\$ 1,768,542.54
'12/03/2018	PV50000001698381	Broken Hills/Gabbs BLM fencing	4951	\$ -	\$ 17,496.90	\$ 1,751,045.64
'12/03/2018	PV50000001698383	CC-68	5072	\$ -	\$ 1,660.00	\$ 1,749,385.64
'12/03/2018	PV50000001698385	Gabbs USFS	5224	\$ -	\$ 10,481.51	\$ 1,738,904.13
'01/10/2019	PV50000001705897	ST-0019	5323	\$ -	\$ 2,574.45	\$ 1,736,329.68
'01/10/2019	PV50000001705901	THMP Silver Top and oth	5324	\$ -	\$ 21,811.30	\$ 1,714,518.38
'05/02/2019	PV50000001728962	Valley of Fire closures	5566	\$ -	\$ 4,989.09	\$ 1,709,529.29
'05/06/2019	PV50000001728960	Gunmetal closures	5567	\$ -	\$ 25,487.14	\$ 1,684,042.15
'07/01/2019	PV50000001742246	- LY-1172 backfill	5823	\$ -	\$ 1,204.44	\$ 1,682,837.71
'07/01/2019	PV50000001742233	Materials for Birthday Mine, Como, et al	5826	\$ -	\$ 96,220.62	\$ 1,586,617.09
'08/14/2019	PV50000001752926	Birthday Mine	5997	\$ -	\$ 28,135.68	\$ 1,558,481.41
'08/14/2019	PV50000001752879	HAZWOPER	5998	\$ -	\$ 703.50	\$ 1,557,777.91
'08/14/2019	PV50000001752876	WA-0060	5999	\$ -	\$ 785.38	\$ 1,556,992.53
'08/14/2019	PV50000001752928	Como Backfills	6000	\$ -	\$ 16,463.56	\$ 1,540,528.97
'09/06/2019	PV50000001757879	Birthday Mine	6107	\$ -	\$ 6,925.38	\$ 1,533,603.59
11/21/19	PV50000001774604	Tonopah Silvertop Cement	6356	\$ -	\$ 5,895.00	\$ 1,527,708.59
11/21/19	PV50000001775981	Goodsprings Dozer	6354	\$ -	\$ 4,465.00	\$ 1,523,243.59
11/21/19	PV50000001774603	Valley of Fire repairs	6355	\$ -	\$ 12,263.35	\$ 1,510,980.24
'11/22/2019	PV50000001773576	Tonopah helicopter surv	6352	\$ -	\$ 9,650.00	\$ 1,501,330.24
12/20/19	PV50000001778854	Como PUF and start of Gates	6551	\$ -	\$ 27,000.00	\$ 1,474,330.24
12/06/19	PV50000001775980	Ely Fencing	6280	\$ -	\$ 23,412.19	\$ 1,450,918.05
12/06/19	PV50000001775985	WP-0238	6357	\$ -	\$ 5,380.04	\$ 1,445,538.01
04/01/20	PV50000001796734	Lida Fencing 1	7057	\$ -	\$ 9,575.21	\$ 1,435,962.80
04/01/20	PV50000001796736	Lida Fencing 2	7059	\$ -	\$ 6,409.42	\$ 1,429,553.38
04/01/20	PV50000001796738	Lida Fencing 3	7062	\$ -	\$ 27,721.52	\$ 1,401,831.86
06/01/20	PV50000001804922	Lida Fencing 4	7399	\$ -	\$ 17,296.82	\$ 1,384,535.04
06/01/20	PV50000001804924	Quartz Mtn	7415	\$ -	\$ 8,926.03	\$ 1,375,609.01
07/07/20	PV50000001811017	Lida Fencing 5	7413	\$ -	\$ 21,834.37	\$ 1,353,774.64
07/10/20	PV50000001811828	Walker River round 2	7589	\$ -	\$ 289,783.48	\$ 1,063,991.16
07/13/20	PV50000001812131	Semi Local	7666	\$ -	\$ 22,792.83	\$ 1,041,198.33
07/13/20	PV50000001812133	Semi Local	7668	\$ -	\$ 14,264.79	\$ 1,026,933.54
07/16/20	PV50000001812973	Semi Local	7667	\$ -	\$ 6,604.10	\$ 1,020,329.44
08/10/20	PV50000001817265	Treasure Hill Round 1	7705	\$ -	\$ 29,786.20	\$ 990,543.24
08/14/20	PV50000001818044	Misfits Flats	7504	\$ -	\$ 2,455.00	\$ 988,088.24
09/02/20	PV50000001820996	Treasure Hill Round 1	7901	\$ -	\$ 37,443.68	\$ 950,644.56
10/06/20	PV50000001825617	Semi Local 4	8049	\$ -	\$ 13,801.17	\$ 936,843.39
09/15/20	PV50000001822683	Tonopah 38	7971	\$ -	\$ 21,505.00	\$ 915,338.39
12/14/21	PV50000001835833	Forman Engineering	8353	\$ -	\$ 5,900.00	\$ 909,438.39
12/14/21	PV50000001835836	Wonder Mtn Round 1	8352	\$ -	\$ 4,899.68	\$ 904,538.71
01/15/21	PV50000001840696	Wonder Mtn Round 2	8656	\$ -	\$ 13,832.33	\$ 890,706.38
01/15/21	PV50000001840699	Wonder round 3	8502	\$ -	\$ 22,107.24	\$ 868,599.14
03/04/21	PV50000001848144	US-95 round 1	8667	\$ -	\$ 17,771.64	\$ 850,827.50
03/16/21	PV50000001850167	US-95 round 2	8957	\$ -	\$ 13,781.60	\$ 837,045.90
03/19/21	PV50000001850697	US-95 round 3	8958	\$ -	\$ 16,204.83	\$ 820,841.07
03/19/21	PV50000001850697	Arden County Repairs	8959	\$ -	\$ 23,387.57	\$ 797,453.50
03/19/21	PV50000001850698	Arden Repairs County	8960	\$ -	\$ 28,458.24	\$ 768,995.26
05/11/21	PV50000001859352	Tonopah Survey	9140	\$ -	\$ 8,748.00	\$ 760,247.26
05/14/21	PV50000001859350	Northern BCC Repairs	9142	\$ -	\$ 22,314.00	\$ 737,933.26
05/25/21	PV50000001861543	Forman Shaft Engineering	9299	\$ -	\$ 4,000.00	\$ 733,933.26
06/18/21	PV50000001866247	VC AML Supplies	9471	\$ -	\$ 71,077.49	\$ 662,855.77
06/18/21	PV50000001866247	Linka Mine Supplies	9472	\$ -	\$ 24,162.90	\$ 638,692.87
07/12/21	PV50000001871043	Linka Mine work (BLM)	9487	\$ -	\$ 24,530.97	\$ 614,161.90
07/12/21	PV50000001871043	Linka Mine Work	9487	\$ -	\$ 14,218.29	\$ 599,943.61
7/22/2021	PV50000001873412	Gillis AML work	9651	\$ -	\$ 15,164.60	\$ 584,779.01
8/5/2021	PV50000001876672	Gillis AML work, round 2	9668	\$ -	\$ 9,448.90	\$ 575,330.11
10/01/21	PV50000001887119	Gillis AML work, round 3	9838	\$ -	\$ 25,333.96	\$ 549,996.15
10/20/21	PV50000001890948	Aurora, USFS	10003	\$ -	\$ 72,643.86	\$ 477,352.29
		Clark County BCC repairs (Dec 2021)	Estimate	\$ -	\$ 35,000.00	\$ 442,352.29
		Copper Butte (Dec 2021)	Estimate	\$ -	\$ 85,000.00	\$ 357,352.29
		Poinsettia (Nov 2021)	Estimate	\$ -	\$ 29,840.00	\$ 327,512.29
		VC Grand Prix (Partial, Dec-Jan 21/22)	Estimate	\$ -	\$ 175,000.00	\$ 152,512.29
		Trintys Fencing (Jan 2022)	Estimate	\$ -	\$ 38,000.00	\$ 114,512.29
		Western NV fencing (Jan 2022)	Estimate	\$ -	\$ 32,000.00	\$ 82,512.29
		Seven Troughs Fencing (Jan 2022)	Estimate	\$ -	\$ 19,125.00	\$ 63,387.29
				\$ -	\$ -	\$ 63,387.29
<b>REMAINING BALANCE</b>						<b>\$ 63,387.29</b>



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

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

<i>Purchasing Use Only:</i>	
Approval #:	418 @

**CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM**

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

<b>1</b>	<b>Agency Contact Information – Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency Name:	<i>Nevada Division of Minerals</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Mike Visher, Administrator</i>	<i>775-684-7044</i>	<i>mvisher@minerals.nv.gov</i>
	<i>Robert Ghiglieri, Deputy Administrator</i>	<i>775-684-7048</i>	<i>rghiglieri@minerals.nv.gov</i>

<b>2</b>	<b>Contractor Information:</b>	
	Contractor:	<i>Environmental Protection Services LLC</i>
	Contact Name:	<i>Brian Breiter</i>
	Complete Address:	<i>PO BOX 21025 Carson City, NV 89721</i>
	Phone Number:	<i>775-220-6687</i>
	Email Address:	<i>eps@epsnv.com</i>

<b>3</b>	<b>List <u>all previous</u> Contract Information:</b>			
	Solicitation Type, if applicable:	<i>RFP</i>	#:	<i>3504</i>
	CETS #:	<i>#19576 19573</i>		
	Contract Amount:	<i>\$1,500,000.00</i>		
	Contract Term:	Start Date:	<i>2/13/2018</i>	End Date:

<b>Purchasing Use Only:</b>	
Approval #:	48 (C)

<b>Current Contract Information:</b>					
4	Solicitation Type, if applicable:	<i>RFP</i>		#:	3504
	CETS #:	#195763			
	Initial Contract Amount:	\$2,400,000.00			
	Contract Term:	Start Date:	2/13/2018	End Date:	2/5/2022

<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>
	1	<i>Added contract expenditure authority</i>	<i>\$900,000.00</i>	<i>N/A</i>

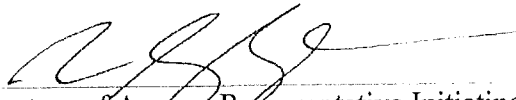
<b><u>Proposed</u> Amendment Information:</b>				
6	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Change in Contract Amount</i>	<i>Change in End Date</i>
	2	<i>Renew Contract for 4 years and updated cost schedule</i>	<i>+\$2,400,000</i>	<i>2/5/2026</i>

7	<b>What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?</b>
	<p><i>The work completed under this contract is extremely unique and there are only a handful of companies nationwide that are capable of completing the tasks in a safe and efficient manner. The RFP solicitation was run by the Purchasing office and it was mutually decided between NDOM and Purchasing to include a 4 year contract with the option to renew for another 4 years due to the unique work and lack of qualified applicants. The following language is in the contract:</i></p> <p style="padding-left: 40px;">The resulting contract(s) will be for an initial contract term of four (4) years, anticipated to begin January, 2018, subject to Board of Examiners (BOE) approval, with an option to renew for four (4) additional years, if agreed upon by both parties and in the best interests of the State.</p> <p><i>The Contract was awarded to Environmental Protection Services (EPS), a Nevada based company that has held the previous three AML contracts with the Division of Minerals. In all previous contract solicitations including the solicitation for this contract, EPS was the clear best choice for the State of Nevada, with little to no competitors reaching the expertise EPS offers. The Division of Minerals is very pleased with the work provided by EPS and would like to continue working with EPS on AML safety for an additional four years.</i></p> <p><i>The updated cost schedule accounts for a 10% increase in the personnel costs which is below the increase in labor rates since the signing of the contract. All equipment costs remained the same and some combining of equipment (vehicles and trailers) will result in a decreased cost to the state. The Division agrees to the updated cost schedule.</i></p>

	<b>What are the potential consequences to the State if the contract extension request is denied?</b>
8	<i>The consequences to the State if the contract extension request is denied could result in a gap in AML inventory and securing contracts resulting in unsafe abandoned mine not being secured in a timely manner.</i>

<b>Purchasing Use Only:</b>	
Approval #:	418 @

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct.



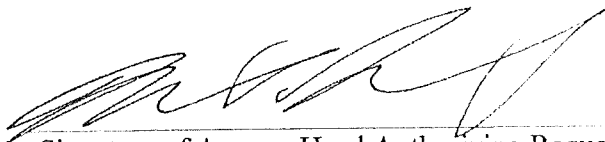
Signature of Agency Representative Initiating Request

Robert Ghiglieri

Print Name of Agency Representative Initiating Request

8/26/2021

Date



Signature of Agency Head Authorizing Request

Mike Visher

Print Name of Agency Head Authorizing Request

8/26/2021

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Signed:



Administrator, Purchasing Division or Designee

9/7/21

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: **25085**

Agency Name: **DEPARTMENT OF AGRICULTURE**  
Agency Code: **550**  
Appropriation Unit: **1362-21**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **GOODMAN FOOD PRODUCTS, INC.**  
Contractor Name: **DON LEE FARMS**  
Address: **200 E BEACH AVE**  
City/State/Zip: **INGLEWOOD, CA 90302-3404**  
Contact/Phone: Donald S. Goodman 310-674-3180  
Vendor No.: T27044233  
NV Business ID: NV20121306427

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

Agency Reference #: RFP# 55AGR-S1663

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: **06/14/2025**

Contract term: **3 years and 195 days**

4. Type of contract: **Contract**

Contract description: **USDA Food Processor**

5. Purpose of contract:

**This is a new contract to provide breakfast and lunch products using USDA commodities as ingredients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,205,353.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

School Districts and other agencies use processed food products in their lunch program which creates this necessity.

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

State agencies and employees do not have the ability to process USDA food. Only USDA approved manufacturers may do so.

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

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

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

Goodman Food Products  
Tyson Prepared Foods  
Jennie-O Turkey

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #55AGR-S1663, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/04/2021 Anticipated re-bid date: 06/14/2025

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This vendor has had a contract with the Department of Agriculture since September of 2021. Their quality of 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?

No b. If "No", please explain:

Sole proprietor

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	tdoucett	10/28/2021 10:17:32 AM
Division Approval	tdoucett	10/28/2021 10:17:36 AM
Department Approval	kdailey	10/28/2021 10:50:45 AM
Contract Manager Approval	melli2	10/28/2021 10:55:28 AM
Budget Analyst Approval	dspeed1	11/16/2021 14:40:42 PM
BOE Agenda Approval	laaron	11/19/2021 11:42:57 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: **25082**

Agency Name: <b>DEPARTMENT OF AGRICULTURE</b>	Legal Entity Name: <b>JENNIE-O TURKEY STORE SALES</b>
Agency Code: <b>550</b>	Contractor Name: <b>JENNIE-O TURKEY STORE SALES</b>
Appropriation Unit: <b>1362-21</b>	Address: <b>LLC</b>
Is budget authority available?: <b>Yes</b>	<b>2505 Willmar Ave SW</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>Willmar, MN 56201</b>
	Contact/Phone: <b>Taylor Parkhurst 6198519623</b>
	Vendor No.: <b>T27012910</b>
	NV Business ID: <b>NV20111148418</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>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP#55AGR-S1663**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2021**Anticipated BOE meeting date **12/2021**Retroactive? **Yes**

If "Yes", please explain

**Existing Jennie O Turkey Store Sales-#18004-#6 amendment terminates November 30, 2021. RFP was not completed in time for the turkey product which missed the November BOE meeting. Request retroactive to December 1, 2021 so that there is no lapse in contract authority for this food which provides breakfast and lunch food products for the National School Lunch and Breakfast programs.**

3. Termination Date: **06/14/2025**Contract term: **3 years and 195 days**4. Type of contract: **Contract**Contract description: **USDA Food Processor**

5. Purpose of contract:

**This is a new contract to provide ongoing breakfast and lunch products using USDA commodities as ingredients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,950,942.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

School Districts and other agencies use processed food products in their lunch program which creates this necessity.

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

State agencies and employees do not have the ability to process USDA food. Only USDA approved manufacturers may do so.

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

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

Jennie-O Turkey  
Tyson Prepared Foods  
Don Lee Farms

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #55AGR-S1663, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/04/2021 Anticipated re-bid date: 08/04/2025

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Department of Agriculture &#65533; 2016-Present .Satisfactory

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

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

Not Applicable

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

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tdoucett	10/28/2021 09:33:32 AM
Division Approval	tdoucett	10/28/2021 09:33:48 AM
Department Approval	kdailey	10/28/2021 10:50:10 AM
Contract Manager Approval	melli2	11/16/2021 14:55:18 PM
Budget Analyst Approval	dspeed1	11/18/2021 08:55:37 AM
BOE Agenda Approval	myoun3	11/19/2021 11:20:58 AM
BOE Final Approval	Pending	



STEVE SISOLAK  
Governor

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



JENNIFER OTT  
Director

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

STATE OF NEVADA  
DEPARTMENT OF AGRICULTURE

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

November 2, 2021

RE: Retroactive Memo-CETS#25082 Jennie-O Turkey Store Sales, LLC

This is a memo to request retroactive approval of the Nevada Department of Agriculture's (NDA) contract with Jennie-O Turkey Store Sales, LLC. This contractor provides processed food utilized in both breakfast and lunch menus for the National School Lunch and Breakfast programs.

NDA had State Purchasing complete a new RFP for group- turkey. NDA planned to complete the RFP and have the contract submitted for the November BOE. At the same time, NDA had to renegotiate terms of these contracts along with the Purchasing Office and Deputy Attorney General's Office, with several of other food processors impacting this RFP. To resolve this matter State Purchasing included two additional groups (beef/chicken) to the RFP which delayed the RFP's launch.

NDA's existing #18004-#6 amendment with Jennie-O Turkey Store Sales, LLC has a termination date of November 30, 2021. The new #25082 contract will be at BOE for the December 14<sup>th</sup> meeting. That leaves two weeks (December 1-December 15<sup>th</sup>) without a turkey food processing contract. NDA is requesting this contract be retroactive back to December 1, 2021.

Sincerely,

Katie  
Jameson

Digitally signed by Katie Jameson  
DN: cn=Katie Jameson, o=Nevada  
Department of Agriculture,  
ou=Administration,  
email=kjameson@agri.nv.gov,  
c=US  
Date: 2021.11.03 08:07:17 -0700

Katie Jameson  
Fiscal Administrator

### CONTRACT SUMMARY

(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>15317</b>	Amendment Number: <b>8</b>
Agency Name: <b>GCB - GAMING CONTROL BOARD</b>	Legal Entity Name: <b>CIBER GLOBAL, LLC</b>
Agency Code: <b>611</b>	Contractor Name: <b>CIBER GLOBAL, LLC</b>
Appropriation Unit: <b>4061-50</b>	Address: <b>3270 WEST BIG BEAVER ROAD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>TROY, MI 48084</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>KEVIN P. JACKIMOWICZ, PMP 863/800-4744</b>
	Vendor No.: <b>T27041852A</b>
	NV Business ID: <b>NV20171421120</b>

To what State Fiscal Year(s) will the contract be charged? **2014-2024**

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

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

Agency Reference #: **RFP #3081**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/11/2014**  
Anticipated BOE meeting date **12/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **03/31/2022**

Contract term: **9 years and 190 days**

4. Type of contract: **Contract**

Contract description: **Application Develop**

5. Purpose of contract:

**This is the eighth amendment to the original contract which provides ongoing assistance in developing custom applications to replace the current Digital Equipment Corp/Virtual Memory System. This amendment extends the termination date from March 31, 2022 to September 15, 2023 and increases the maximum amount from \$15,474,731 to \$20,884,350 due to the continued need for these services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,472,147.00	\$1,472,147.00	\$1,472,147.00	Yes - Action
a. Amendment 1:	\$452,697.00	\$452,697.00	\$452,697.00	Yes - Action
b. Amendment 2:	\$3,375,217.00	\$3,375,217.00	\$3,375,217.00	Yes - Action
c. Amendment 3:	\$739,474.00	\$739,474.00	\$739,474.00	Yes - Action
d. Amendment 4:	\$2,216,498.00	\$2,216,498.00	\$2,216,498.00	Yes - Action
e. Amendment 5:	\$0.00	\$0.00	\$0.00	No
f. Amendment 6:	\$7,218,698.00	\$7,218,698.00	\$7,218,698.00	Yes - Action
g. Amendment 7:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#8):	\$5,409,619.00	\$5,409,619.00	\$5,409,619.00	Yes - Action

3. New maximum contract amount: \$20,884,350.00  
and/or the termination date of the original contract has changed to: 09/15/2023

## II. JUSTIFICATION

7. What conditions require that this work be done?

The Boards existing DEC/VMS COBOL based system is out-dated as it was initially developed in 1982. The Boards system is in need of updating to a SQL Server or similar database platform in order to effectively manage the data and applications used by the Board to carry out its functions.

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

The Board does not have enough staff or resources to undertake a project of this magnitude.

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 #3081, 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: 10/23/2013 Anticipated re-bid date: 10/01/2017

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	klay0	11/08/2021 13:54:28 PM
Division Approval	klay0	11/08/2021 13:54:34 PM
Department Approval	klay0	11/08/2021 13:54:41 PM
Contract Manager Approval	klay0	11/08/2021 13:54:47 PM
EITS Approval	msmi40	11/08/2021 14:29:03 PM
Budget Analyst Approval	myoun3	11/19/2021 09:01:00 AM
BOE Agenda Approval	myoun3	11/19/2021 09:01:06 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25203**

Agency Name: <b>DPS-HIGHWAY PATROL</b>	Legal Entity Name: <b>LAS VEGAS METROPOLITAN POLICE DEPARTMENT</b>
Agency Code: <b>651</b>	Contractor Name: <b>LAS VEGAS METROPOLITAN POLICE DEPARTMENT</b>
Appropriation Unit: <b>4713-06</b>	Address: <b>400 S. Martin Luther King</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89106</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Andrew Locher 7028605928</b>
	Vendor No.: <b>T81038884</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 %
Federal Funds	0.00 %	Bonds	0.00 %
<b>X Highway Funds</b>	<b>76.00 %</b>	<b>X Other funding</b>	<b>24.00 % Forfeitures</b>

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: **08/15/2023**

Contract term: **1 year and 256 days**

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

Contract description: **Firearms Training**

5. Purpose of contract:

**This is a new interlocal agreement to provide use of Las Vegas Metropolitan Police Department's Firearms Training Campus. THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAMS #C54518 and C57472.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$850,000.00**

Other basis for payment: Upon invoice received.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Highway Patrol need a suitable range to satisfy the requirements and conduct training activities.

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

The Nevada Highway Patrol officers will be using Las Vegas Metropolitan Police Department's firearms training campus.

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

Was the solicitation (RFP) done by the 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:

The Contractor is currently under contract with Nevada Highway Patrol. Services provided have been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Roxana Gifford, NHP, Contracts Manager Ph: (775) 684-4467

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jramo3	11/04/2021 15:02:42 PM
Division Approval	twollan1	11/05/2021 10:50:57 AM
Department Approval	mcosenti	11/05/2021 10:56:00 AM
Contract Manager Approval	mcosenti	11/05/2021 10:56:04 AM
Budget Analyst Approval	jrodrig9	11/18/2021 16:34:50 PM
BOE Agenda Approval	jrodrig9	11/18/2021 16:34:53 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: **24748**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>Amplex Corporation</b>
Agency Code: <b>702</b>	Contractor Name: <b>Amplex Corporation</b>
Appropriation Unit: <b>4461-10</b>	Address: <b>1100 Fountain Parkway</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Grand Prairie, TX 75050</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Tammy Wright 214-672-0638</b>
	Vendor No.: <b>T81039194</b>
	NV Business ID: <b>NV20161409760</b>
To what State Fiscal Year(s) will the contract be charged? <b>2022</b>	

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

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

Agency Reference #: 22-10

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: **06/30/2022**Contract term: **210 days**4. Type of contract: **Contract**Contract description: **E-Stamp Service**

5. Purpose of contract:

**This is a new contract to provide fulfillment services for the Federal Electronic Duck Stamp Program by processing and shipping all Migratory Bird Hunting and Conservation stamps.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Payment for services will be made at the rate of \$27.00 per Stamp

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency received a renewal notice from U.S. Fish and Wildlife Service Federal Duck Stamp Office for the Memorandum of Understanding stating that the Nevada Department of Wildlife will continue to participate in the Federal Electronic Duck Stamp Program.

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

Amplex Corporation is the designated vendor responsible for receiving payment from states who participate in the E-Stamp program and for fulfilling the delivery of the physical stamp to the purchaser.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the 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 #: 210802**

**Approval Date: 08/10/2021**

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

This is the only vendor that can provide this service.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 from 2015-2021 - 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:  
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:

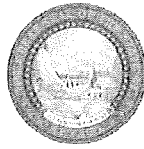
Megan Manfredi, Management Analyst I Ph: 775-688-1881

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mespinoz	08/04/2021 12:31:45 PM
Division Approval	jneubau2	08/04/2021 15:37:07 PM
Department Approval	bvale1	08/11/2021 15:13:45 PM
Contract Manager Approval	jwilkin3	10/28/2021 11:14:46 AM
Budget Analyst Approval	dspeed1	11/09/2021 15:41:46 PM
BOE Agenda Approval	laaron	11/12/2021 09:24:13 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#:	216802 (C)

**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:	Nevada Department of Wildlife		
		Contact Name and Title	Phone Number	Email Address
		Cynthia Prasad, Contract Manager	775-688-1526	cprasad@ndow.org
		Bonnie Long, Deputy Director	775-688-1982	bonnie.long@ndow.org

1b	<b>Vendor Information:</b>	
	Identify Vendor:	Amplex Corporation
	Contact Name:	1100 Fountain Parkway
	Complete Address:	Grand Prairie, Texas 75050
	Telephone Number:	214-672-0638
	Email Address:	Tammy Wright

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:	N/A		
	CETS:	24748		

1e	<b>Term:</b>			
	One (1) Time Purchase:			
	Contract:	Start Date:	Upon Approval	End Date: 9/30/2025

1f	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	Federal E-Duck Stamp and Fees

08/05/21 Red-C

Purchasing Use Only:

Approval #:

210802@

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$864,000.00

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>The vendor is the fulfillment center for the purchase of Duck Stamps. The vendor will provide an electronic version of the duck stamp to the purchaser and will also fulfill the delivery of the actual stamp to the purchaser.</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>This is vendor chosen by the U.S. Fish and Wildlife Services to fulfill the e-Duck stamp orders. States who have elected to participate in the e-Duck stamp program must do so through this vendor.</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>This is vendor chosen by the U.S. Fish and Wildlife Services to fulfill the e-Duck stamp orders. States who have elected to participate in the e-Duck stamp program must do so through this vendor.</i>

5	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <b><u>If yes</u></b> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.				
	b. <b><u>If not</u></b> , why were alternatives not evaluated?				
	<i>This is the only vendor who can provide this service as they are the vendor used by the U.S. Fish and Wildlife Services to handle the fulfillment of the e-Duck stamps.</i>				

Purchasing Use Only:

Approval #:

210802-2

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. If yes, starting with the most recent contract and working backward, for the <b>entire</b> relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:						
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>		
<i>July 1, 2015</i>	<i>August 31, 2021</i>	<i>\$76,000.00</i>	<i>Fulfillment center for the delivery of the Duck Stamp to the purchaser.</i>	<i>N/A</i>			

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<i>The agency would have to opt out of providing the e-Duck stamp if we are not able to contract with this vendor to pass through the funds needed to fulfill orders.</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>None, there are no other vendors who can provide these services.</i>

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

Purchasing Use Only:

Approval #:

210802-2

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

*[Signature]*

Agency Representative Initiating Request

*Cynthia Prasad*

Print Name of Agency Representative Initiating Request

8/5/21

Date

*Bonnie Long*

Signature of Agency Head Authorizing Request

*Bonnie Long*

Print Name of Agency Head Authorizing Request

8/4/21

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:

*Kevin D. Doty*

Administrator, Purchasing Division or Designee

8/10/21

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: **25122**

Agency Name: **DEPARTMENT OF WILDLIFE**  
 Agency Code: **702**  
 Appropriation Unit: **4467-14**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: White Pine County  
 Contractor Name: **White Pine County**  
 Address: **Tri-County Weed Control**  
**133 Fay Avenue**  
 City/State/Zip: **Ely, NV 89301**  
 Contact/Phone: Rope Ashworth 775-289-6341  
 Vendor No.: T80971176H  
 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 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Duck Stamp, Habitat Conservation, Upland Game Bird Stamp</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 22-37

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: **Weed Control**

5. Purpose of contract:

**This is a new interlocal agreement to provide noxious weed control at Steptoe Valley Wildlife Management Area, Wayne E. Kirch Wildlife Management Area, Key Pittman Wildlife Management Area and Lockes Ranch State Property.**

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?

All landowners/managers are mandated by the state to control noxious weeds. There is inadequate manpower on the Eastern Complex to effectively apply herbicides to control all of the noxious weeds present. Because of the narrow time frame inherent for the control of some of the noxious weeds, a coordinated effort by NDOW and Tri-County personnel will provide more effective management of noxious plants.

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

There is not sufficient manpower available in-house to complete this work in a timely and effective manner. Tri-County brings expertise and experience in weed treatment that other state agencies do not.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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:

NDOW in FY21, work was satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Adam Henriod, Area Supervisor II Ph: 775-289-1690

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mespinoz	10/25/2021 12:15:09 PM
Division Approval	jneubau2	10/28/2021 09:20:15 AM
Department Approval	bvale1	11/03/2021 11:25:43 AM
Contract Manager Approval	jwilkin3	11/04/2021 11:50:04 AM
Budget Analyst Approval	dspeed1	11/09/2021 16:37:08 PM
BOE Agenda Approval	laaron	11/10/2021 08:52:41 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>22411</b>	Amendment Number: <b>1</b>
Agency Name: <b>DCNR - DIVISION OF WATER RESOURCES</b>	Legal Entity Name: <b>US DISTRICT COURT WATER MASTER</b>
Agency Code: <b>705</b>	Contractor Name: <b>US DISTRICT COURT WATER MASTER</b>
Appropriation Unit: <b>4108-20</b>	Address: <b>9760 S MCCARRAN BLVD</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>RENO, NV 89523-9203</b>
If "No" please explain: See pending Work Program #C56928	Contact/Phone: <b>775/784-5241</b>
	Vendor No.: <b>T60160268</b>
	NV Business ID: <b>Governmental Entity</b>

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Joint Funding Agreement - Pass through</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2019**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years**

4. Type of contract: **Other (include description): Joint Funding Agreement**

Contract description: **TROA AGREEMENT**

5. Purpose of contract:

**This is the first amendment to the original Joint Funding Agreement to administer pass-through funding for the Truckee River Operation Agreement. This amendment extends the termination date from December 31, 2021 to September 30, 2022 and increases the maximum amount from \$1,200,000 to \$1,770,000 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,200,000.00	\$1,200,000.00	\$1,200,000.00	Yes - Action
2. Amount of current amendment (#1):	\$570,000.00	\$570,000.00	\$570,000.00	Yes - Action
3. New maximum contract amount:	\$1,770,000.00			
and/or the termination date of the original contract has changed to:		09/30/2022		

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This work is being completed as the result of a legal settlement and subsequent executed joint funding agreement.

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

This is a revenue contract, no work is being completed by agency staff.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sweb4	09/16/2021 12:46:44 PM
Division Approval	sweb4	09/16/2021 12:46:48 PM
Department Approval	kwilliam	09/16/2021 12:56:36 PM
Contract Manager Approval	sweb4	10/20/2021 14:56:42 PM
Budget Analyst Approval	rjacob3	10/26/2021 12:26:52 PM
BOE Agenda Approval	tgreenam	10/28/2021 11:02:39 AM



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **25188**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>Lander County</b>
Agency Code: <b>706</b>	Contractor Name: <b>Lander County</b>
Appropriation Unit: <b>4195-00</b>	Address: <b>50 State Route 305</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Battle Mountain, NV 89820</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-635-5595</b>
	Vendor No.: <b>T40262000</b>
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>

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

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

Agency Reference #: **NDF-21-026**

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

**NDF and Lander County have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Lander County meeting agenda prevented NDF from meeting the BOE deadline for the June meeting.**

3. Termination Date: **06/30/2023**Contract term: **1 year and 364 days**4. Type of contract: **Interlocal Agreement**Contract description: **WFPP Lander County**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$177,634.00**

Payment for services will be made at the rate of \$22,204.25 per Quarter

Other basis for payment: Payment in advance quarterly on the first of each quarter, starting July 1 of each fiscal year.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Division of Forestry and Lander County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

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

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

9. Were quotes or proposals solicited?

No

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

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

Not Applicable

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

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

NRS 277.180 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:

Previous WFPP contract ending 6/30/21 C21783

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Ron Bollier, State Fire Program Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dchelin1	11/02/2021 11:39:01 AM
Division Approval	dsorensen	11/05/2021 15:30:40 PM
Department Approval	dchelin1	11/08/2021 08:50:00 AM
Contract Manager Approval	dchelin1	11/08/2021 08:50:03 AM
Budget Analyst Approval	rjacob3	11/08/2021 14:53:00 PM
BOE Agenda Approval	laaron	11/09/2021 15:36:10 PM
BOE Final Approval	Pending	



STATE OF NEVADA  
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
**NEVADA DIVISION OF FORESTRY**  
2478 Fairview Drive  
Carson City, Nevada 89701  
Phone (775) 684-2500 Fax (775) 684-2570

**MEMORANDUM**

DATE: November 2, 2021

TO: Richard Jacobs, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Kacey KC, State Forester

A handwritten signature in blue ink, appearing to read "Kacey", is written over the "FROM" line.

RE: Request for Retroactive start date approval for WFPP Contract with Lander County #25188

This memorandum requests that the above referenced Nevada Division of Forestry (NDF) contract be approved with a retroactive effective date of July 1, 2021. It is of critical importance that the Division implements this revenue contract in order to continue to procure resources that will provide protection of life and property for the citizens of this State.

NDF and Lander County have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021.

Thank you for your consideration of this request. Should you have any questions, or require additional information, please do not hesitate to contact me at 775.684.2501.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>23972</b>	Amendment Number: <b>1</b>	
	Legal Entity Name:	<b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF</b>
Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Contractor Name:	<b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF</b>
Agency Code: <b>902</b>	Address:	<b>GREAT BASIN COLLEGE</b>
Appropriation Unit: <b>1004-21</b>		<b>1500 COLLEGE PKWY</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>SONJA SIBERT 775-753-2181</b>
	Vendor No.:	<b>D35000803</b>
	NV Business ID:	<b>GOVERNMENTAL ENTITY</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2021-2024</b>	

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

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

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: 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 203 days**

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

Contract description: **SANDI GBC**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides assistance to dislocated workers adversely affected by the COVID-19 pandemic. This amendment increases the maximum amount from \$241,666.67 to \$763,314.63 due to the increased need for these services and additional reporting.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$241,666.67	\$241,666.67	\$241,666.67	Yes - Action
2. Amount of current amendment (#1):	\$521,647.96	\$521,647.96	\$521,647.96	Yes - Action
3. New maximum contract amount:	\$763,314.63			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Office of Workforce Innovation (OWINN) does not have the staff or framework (capacity) to do this work within OWINN

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

n/a

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

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

Not Applicable

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

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

Governmental Entity

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	jmarhevk	11/04/2021 12:19:33 PM
Division Approval	jmarhevk	11/04/2021 12:19:36 PM
Department Approval	jmarhevk	11/04/2021 12:19:39 PM
Contract Manager Approval	ghein	11/05/2021 10:41:11 AM
Budget Analyst Approval	vfajota	11/17/2021 12:39:59 PM
BOE Agenda Approval	dlenzner	11/17/2021 12:40:45 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: **23971** Amendment Number: **1**

Legal Entity Name: **BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF**

Agency Name: **DETR - EMPLOYMENT SECURITY** Contractor Name: **BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF**

Agency Code: **902** Address: **WESTERN NEVADA COLLEGE**

Appropriation Unit: **1004-21** **2201 W COLLEGE PKWY**

Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89703-7316**

If "No" please explain: **Not Applicable** Contact/Phone: **J. KYLE DALPE 775-445-4454**

Vendor No.: **D35000822**

NV Business ID: **GOVERNMENTAL ENTITY**

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

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

General Funds	0.00 %	Fees	0.00 %
<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 **03/09/2021**

Anticipated BOE meeting date **12/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 203 days**

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

Contract description: **SANDI WNC**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides assistance to dislocated workers adversely affected by the COVID-19 pandemic. This amendment increases the maximum amount from \$541,666.67 to \$1,041,666.67 due to the increased need for these services and additional reporting.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$541,666.67	\$541,666.67	\$541,666.67	Yes - Action
2. Amount of current amendment (#1):	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
3. New maximum contract amount:	\$1,041,666.67			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Office of Workforce Innovation (OWINN) does not have the staff or framework (capacity) to do this work within OWINN.

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

n/a

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

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

Not Applicable

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

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

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	jmarhevk	10/25/2021 14:21:56 PM
Division Approval	jmarhevk	10/25/2021 14:22:01 PM
Department Approval	jmarhevk	10/25/2021 14:22:04 PM
Contract Manager Approval	ghein	11/05/2021 10:35:45 AM
Budget Analyst Approval	vfajota	11/09/2021 10:30:55 AM
BOE Agenda Approval	dlenzner	11/17/2021 09:53:00 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23973** Amendment Number: **1**

Agency Name: **DETR - EMPLOYMENT SECURITY** Contractor Name: **BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF**

Agency Code: **902** Address: **TRUCKEE MEADOWS COMM COLLEGE**

Appropriation Unit: **1004-21** City/State/Zip: **7000 DANDINI BLVD RENO, NV 89512-3999**

Is budget authority available?: **Yes** Contact/Phone: **DR. KARIN HILGERSOM 775/673-7231**

If "No" please explain: **Not Applicable** Vendor No.: **D35000812**

NV Business ID: **GOVERNMENTAL ENTITY**

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

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

General Funds	0.00 %	Fees	0.00 %
<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 **03/09/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 203 days**

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

Contract description: **SANDI TMCC**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides assistance to dislocated workers adversely affected by the COVID-19 pandemic. This amendment increases the maximum amount from \$241,666.67 to \$741,666.67 due to the increased need for these services and additional reporting.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$241,666.67	\$241,666.67	\$241,666.67	Yes - Action
2. Amount of current amendment (#1):	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
3. New maximum contract amount:	\$741,666.67			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Office of Workforce Innovation does not have the staff or framework (capacity) to do this work within OWINN

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



n/a

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Governmental entity

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	knelso4	11/03/2021 16:49:19 PM
Division Approval	knelso4	11/03/2021 16:49:23 PM
Department Approval	knelso4	11/03/2021 16:54:41 PM
Contract Manager Approval	ghein	11/05/2021 10:42:02 AM
Budget Analyst Approval	vfajota	11/17/2021 12:44:50 PM
BOE Agenda Approval	dlenzner	11/17/2021 13:08:44 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: **23970** Amendment Number: **1**

Agency Name: **DETR - EMPLOYMENT SECURITY** Contractor Name: **BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF**

Agency Code: **902** Address: **COLLEGE OF SOUTHERN NEVADA 6375 WEST CHARLESTON BLVD.**

Appropriation Unit: **1004-21** City/State/Zip: **LAS VEGAS, NV 89146**

Is budget authority available?: **Yes** Contact/Phone: **FRANK WOODBECK 702-651-7319**

If "No" please explain: **Not Applicable** Vendor No.: **D35000800**

NV Business ID: **Governmental Entity**

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

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

General Funds	0.00 %	Fees	0.00 %
<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 **03/09/2021**

Anticipated BOE meeting date **12/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 203 days**

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

Contract description: **SANDI CSN**

5. Purpose of contract:

**This is the first amendment to the original interlocal agreement which provides assistance to dislocated workers adversely affected by the COVID-19 pandemic. This amendment increases the maximum amount from \$1,709,000 to \$2,084,000 due to the increased need for these services and additional reporting.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,709,000.00	\$1,709,000.00	\$1,709,000.00	Yes - Action
2. Amount of current amendment (#1):	\$375,000.00	\$375,000.00	\$375,000.00	Yes - Action
3. New maximum contract amount:	\$2,084,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Office of Workforce Innovation (OWINN) does not have the staff or framework (capacity) to do this work within OWINN**

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

**n/a**

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

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

Not Applicable

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

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

Governmental Entity

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	jmarhevk	10/25/2021 09:37:04 AM
Division Approval	jmarhevk	10/25/2021 09:37:07 AM
Department Approval	jmarhevk	10/25/2021 09:37:12 AM
Contract Manager Approval	ghein	11/05/2021 10:24:06 AM
Budget Analyst Approval	vfajota	11/09/2021 10:30:09 AM
BOE Agenda Approval	dlenzner	11/16/2021 18:18:06 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25204**

Agency Name: **DETR - EMPLOYMENT SECURITY**  
 Agency Code: **902**  
 Appropriation Unit: **4770-04**

Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **Actus Policy Research, LLC**  
 Contractor Name: **Actus Policy Research, LLC**  
 Address: **17332 Lafayette Drive**  
 City/State/Zip: **Olney, MD 20832**  
 Contact/Phone: **Eileen Poe-Yamagata 301-461-2034**  
 Vendor No.: **T29044779**  
 NV Business ID: **NV20212268782**

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 #: **90DETR-S1715tb 3587-26-ESD**

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: **12/31/2025**

Contract term: **4 years and 31 days**

4. Type of contract: **Contract**

Contract description: **Impact Evaluation**

5. Purpose of contract:

**This is a new contract to provide an impact evaluation that includes a tiered evidence approach for the Reemployment Services and Eligibility Assessment program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$548,744.70**

Other basis for payment: Year 1 - \$168,726.08; Year 2 - \$139,374.38; Year 3 - \$109,609.50; Year 4 - \$131,034.75.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to Section 306 of the Social Security Act (SSA), Public Law No. 115-123 (2018) and corresponding guidance issued by the U.S. Department of Labor (DOL) in Training and Employment Guidance Letter (TEGL) 6-19 and Unemployment Insurance Program Letter (UIPL) 07-19, each state that participates in the RESEA program must conduct an impact evaluation that includes a tiered evidence approach for the RESEA program utilizing evidence-based strategies, where they exist, to conduct evaluations and build evidence for other interventions and service delivery strategies. Specifically, the evaluation must be designed to provide evidence of a causal relationship between program interventions and two key outcomes: the number of weeks a participant stays on unemployment insurance (UI) and employment two quarters after the start of RESEA services. States are required to use grant funds for interventions or service delivery strategies with high or moderate causal evidence ratings that show a demonstrated capacity to improve employment and earnings outcomes for program participants.

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

State employees are not trained or have the skills to undertake this task.

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

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

The Policy and Research Group  
 H. Gil Peach & Associates, LLC  
 Actus Policy Research, LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #90DETR-S1715, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knelso4	11/16/2021 14:52:45 PM
Division Approval	knelso4	11/16/2021 14:52:49 PM
Department Approval	knelso4	11/16/2021 14:56:48 PM
Contract Manager Approval	bdeem	11/16/2021 15:00:01 PM
Budget Analyst Approval	dlenzner	11/23/2021 12:09:25 PM
BOE Agenda Approval	dlenzner	11/23/2021 12:09:28 PM



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **25217**

Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>Brazen Technologies Inc</b>
Agency Code: <b>902</b>	Contractor Name: <b>Brazen Technologies Inc</b>
Appropriation Unit: <b>4770-11</b>	Address: <b>3033 Wilson Blvd. STE 470</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Arlington, VA 22201</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Sarah Banever 703-879-8029</b>
	Vendor No.: <b>T27043675</b>
	NV Business ID: <b>NV20212240276</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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP # 90DETR-S1641TB**

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 **12/2021**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2025**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Virtual Job Fair**

5. Purpose of contract:

**This is a new contract to provide a cloud-based virtual recruiting platform to meet the changing needs of employers and job seekers.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$374,668.80**

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?

**Because of the current COVID 19 situation, workforce delivery must change very quickly. There are businesses with the State of Nevada that still want to have job fairs and hiring events to meet their workforce needs. With the current mandates for social distancing and reduced gather capacities gatherings, the traditional events cannot be sponsored.**

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

**The State of Nevada does not have the capability to provide this type of virtual service.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #90DETR-S1641, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/30/2021 Anticipated re-bid date: 08/30/2025

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

DETR - August 1, 2020 to current. The services have been deemed as satisfactory.

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

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

Not Applicable

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

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	knelso4	11/09/2021 16:56:10 PM
Division Approval	knelso4	11/09/2021 16:56:15 PM
Department Approval	knelso4	11/09/2021 16:56:22 PM
Contract Manager Approval	bdeem	11/17/2021 13:32:49 PM
EITS Approval	msmi40	11/17/2021 14:35:00 PM
Budget Analyst Approval	vfajota	11/18/2021 10:19:22 AM
BOE Agenda Approval	dlenzner	11/19/2021 14:56:01 PM
BOE Final Approval	Pending	



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **25049**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: **Melanie S Arthur**Contractor Name: **Melanie S Arthur**Address: **Melanie S. Arthur Consulting  
15 Oakes Ave**City/State/Zip: **Gloucester, MA 01930**Contact/Phone: **MELANIEARTHURCONSULTING@GM  
AIL.COM 617-834-6696**Vendor No.: **T29044271**NV Business ID: **NV20212143679**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 #: **90DETR-S1700tb 3584-22-ESD**

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: **06/30/2022**Contract term: **210 days**4. Type of contract: **Contract**Contract description: **Policy & Training**

5. Purpose of contract:

**This is a new contract to provide an update to existing business services office policies, procedures, and training materials for the workforce programs to align with US Department of Labor workforce regulations.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$157,800.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This vendor is nationally recognized and is recommended by the U.S. Department of Labor for its ability to customize policies, training, and technical assistance for state workforce agencies. Allowing this vendor to update its existing training materials, policies and procedures is the most cost-effective and efficient use of state time and resources. To procure and train a new vendor would require extensive time and support from state personnel; at this juncture, there is not sufficient personnel to provide this level of support and training, and this work needs to expeditiously coincide with the reopening of Nevada's JobConnect offices to the public.

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

Melanie Arthur Consulting is the only vendor who has the prior knowledge, expertise, and ability to update and revise the existing policies and train JobConnect staff in the State management information system (EmployNV) without extensive training efforts and expenditures of resources. Melanie Arthur led this work while employed at the previous vendor that DETR contracted to perform this work, Greg Newton and Associates. During Ms. Arthur tenure at Greg Newton and Associates, she became conversant with federal and state workforce laws, policies, architectures, and specifically DETR's program delivery models, processes and case management information system (EmployNV) and led the development of the policies, procedures and training that DETR is now seeking to update and enhance.

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):

Dina Hunsberger  
Last Call Media  
Michael Lamb LLC  
Melanie Arthur Consulting

b. Solicitation Waiver: **Not Applicable**

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

Having developed this work previously, the vendor has unique knowledge and insight of both federal and state workforce applications, environment and architecture that are requisites to effective and efficiently update the necessary policies, procedures and training materials that are required for the Nevada JobConnect frontline staff.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

**No** If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

**This vendor is a sole proprietor.**

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jmarhevk	11/05/2021 09:39:20 AM
Division Approval	jmarhevk	11/05/2021 09:39:23 AM
Department Approval	jmarhevk	11/05/2021 09:39:25 AM
Contract Manager Approval	ghein	11/07/2021 12:31:31 PM
Budget Analyst Approval	vfajota	11/16/2021 09:56:32 AM
BOE Agenda Approval	dlenzner	11/17/2021 16:02:51 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: <b>23103</b>	Amendment Number: <b>4</b>
Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>GEOGRAPHIC SOLUTIONS, INC.</b>
Agency Code: <b>902</b>	Contractor Name: <b>GEOGRAPHIC SOLUTIONS, INC.</b>
Appropriation Unit: <b>4772-22</b>	Address: <b>1001 OMAHA CIR</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>PALM HARBOR, FL 34683-4036</b>
If "No" please explain: THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM #C57111.	Contact/Phone: <b>Deane Toler 831-206-1858</b>
	Vendor No.: <b>T27039926</b>
	NV Business ID: <b>NV20161382911</b>

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

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

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

Agency Reference #: **3421-21-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/09/2020**

Anticipated BOE meeting date **12/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 266 days**

4. Type of contract: **Contract**

Contract description: **PUA software**

5. Purpose of contract:

**This is the fourth amendment to the original contract which provides software and user training for the Pandemic Unemployment Assistance Benefits System. This amendment extends the termination date from December 31, 2021 to June 30, 2022 and increases the maximum amount from \$5,456,635 to \$6,622,315 due to the continued need for these services and the transfer of various modules to new vendors. THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM #C57111.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$3,995,145.00	\$3,995,145.00	\$3,995,145.00	Yes - Action
a. Amendment 1:	\$30,350.00	\$30,350.00	\$30,350.00	Yes - Info
b. Amendment 2:	\$1,386,950.00	\$1,386,950.00	\$1,417,300.00	Yes - Action
c. Amendment 3:	\$44,190.00	\$44,190.00	\$44,190.00	Yes - Info
2. Amount of current amendment (#4):	\$1,165,680.00	\$1,165,680.00	\$1,209,870.00	Yes - Action
3. New maximum contract amount:	\$6,622,315.00			

## II. JUSTIFICATION

7. What conditions require that this work be done?

A new emergency program included in the Federal Coronavirus Aid Relief, and Economic Security act, the Pandemic Unemployment Compensation program, requires a technology solution to properly administer.

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

State employees lack the necessary 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: **Exempt (Per statute)**

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

Emergency contract approved per NAC 333.114

Geographic Solutions is the only vendor the Department is aware of that has developed a solution for this program at this time.

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:

Vendor currently provides Unemployment Insurance technology solutions for DETR satisfactorily.

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

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

Not Applicable

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

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

Yes

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

**No** b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	jmarhevk	11/09/2021 11:17:15 AM
Division Approval	jmarhevk	11/09/2021 11:17:21 AM
Department Approval	jmarhevk	11/09/2021 11:17:26 AM
Contract Manager Approval	bdeem	11/09/2021 12:32:14 PM
EITS Approval	msmi40	11/10/2021 07:56:49 AM
Budget Analyst Approval	vfajota	11/18/2021 12:48:54 PM
BOE Agenda Approval	dlenzner	11/18/2021 17:59:17 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 #:	4230

**CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM**

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

1	<b>Agency Contact Information – Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency Name:	Department of Employment, Training and Rehabilitation	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Tracy Zehner	775-684-3823	fmcu@detr.nv.gov

2	<b>Contractor Information:</b>	
	Contractor:	Geographic Solutions, Inc.
	Contact Name:	Deane Toler
	Complete Address:	1001 Harbor, FL 34683-4036
	Phone Number:	813-206-1858
	Email Address:	dtoler@geosolinc.com

3	<b>List <u>all previous</u> Contract Information:</b>		
	Solicitation Type, if applicable:	RFP	# 3199
	CETS #:	18376	
	Contract Amount:	\$4,238,320	
	Contract Term:	Start Date: February 14, 2017	End Date: June 30, 2022

*Orig. Submission date 09/17/21 - Renewed 10/12/21*

<b>Purchasing Use Only:</b>	
Approval #:	4230

<b>Current Contract Information:</b>			
4	Solicitation Type, if applicable:	Waiver	
	CETS #:	<del>23901</del> 23103	
	Initial Contract Amount:	\$3,995,145	
	Contract Term:	Start Date:	April 9, 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>Change in Contract Amount</i>	<i>Change in End Date</i>
	1	Increased maximum amount and added needed interfaces with outside data sources.	\$30,350	None
	2	Increased maximum amount, added additional fraud detection and prevention tools and extended end date.	\$1,386,950	December 31, 2021
	3	Increased maximum amount and added banking related items due to a change in vendor of the UI debit cards.	\$44,190	None

<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>
	14	This amendment will remove modules no longer necessary with the program no longer paying claimants, increase the maximum and extend the end date.	\$1,213,380	6-30-2022

7	<b>What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?</b>
	<p>This contract will only have been in effect for one year and nine months at term end; however, it is the product of an emergency RFP waiver and thus requires purchasing approval to extend. The addition of the emergency federal unemployment program Pandemic Unemployment Assistance (PUA) created a need for a computer system to administer the new program with virtually zero time to develop and acquire it. Geographic Solutions, being a company that specializes in Workforce and Unemployment software was able to respond quickly to the national need.</p> <p>DETR was court ordered to pay out many PUA claims it did not feel were appropriate based on Federal law and U.S. Department of Labor guidelines. In a recent Nevada Supreme Court case, that ruling was overturned leaving approximately 50,000 previous payments made needing to be reviewed for overpayment and corrected.</p> <p>This computer system is necessary to review and take action on those potential overpayments properly and efficiently.</p>



**Purchasing Use Only:**

Approval #: 423@

8	<b>What are the potential consequences to the State if the contract extension request is denied?</b>
	With the court order stricken by the Supreme Court, the State now finds itself out of compliance with Federal law with no reason to back it up. The U.S. Department of Labor will expect swift action to rectify the issue, and DETR will need this computer system to comply. Without decisive and effective action, the Employment Security Division's Unemployment Insurance grant may be in jeopardy.

Purchasing Use Only:  
Approval #: 4230

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct.

  
Signature of Agency Representative Initiating Request

Lynda Parven, Nevada DETR Employment Security Division Administrator  
Print Name of Agency Representative Initiating Request

9/17/2021  
Date

  
Signature of Agency Head Authorizing Request

Elisa Cafferata  
Print Name of Agency Head Authorizing Request

9/17/2021  
Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Signed:

  
Administrator, Purchasing Division or Designee

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: **23522** Amendment Number: **2**  
 Agency Name: **DETR - EMPLOYMENT SECURITY** Legal Entity Name: **ID.me, Inc.**  
 Agency Code: **902** Contractor Name: **ID.me, Inc.**  
 Appropriation Unit: **4772-22** Address: **8280 Greensboro Drive**  
 Is budget authority available?: **No** City/State/Zip: **McLean, VA 22102-5212**  
 If "No" please explain: **THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM #C57111.** Contact/Phone: **Jeremy Haynes 703-232-3267**  
 Vendor No.: **T27043890**  
 NV Business ID: **NV20201873396**

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

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

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

Agency Reference #: **3458-21-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/10/2020**

Anticipated BOE meeting date **12/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 143 days**

4. Type of contract: **Contract**

Contract description: **Credentialing Capab**

5. Purpose of contract:

**This is the second amendment to the original contract which provides the ID.me Referee application to verify the identity of unemployment insurance claimants. This amendment extends the termination date from December 31, 2021 to December 31, 2022 and increases the maximum amount from \$1,500,000 to \$1,900,000 due to the continued need for these services. THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM #C57111.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,500,000.00	\$1,500,000.00	\$1,500,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$400,000.00	\$400,000.00	\$400,000.00	Yes - Action
3. New maximum contract amount:	\$1,900,000.00			
and/or the termination date of the original contract has changed to:	12/31/2022			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

To respond to the COVID-19 pandemic and economic crisis

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

State does not have the ability to perform the work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

NAC 333.114

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	jmarhev	11/01/2021 07:47:11 AM
Division Approval	jmarhev	11/01/2021 07:47:15 AM
Department Approval	jmarhev	11/01/2021 07:47:18 AM
Contract Manager Approval	bdeem	11/09/2021 12:30:35 PM
Budget Analyst Approval	vfajota	11/18/2021 12:02:43 PM





**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

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

*Purchasing Use Only:*

Approval #: 415 (2)

**CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM**

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

**Agency Contact Information – Note:** Approved copy will be sent to only the contact(s) listed below:

ENTER STATE AGENCY NAME: *Department of Employment, Training and Rehabilitation*

	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
1	<i>Tracy Zehner</i>	<i>775-684-3823</i>	<i>fmcu@detr.nv.gov</i>

**Contractor Information:**

Contractor Name: *ID.me, INC*

Contact Name: *Jeremy Haynes*

2 Complete Address: *8281 Greensboro Dr. Ste 600*  
City, State and Zip Code

Phone Number: *703-232-3267*

Email Address: *Jeremy.haynes@id.me*

**List *all previous* Contract Information for which the agency has contracted with this vendor (contract history):**

Solicitation Type, if applicable: \_\_\_\_\_ #: \_\_\_\_\_

3	Enter CETS Number:	#	
	Contract Amount:	\$	
	Contract Term:	Start Date:	End Date: <i>12/31/2021</i>

Purchasing Use Only:

Approval #: 4150

**Current Contract Information:**

Solicitation Type, if applicable:	Emergency Waiver			#:
4 Enter CETS Number:	#23522			
Initial Contract Amount:	\$1,500,000.00			
Contract Term:	Start Date:	8/10/2020	End Date:	12/31/2021

**Amendment Information – List all previously approved amendments:**

Amd #:	Brief Synopsis of What Amendment Accomplished:	Dollar Change in Contract Amount	Change in End Date
5 1	Extend End Date	0	6/30/21 – 12/31/21

**Proposed Amendment Information:**

6 Amd #:	Brief Synopsis of What the Requested Amendment will Accomplish	Dollar Change in Contract Amount	Change in End Date
2	Extend End Date and Dollar Maximum	\$400,000	12/31/21 – 12/31/22

**What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?**

7 *This contract will only have been in effect for 1 year and 143 days; however, as this contract is the result of emergency-based solicitation waiver, additional extensions must be approved by Purchasing. The emergency this contract was approved for, while in a different form than in August of 2020, is very much still in effect. The approval was provided to assist DETR in responding as quickly and efficiently to the bombardment of fraud as possible, that need has not decreased. This extension will allow the Department to evaluate its current procurement options and obtain a contract via standard procurement means by 12/31/2022.*

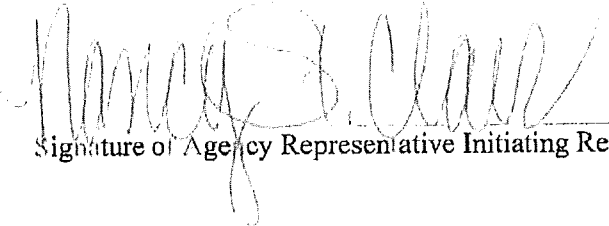
**What are the potential consequences to the State if the contract extension request is denied?**

8 *The State of Nevada's Unemployment Insurance programs are being systematically targeted by fraudulent actors who have stolen the identity of Nevadans attempting to obtain UI benefits. This service stops the fraud at the front door of our system. If the current contract expires before the Department has obtained a new contract, the integrity of the UI program will be compromised and the attempted fraud will become a case to be reviewed by staff, or worse, successfully achieved until such time that a contract can be put back in place. This will add to a large backlog of investigative work and could result in loss of unemployment dollars.*

**Purchasing Use Only:**

Approval #: 415 @

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct.

  
Signature of Agency Representative Initiating Request

Nancy St. Clair  
Print Name of Agency Representative Initiating Request

08-18-2021  
Date

  
Signature of Agency Head Authorizing Request

Lisa P. Cafferata  
Print Name of Agency Head Authorizing Request

8.23.21  
Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Signed:

  
Administrator, Purchasing Division or Designee

8/21/21  
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: **23901** Amendment Number: **2**

Agency Name: **DETR - EMPLOYMENT SECURITY** Legal Entity Name: **MAXIMUS HUMAN SERVICES, INC.**

Agency Code: **902** Contractor Name: **MAXIMUS HUMAN SERVICES, INC.**

Appropriation Unit: **4772-22** Address: **1891 METRO CENTER DR**

Is budget authority available?: **No** City/State/Zip: **RESTON, VA 20190-5287**

If "No" please explain: This contract is contingent upon approval of work program #C57111. Contact/Phone: **Charlie Sweeney 303-285-7557**

Vendor No.: **T32002765**

NV Business ID: **NV20091030881**

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

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

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

Agency Reference #: **3505-22-ESD**

2. Contract start date:

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

Anticipated BOE meeting date **12/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 179 days**

4. Type of contract: **Contract**

Contract description: **UI Call Center**

5. Purpose of contract:

**This is the second amendment to the original contract which provides third party call center services. This amendment increases the maximum amount from \$22,135,861.72 to \$32,411,511.72 and extends the termination date from December 31, 2021 to June 30, 2022 due to the continued need for these services. THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM #C57111.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$13,481,488.00	\$13,481,488.00	\$13,481,488.00	Yes - Action
a. Amendment 1:	\$8,654,373.72	\$8,654,373.72	\$8,654,373.72	Yes - Action
2. Amount of current amendment (#2):	\$10,275,650.00	\$10,275,650.00	\$10,275,650.00	Yes - Action
3. New maximum contract amount:	\$32,411,511.72			
and/or the termination date of the original contract has changed to:		06/30/2022		

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Unprecedented increase in initial claim filings and a new emergency program require additional call center resources to better serve Nevadans.

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

Insufficient staff to meet the high demand.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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?

Requirement for RFP waived pursuant to NAC 333.114, this is a contract to continue an existing vendor relationship which the contract expired due to late action by congress.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knelso4	11/16/2021 11:46:19 AM
Division Approval	knelso4	11/16/2021 11:46:23 AM

Department Approval	knelso4	11/16/2021 11:46:28 AM
Contract Manager Approval	bdeem	11/16/2021 11:48:23 AM
Budget Analyst Approval	dlenzner	11/19/2021 08:47:08 AM
BOE Agenda Approval	dlenzner	11/19/2021 08:47:10 AM



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

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

<i>Purchasing Use Only:</i>	
Approval #:	4220

**CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM**

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

<b>1</b>	<b>Agency Contact Information – Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency Name:	<i>Department of Employment, Training and Rehabilitation</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Tracy Zehner</i>	<i>775-684-3823</i>	<i>fmcu@detr.nv.gov</i>

<b>2</b>	<b>Contractor Information:</b>	
	Contractor:	Maximus Human Services, Inc.
	Contact Name:	Charles Sweeney
	Complete Address:	1891 Metro Center Dr, Reston, VA 20190-5287
	Phone Number:	303-285-7557
	Email Address:	charlesksweeney@maximus.com

<b>3</b>	<b>List <u>all previous</u> Contract Information:</b>			
	Solicitation Type, if applicable:	<i>Waiver</i>	#	
	CETS #:	23503		
	Contract Amount:	\$6,404,150		
	Contract Term:	Start Date:	August 10, 2020	End Date:

*Orig. Submission Date 09/17/21 - Page 2 Revision 10/12/21@*

<b>Purchasing Use Only:</b>	
Approval #:	422 @

<b>Current Contract Information:</b>			
4	Solicitation Type, if applicable:	<i>Waiver</i>	
	CETS #:	23901	
	Initial Contract Amount:	\$13,481,488	
	Contract Term:	Start Date:	January 1, 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>Change in Contract Amount</i>	<i>Change in End Date</i>
	1	This amendment increased the FTE the vendor was providing per month. Original numbers were based on existing funding, not need. The federal government increased funding for pandemic program administration and the Department utilized it in this contract.	\$8,654,373.72	None

<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>
	2	This amendment will increase FTE for November and December to 200 and extend the end date to June 2022 keeping that 200 FTE for the entirety of the contract.	\$10,544,940.00	6-30-2022

<b>What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?</b>	
7	<p>This contract will only have been in effect for one year at term end; however, it is the product of an emergency RFP waiver and thus requires purchasing approval to extend. The addition of emergency federal unemployment programs such as the Pandemic Unemployment Assistance (PUA), Pandemic Emergency Unemployment Compensation (PEUC) and Federal Pandemic Unemployment Compensation (FPUC) as well as the unprecedented sharp increase in unemployment rate caused by the pandemic caused a significant increase in claims filed and complexities in ensuring only legitimate claims were paid out.</p> <p>DETR was court ordered to pay out many claims it did not feel were appropriate based on Federal law and U.S. Department of Labor guidelines. In a recent Nevada Supreme Court case, that ruling was overturned leaving approximately 50,000 previous payments made needing to be reviewed for overpayment and corrected.</p> <p>Maximus in their existing contract to provide Unemployment Insurance and PUA claims assistance is best suited to help the Department get back into compliance with Federal law now that it is not complying with a State Court order.</p>

*Purchasing Use Only:*

Approval #: 422 @

8	<b>What are the potential consequences to the State if the contract extension request is denied?</b>
	With the court order stricken by the Supreme Court, the State now finds itself out of compliance with Federal law with no reason to back it up. The U.S. Department of Labor will expect swift action to rectify the issue, but DETR does not have the staffing resources to tackle this project on its own. Without decisive and effective action, the Employment Security Division's Unemployment Insurance grant may be in jeopardy.

Purchasing Use Only:

Approval #: 4220

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct.

  
Signature of Agency Representative Initiating Request

Lynda Parven, Nevada DETR Employment Security Division Administrator  
Print Name of Agency Representative Initiating Request

9/17/2021  
Date


  
Signature of Agency Head Authorizing Request

Chisa Cafferata  
Print Name of Agency Head Authorizing Request

9/17/2021  
Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Signed:

  
Administrator, Purchasing Division or Designee

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: **23849** Amendment Number: **1**  
 Agency Name: **DETR - EMPLOYMENT SECURITY** Legal Entity Name: **West Publishing Corporation**  
 Agency Code: **902** Contractor Name: **West Publishing Corporation**  
 Appropriation Unit: **4772-22** Address: **610 Opperman Dr.**  
 Is budget authority available?: **No** City/State/Zip: **Eagan, MN 55123**  
 If "No" please explain: **THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM #C57111.** Contact/Phone: **Caryn Otto 916/389-7800**  
 Vendor No.: **PUR0001037**  
 NV Business ID: **NV19971102844**

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

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

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

Agency Reference #: **3502-22-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/31/2020**

Anticipated BOE meeting date **12/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Fraud System**

5. Purpose of contract:

**This is the first amendment to the original contract which provides fraud detection and protection tools. This amendment extends the termination date from December 31, 2021 to December 31, 2022 and increases the maximum amount from \$798,500 to \$1,248,000 due to the continued need for these services and assigns the contract from Ponderosa Solutions LLC to West Publishing Corporation. THIS CONTRACT IS CONTINGENT UPON APPROVAL OF WORK PROGRAM #C57111.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$798,500.00	\$798,500.00	\$798,500.00	Yes - Action
2. Amount of current amendment (#1):	\$449,500.00	\$449,500.00	\$449,500.00	Yes - Action
3. New maximum contract amount:	\$1,248,000.00			
and/or the termination date of the original contract has changed to:	12/31/2022			

**II. JUSTIFICATION**



7. What conditions require that this work be done?

Unprecedented fraudulent applications for unemployment benefits have created a need for more robust solutions

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

State employees lack the time and expertise to create the needed solutions

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?

Pondera Solutions combined with Thomson Reuters offered the most comprehensive solution to help detect, investigate and enforce fraud, waste and abuse at the best value for the State of Nevada. Their implementation time and industry leading methods will allow Nevada to immediately and effectively combat fraud from the start of the project.

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

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

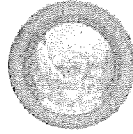
19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jmarhevk	11/09/2021 13:40:32 PM
Division Approval	jmarhevk	11/09/2021 13:40:35 PM
Department Approval	jmarhevk	11/09/2021 13:40:39 PM

Contract Manager Approval	bdeem	11/09/2021 13:43:44 PM
EITS Approval	msmi40	11/09/2021 14:30:41 PM
Budget Analyst Approval	vfajota	11/18/2021 11:44:39 AM
BOE Agenda Approval	dlenzner	11/18/2021 18:41:27 PM



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

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

<i>Purchasing Use Only:</i>	
Approval #:	404 @

**CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM**

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

<b>1</b>	<b>Agency Contact Information – Note: Approved copy will be sent to only the contact(s) listed below:</b>		
	State Agency Name:	<i>Department of Employment, Training and Rehabilitation</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Tracy Zehner</i>	<i>775-684-3823</i>	<i>fmcu@detr.nv.gov</i>

<b>2</b>	<b>Contractor Information:</b>	
	Contractor:	Pondera Solutions LLC
	Contact Name:	Caryn Otto
	Complete Address:	80 Blue Ravine Rd, STE 250 Folsom, CA 95630
	Phone Number:	916-389-7800
	Email Address:	cotto@ponderasolutions.com

<b>3</b>	<b>List <u>all previous</u> Contract Information:</b>			
	Solicitation Type, if applicable:	<i>Emergency Approval</i>	#	
	CETS #:	03849		
	Contract Amount:	\$798,500.00		
	Contract Term:	Start Date:	12-31-2020	End Date:

*Rec'd  
07/29/21 @*

<i>Purchasing Use Only:</i>	
Approval #:	404 (C)

<b>Current Contract Information:</b>					
4	Solicitation Type, if applicable:	<i>Emergency Approval</i>		#:	
	CETS #:	23849			
	Initial Contract Amount:	\$798,500.00			
	Contract Term:	Start Date:	12-31-2020	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>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	This amendment will allow the Department to extend the fraud prevention and detection tools software service for another year during a very critical time of the pandemic emergency for the Nevadan's these tools help protect.	\$449,500	12-31-2022

7	<b>What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?</b>
	<p>This contract will only have been in effect for one year at term end; however, it is the product of an emergency RFP waiver and thus requires purchasing approval to extend. The addition of emergency federal unemployment programs such as the Pandemic Unemployment Assistance (PUA), Pandemic Emergency Unemployment Compensation (PEUC) and Federal Pandemic Unemployment Compensation (FPUC) enticed a large amount of fraud to be attempted upon Nevada's unemployment programs at a time when record breaking numbers of legitimate claims were being applied for. Federal law requires the Employment Security Division (ESD) make all effort to protect the integrity of the various UI programs, including not paying out a claim suspected of fraud until it has been cleared, but it became evident as the pandemic continued that the existing systems and tools the Agency had were ineffective at combating the scope and sophistication of the fraudulent activity; the Agency was flagging suspicious looking issues, but did not have the tools necessary to quickly and efficiently work through the flags. This backlog currently consists of 81,018 questionable identity claims in UI, 5,760 questionable identity claims in PUA, 12,004 unreported earnings issues, 3314 other fraud issues and 2,851 bank frozen claims.</p> <p>Unfortunately, a low but unknown percent of the flagged claims are potentially legitimate Nevadan claimants who have situations that look suspicious, but are explainable, and have been caught in the mountain of fraud stopped by the agency's efforts to comply with Federal law. For these potential Nevadans, the financial emergency this contract was originally approved for waiver is not over. Anyone stuck between our legal requirement to protect against fraud and the backlog of pending verification is likely still behind on their bills, struggling to make ends meet. Although the stay-at-home orders have lifted and Nevadans are free to go back to work, months of being behind on bills and rent/mortgages can and will still cause shut down of basic utilities and eviction.</p>

<b>Purchasing Use Only:</b>	
Approval #:	404 @

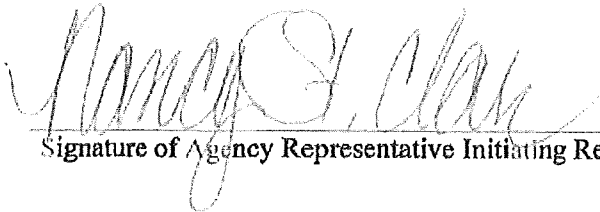
<b>8</b>	<p><b>What are the potential consequences to the State if the contract extension request is denied?</b></p> <p>The sophistication of the fraud we are addressing requires a sophisticated solution, one that has taken time to get implemented and hooked into our aging UI computer system. It has been done in phases, allowing us to extract the most possible, but it will not be fully live until August. If the agency has to go to bid on this service at this time, it will potentially require the agency to start over from scratch before appropriate and expected value has been extracted from the contract at a time when tools and staffing are finally in line to help any Nevadans that are on the brink of homelessness due to an emergency at no fault of their own.</p> <p>If the Agency cannot continue to leverage the tools we have spent months onboarding into our system, our response to anyone on that brink can and likely would be slowed and every month someone that far behind on their bills goes without being able to catch up, they run the risk of losing everything.</p>
----------	---

**Purchasing Use Only:**

Approval #:

404 (C)

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct.




Signature of Agency Representative Initiating Request

Nancy St. Clair, Nevada DETR Unemployment Deputy Administrator

Print Name of Agency Representative Initiating Request

7/19/2021

Date



Signature of Agency Head Authorizing Request

Elisa Cafferata, Nevada DETR Director

Print Name of Agency Head Authorizing Request

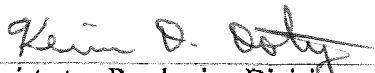
7/28/21

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).

**\*\*\* NOTE: Agency must work with State Purchasing, submit a development form and complete the RFP process PRIOR to the new contract term date of 12.30.2022. \*\*\***

Signed:



Administrator, Purchasing Division or Designee

8/3/21

Date

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>23678</b>	Amendment Number: <b>1</b>
Agency Name: <b>PUBLIC EMPLOYEES' BENEFITS PROGRAM</b>	Legal Entity Name: <b>LABYRINTH SOLUTIONS, INC. DBA LSI CONSULTING</b>
Agency Code: <b>950</b>	Contractor Name: <b>LABYRINTH SOLUTIONS, INC. DBA LSI CONSULTING</b>
Appropriation Unit: <b>1338-04</b>	Address: <b>LSI CONSULTING 303 WYMAN ST STE 300</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>WALTHAM, MA 02451-1255</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>978/261-6100</b>
	Vendor No.: <b>T27043015</b>
	NV Business ID: <b>NV20141210051</b>

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 Other funding</b>	<b>100.00 % Subsidy &amp; Premium Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/08/2020**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2027**

Termination Date:

Contract term: **6 years and 204 days**

4. Type of contract: **Contract**

Contract description: **Benefits System**

5. Purpose of contract:

**This is the first amendment to the original contract which provides an eligibility and enrollment benefits management system services. This amendment increases the maximum from \$6,849,000 to \$7,328,667 due to the addition of Consolidated Omnibus Budget Reconciliation Act (COBRA) management services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$6,849,000.00	\$6,849,000.00	\$6,849,000.00	Yes - Action
2. Amount of current amendment (#1):	\$479,667.00	\$479,667.00	\$479,667.00	Yes - Action
3. New maximum contract amount:	\$7,328,667.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

PEBP requires a system to maintain and administer enrollment, eligibility and premium billing for the participants of the PEBP plans.

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

PEBP has determined that it is more cost effective to outsource this service to a vendor whose area of expertise is to provide the program software and system support for enrollment, eligibility and premium billing 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):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

RFP # 95PEBP-S1244

d. Last bid date: 08/14/2020 Anticipated re-bid date: 01/01/2026

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	ceaton	09/14/2021 08:59:45 AM
Division Approval	ceaton	09/14/2021 08:59:49 AM
Department Approval	ceaton	09/14/2021 09:00:56 AM
Contract Manager Approval	ceaton	11/04/2021 09:40:11 AM
EITS Approval	msmi40	11/08/2021 07:48:30 AM
Budget Analyst Approval	hfield	11/19/2021 16:19:37 PM
BOE Agenda Approval	hfield	11/19/2021 16:19:41 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: **25155**

Agency Name: <b>PUBLIC EMPLOYEES' BENEFITS PROGRAM</b>	Legal Entity Name: <b>UMR, Inc.</b>
Agency Code: <b>950</b>	Contractor Name: <b>UMR, Inc.</b>
Appropriation Unit: <b>1338 - All Categories</b>	Address: <b>2720 N Tenaya Way</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89128</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Nathan Maier 702-304-6907</b>
	Vendor No.: <b>T29044777</b>
	NV Business ID: <b>NV20001357839</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will 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 % Premium and Subsidy Revenue</b>

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: **06/30/2028**

Contract term: **6 years and 212 days**

4. Type of contract: **Contract**

Contract description: **TPA/OtherServices**

5. Purpose of contract:

**This is a new contract to provide ongoing third party administrator services to include various services such as medical and dental claims administration, PPO Network services, and utilization management/case management services for enrolled participants.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$62,789,120.00**

Other basis for payment: Per Attachment DD - Fee Schedule

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Public Employees' Benefits Program requires a Third Party Administrator to administer and manage the healthcare benefits program for PEBPs self-funded medical, dental and vision PPO plans.

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

State employees are not licensed to provide this services and PEBP does not have the infrastructure to support such a large project.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor received the highest score from the evaluation committee and was ratified by the PEBP board. RFP#95PEBP-S1579; RFP#95PEBP-S1658; RFP#95PEBP-S1671.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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	11/08/2021 11:31:46 AM
Division Approval	ceaton	11/08/2021 11:31:50 AM
Department Approval	ceaton	11/08/2021 11:31:54 AM
Contract Manager Approval	ceaton	11/08/2021 11:31:58 AM
Budget Analyst Approval	hfield	11/22/2021 10:12:55 AM
BOE Agenda Approval	hfield	11/22/2021 10:13:02 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: **25093**

Agency Name:	<b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name:	NCS PEARSON, INC. DBA
Agency Code:	<b>BDC</b>	Contractor Name:	<b>NCS PEARSON, INC. DBA</b>
Appropriation Unit:	<b>B006 - All Categories</b>	Address:	<b>PEARSON ASSESSMENTS 5601 Green Valley Drive Bloomington , MN 55437</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>Bloomington , MN 55437</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Thomas Magallanes 952-681-3000
		Vendor No.:	PUR0000378L
		NV Business ID:	NV19841011933

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 % Licensure</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: RFP# BRDCO-S1668 RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/31/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**  
Contract term: **4 years and 1 day**

4. Type of contract: **Contract**  
Contract description: **Testing Services**

5. Purpose of contract:  
**This is a new contract to provide law and theory testing services.**

6. NEW CONTRACT  
The maximum amount of the contract for the term of the contract is: **\$1,512,000.00**  
Payment for services will be made at the rate of \$42.00 per Test

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**The test requirements and technical conditions were outlined in the RFP and agreed upon by the the potential awarded bidder, Pearson VUE.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**In order to be a licensed cosmetologist in Nevada, the Nevada State Board of Cosmetology requires that applicants first pass Nevada law and/or a theory exams. The purpose of the examinations is to ensure prospective licensees meet the minimum requirements to practice safely in their field of cosmetology. It's important for the mission of the Board that these test questions and the testing facility be secure which is why the Board has contracted with an outside entity to proctor these exams and securely store examination questions.**

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):

PSI Services  
CertiServ, LLC  
Person VUE

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #BRDCOM-S1668 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: 07/29/2021 Anticipated re-bid date: 06/01/2025

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	89104	10/13/2021 15:17:12 PM
Division Approval	89104	10/13/2021 15:17:14 PM
Department Approval	89104	10/13/2021 15:17:17 PM
Contract Manager Approval	89104	10/13/2021 15:17:19 PM
Budget Analyst Approval	mlynn	11/10/2021 15:32:50 PM
BOE Agenda Approval	hfield	11/17/2021 14:40:38 PM
BOE Final Approval	Pending	

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	ANY PLACE MD, INC.	OTHER: VARIOUS AGENCIES	\$30,000,000	
	Contract Description:	This is a new contract to provide mobile outpatient services for monoclonal antibody treatment.				
			Upon Approval - 10/31/2025	Contract # 25215		
2.		VARIOUS STATE AGENCIES	BEHAVIOR AND EDUCATION, INC.	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing Autism Treatment Assistance Program services.				
			Upon Approval - 06/30/2022	Contract # 25089		
3.		VARIOUS STATE AGENCIES	EMPLOYER LYNX, INC.	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing background check services.				
			Upon Approval - 12/31/2025	Contract # 25201		
4.		VARIOUS STATE AGENCIES	REDTAG-19, LLC	OTHER: VARIOUS AGENCIES	\$30,000,000	
	Contract Description:	This is a new contract to provide mobile outpatient services for monoclonal antibody treatment.				
			Upon Approval - 10/31/2025	Contract # 25216		
5.		VARIOUS STATE AGENCIES	TIFFANY BUSALACCHI DBA RESPECTABILITY	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing job development services.				
			Upon Approval - 06/30/2022	Contract # 25090		

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25215**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Any Place MD, Inc.
Agency Code: <b>MSA</b>	Contractor Name: <b>Any Place MD, Inc.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>2001 Windy Ter Ste F</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Cedar Park, TX 78613-4290</b>
If "No" please explain: Not Applicable	Contact/Phone: Shane Stevens 954 292-5024
	Vendor No.: T29043758
	NV Business ID: NV20201967970

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 #: 99SWC-S1735 GD

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: **10/31/2025**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Monoclonal Treatment**

5. Purpose of contract:

**This is a new contract to provide mobile outpatient services for monoclonal antibody treatment.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000,000.00**

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?

Vendors are required to provide monoclonal antibody treatment mobile outpatient services for treatment of SARS-CoV-2 / COVID-19 t as pop-up/mobile services to hopefully prevent people who have contracted COVID-19 from severe effects, entering the hospital system, and death.

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

The state does not possess the resources or personnel necessary to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

AMBL-IEM  
Ambulnz Holdings, LLC  
Wellhealth Management  
AnyPlace MD

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S1692 and/or 99SWC-S1735 for Monoclonal Antibody Treatment Mobile Outpatient Services.

d. Last bid date: 09/09/2021 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?

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

Ongoing, for COVID-19 Testing and Vaccination Site Services. Yes.

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

**No** If "Yes", please provide details of the litigation 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	11/09/2021 13:45:09 PM
Division Approval	gdavi6	11/09/2021 13:45:11 PM
Department Approval	ldeloch	11/09/2021 14:36:14 PM
Contract Manager Approval	gdavi6	11/09/2021 14:38:10 PM
Budget Analyst Approval	dspeed1	11/12/2021 11:18:02 AM
BOE Agenda Approval	myoun3	11/22/2021 13:46:10 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: **25089**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Behavior and Education, Inc.
Agency Code: <b>MSA</b>	Contractor Name: <b>Behavior and Education, Inc.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>6671 Las Vegas Blvd Building D, STE 210</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89119</b>
If "No" please explain: Not Applicable	Contact/Phone: Jennifer Davidson 702-582-1658
	Vendor No.: T32011122
	NV Business ID: NV20191567280

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

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

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

Agency Reference #: S167-RV

2. Contract start date:

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

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **210 days**

4. Type of contract: **MSA**

Contract description: **NonMedical Provider**

5. Purpose of contract:

**This is a new contract to provide ongoing Autism Treatment Assistance Program services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

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

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

b. Solicitation Waiver: **Not Applicable**

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



This vendor was selected as part of a multi award solicitation 99SWC-S167 for behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 10/15/2021

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	10/12/2021 16:14:01 PM
Division Approval	gdavi6	10/12/2021 16:14:06 PM
Department Approval	ldeloch	10/12/2021 16:38:55 PM
Contract Manager Approval	rvradenb	10/13/2021 09:02:01 AM
Budget Analyst Approval	myoun3	11/19/2021 11:27:41 AM
BOE Agenda Approval	myoun3	11/19/2021 11:27:44 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **25201**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **EMPLOYER LYNX, INC.**Contractor Name: **EMPLOYER LYNX, INC.**Address: **501 E CAROLINE ST**City/State/Zip: **CARSON CITY, NV 89701-4054**Contact/Phone: **Jenny Hunsaker 775-883-3733**Vendor No.: **T81101881**NV Business ID: **NV19961131985**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 #: **99SWC-S1693- RV**

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: **12/31/2025**Contract term: **4 years and 31 days**4. Type of contract: **MSA**Contract description: **Background Services**

5. Purpose of contract:

**This is a new contract to provide ongoing background check services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

**Multiple agencies require background investigation services, for employment screenings and other purposes. This contract will allow agencies and political subdivisions access to these services without them needing to do their own Solicitation.**

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

**Although DPS supports portions of the FBI fingerprinting background check they do not have the resources to provide those and other services needed to all agencies and political subdivisions.**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):

**Employer Lynx, Inc.  
Martin-Ross and Associates  
Pinnacle Consulting Services**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #99SWC-S1693, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 09/14/2021 Anticipated re-bid date: 06/01/2025

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	11/04/2021 14:15:12 PM
Division Approval	gdavi6	11/04/2021 14:15:14 PM
Department Approval	ldeloach	11/04/2021 14:19:07 PM
Contract Manager Approval	rvradenb	11/12/2021 09:50:47 AM
Budget Analyst Approval	dspeed1	11/12/2021 12:19:01 PM
BOE Agenda Approval	laaron	11/15/2021 12:44:17 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25216**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>RedTag-19, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>RedTag-19, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>8765 Watercrest Cir E</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Parkland, FL 33076</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Lata Shintre 954-482-3740</b>
	Vendor No.: <b>T29044769</b>
	NV Business ID: <b>NV20212260539</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 #: **99SWC-S1735 GD**

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: **10/31/2025**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Monoclonal Treatment**

5. Purpose of contract:

**This is a new contract to provide mobile outpatient services for monoclonal antibody treatment.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000,000.00**

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?

Vendors are required to provide monoclonal antibody treatment mobile outpatient services for treatment of SARS-CoV-2 / COVID-19 t as pop-up/mobile services to hopefully prevent people who have contracted COVID-19 from severe effects, entering the hospital system, and death.

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

The state does not possess the resources or personnel necessary to provide these services.

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

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

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

AnyPlace MD  
Wellhealth Management  
Ambulnz Holdings, LLC  
AMBL-IEM

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S1692 and/or 99SWC-S1735 for Monoclonal Antibody Treatment Mobile Outpatient Services.

d. Last bid date: 09/09/2021 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:  
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	11/09/2021 13:53:06 PM
Division Approval	gdavi6	11/09/2021 13:53:08 PM
Department Approval	ldeloch	11/09/2021 14:40:19 PM
Contract Manager Approval	gdavi6	11/09/2021 14:41:09 PM
Budget Analyst Approval	dspeed1	11/12/2021 12:12:50 PM
BOE Agenda Approval	myoun3	11/22/2021 13:46:48 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25090**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Tiffany Busalacchi
Agency Code: <b>MSA</b>	Contractor Name: <b>Tiffany Busalacchi DBA Respectability</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>5767 Pumpkin Ridge Dr.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sparks , NV 89436</b>
If "No" please explain: Not Applicable	Contact/Phone: Tiffany Busalacchi 702-910-8574
	Vendor No.: T29039990
	NV Business ID: NV20212181867

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

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

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

Agency Reference #: R165-RV

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: **06/30/2022**

Contract term: **210 days**

4. Type of contract: **MSA**

Contract description: **Job Development**

5. Purpose of contract:

**This is a new contract to provide ongoing job development services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S167 for behavioral and community based related services.

d. Last bid date: 05/03/2018 Anticipated re-bid date: 10/15/2021

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	gdavi6	10/12/2021 16:13:38 PM
Division Approval	gdavi6	10/12/2021 16:13:40 PM
Department Approval	ldeloach	10/13/2021 08:52:02 AM
Contract Manager Approval	rvradenb	10/13/2021 09:00:36 AM
Budget Analyst Approval	dspeed1	11/05/2021 16:45:44 PM
BOE Agenda Approval	laaron	11/10/2021 09:20:47 AM
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 - ADMINISTRATIVE BUDGET ACCOUNT	WASHOE COUNTY	OTHER: ATTORNEY GENERAL COST ALLOCATION PLAN	\$40,000	Exempt
	Contract Description:	This is a new contract to provide expert witness services for various cases.				
		Term of Contract:	10/05/2021 - 09/30/2025	Contract # 25071		
2.	040	SECRETARY OF STATE'S OFFICE	WSD DIGITAL, LLC DBA REFRAME ENGAGE	GENERAL 50% FEDERAL 50%	\$24,000	
	Contract Description:	This is the first amendment to the original contract which provides a proprietary, web-based, customer/citizen engagement technology platform. This amendment extends the termination date from October 31, 2021 to October 31, 2023 and increases the maximum amount from \$12,000 to \$36,000 due to the continued need for these services.				
		Term of Contract:	11/09/2020 - 10/31/2023	Contract # 23717		
3.	052	TREASURER'S OFFICE - HIGHER EDUCATION TUITION ADMINISTRATION	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS	OTHER: 100 % COLLEGE SAVINGS ENDOWMENT FUND	\$16,367	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing software support and licensing for document imaging for the Prepaid Tuition Program's database.				
		Term of Contract:	10/26/2021 - 10/31/2023	Contract # 25081		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	BRIGGS ELECTRIC, INC.	OTHER: B&G BUILDING RENTAL INCOME REVENUE	\$41,250	
	Contract Description:	This is a new contract to provide ongoing electrical services to state-owned buildings in northern Nevada.				
		Term of Contract:	11/02/2021 - 10/31/2025	Contract # 25068		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - NON-EXEC	BERGER HANNAFIN ARCHITECTURE	BONDS	\$98,700	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Western Nevada College - Renovation of Marlette Lecture Hall CIP project, to include design development, construction documents, bidding services, and construction administration for the renovation of Marlette Lecture Hall: CIP Project No. 21-C13; SPWD Contract No. 114448				
		Term of Contract:	10/20/2021 - 06/30/2025	Contract # 25038		



# 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 - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	FRAME ARCHITECTURE, INC.	BONDS	\$52,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Dini-Townsend Psychiatric Hospital Nurses Station Security Enclosures CIP project, to include floor plans, interior elevations, mechanical and electrical engineering, specifications, cost estimating and construction administration services to provide security safety glazing enclosures at the nursing stations and security system upgrades for the main entry reception station: CIP Project 21-M02-10; SPWD Contract No. 114534.				
		Term of Contract:	11/10/2021 - 06/30/2025	Contract # 25167		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	DLR GROUP ARCHITECTURE & ENGINEERING, INC.	BONDS	\$37,910	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the High Desert State Prison and Southern Desert Correctional Center, Install Recreation Yard Fencing CIP project, to include design development, construction documents, bidding services, and construction administration for the fencing installation: CIP Project No. 21-M57; SPWD Contract No. 114472				
		Term of Contract:	11/03/2021 - 06/30/2025	Contract # 25035		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERAN'S CIP PROJECTS - NON-EXEC	KGA ARCHITECTURE	BONDS 53% FEDERAL 47%	\$96,200	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Clark County Armory Restroom Facilities Remodel CIP project, to include the schematic design, construction documents, bidding services, and construction administration for the design and remodel of the existing restrooms and showers: CIP Project No. 21-M25; SPWD Contract No. 114471.				
		Term of Contract:	10/20/2021 - 06/30/2025	Contract # 25042		

# 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 - VETERAN'S CIP PROJECTS - NON-EXEC	SAAREM CONSULTING ENGINEERS	BONDS 54% FEDERAL 46%	\$55,745	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Office of the Adjutant General Domestic Hot Water System and Transformer Replacement CIP project, to include design services, bidding services, and construction administration for the hot water system and electrical transformer replacement: CIP Project No. 21-M43; SPWD Contract No. 114454.				
		Term of Contract:	10/20/2021 - 06/30/2025	Contract # 25023		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - VETERAN'S CIP PROJECTS - NON-EXEC	SHAW ENGINEERING	BONDS 48% FEDERAL 52%	\$76,350	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Carlin Readiness Center Recondition Water Storage Tank CIP project, to include the schematic design, design development, construction documents, bid documents, and construction administration for the water storage tank reconditioning: CIP Project No. 21-M47; SPWD Contract No. 114496				
		Term of Contract:	11/02/2021 - 06/30/2025	Contract # 25061		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - VETERAN'S CIP PROJECTS - NON-EXEC	SHAW ENGINEERING	BONDS 30% FEDERAL 70%	\$43,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Carlin Readiness Center Wastewater System Upgrade CIP project, to include engineering support services, design documents, bid, and construction administration services for the wastewater system upgrades: CIP Project No. 21-M51; SPWD Contract No. 114537.				
		Term of Contract:	11/14/2021 - 06/30/2025	Contract # 25197		

# 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 - VETERAN'S CIP PROJECTS - NON-EXEC	TSK ARCHITECTS	BONDS 54% FEDERAL 46%	\$62,802	Professional Service	
		Contract Description: This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Clark County Armory Interior and Exterior Door Replacement CIP project, to include design development, construction documents, permitting services, and construction administration services for the interior and exterior doors replacement: CIP Project No. 21-E06; SPWD Contract No. 114473.					
		Term of Contract:	10/20/2021 - 06/30/2025	Contract # 25041			
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - VETERAN'S CIP PROJECTS - NON-EXEC	WALSH ODYSSEY ENGINEERING, LTD DBA ODYSSEY ENGINEERING, INC.	BONDS 48% FEDERAL 52%	\$73,875	Professional Service	
		Contract Description: This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Carlin Readiness Center Security Fence Addition CIP project, to include boundary/base mapping, aerial topographic survey, and civil plans for the perimeter security fence: CIP Project No. 21-E04; SPWD Contract No. 114489					
		Term of Contract:	10/20/2021 - 06/30/2025	Contract # 25048			
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	CURTAINWALL DESIGN CONSULTING	BONDS	\$11,850	Professional Service	
		Contract Description: This is a new contract to provide professional architectural/engineering services at the Nevada State Museum Las Vegas Roof Access, Hatch and Ladder Improvements CIP project, to include design development, construction documents, bidding coordination, and construction administration for the roof improvements: CIP Project No. 21-S01-5; SPWD Contract No. 114490					
		Term of Contract:	11/03/2021 - 06/30/2025	Contract # 25055			

# 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 - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	CURTAINWALL DESIGN CONSULTING	BONDS	\$60,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Las Vegas Belrose Building Roofing Replacement CIP project, to include programming, design development, construction documents, bidding coordination, and construction administration services for the roof replacement: CIP Project No. 21-S1-4; SPWD Contract No. 114531				
		Term of Contract:	11/10/2021 - 06/30/2025	Contract # 25176		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	FRAME ARCHITECTURE, INC.	BONDS	\$18,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services at the State Mail and Education Building, Roofing Replacement CIP project, to include roof plans, details, specifications, cost estimating and construction administration for the membrane and shingle/roof replacement: CIP Project No. 19-S01-10; SPWD Contract No. 114457.				
		Term of Contract:	11/04/2021 - 06/30/2025	Contract # 25072		
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	FRAME ARCHITECTURE, INC.	BONDS	\$12,300	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Buckland Station Roofing Replacement CIP Project, to include roof plans, details, specifications, cost estimating and construction administration for the removal and replacement of the Buckland Station roof: CIP Project No. 21-S01-10; SPWD Contract No. 114460.				
		Term of Contract:	11/04/2021 - 06/30/2025	Contract # 25080		

# 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 - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	FRAME ARCHITECTURE, INC.	BONDS	\$10,100	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services at the Lahontan State Park Four Residence Buildings Roofing Replacement CIP project, to include roof plans, details, specifications, cost estimating and construction administration for the installation of new composition shingles: CIP Project No. 21-S01-3; SPWD Contract No. 114458.				
	Term of Contract:	11/15/2021 - 06/30/2025	Contract # 25086			
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	FRAME ARCHITECTURE, INC.	BONDS	\$32,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Stewart Conservation Camp Operations and Culinary Housing Units 1-5 Roofing Replacement CIP project, to include roof plans, details, specifications, cost estimating and construction administration services for the roof replacement: CIP Project No. 21-S01-1; Contract No. 114540.				
	Term of Contract:	11/10/2021 - 06/30/2025	Contract # 25166			
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	JVC ARCHITECTS, INC.	BONDS	\$77,900	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Southern Nevada Child & Adolescent Services Buildings 8 & 14 ADA Upgrades CIP project, to include design documents and associated cost estimates, construction documents, bid documents and construction administration services to complete American with Disabilities Act upgrades to the buildings restrooms, kitchens, door hardware, signage and casework alterations and appliances: CIP Project No. 21-S02-3; SPWD Contract No. 114560				
	Term of Contract:	11/14/2021 - 06/30/2025	Contract # 25208			

# 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	O'CONNOR CONSTRUCTION MANAGEMENT, INC.	BONDS	\$19,700	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering cost estimating services to produce a CIP Cost Inflation Study. The scope of the study will include a market study analyzing recent construction demands, current and forecasted construction inflation costs across Nevada and a full executive level summary recommendation of construction cost inflation by region: CIP Project No. 21-S04; SPWD Contract No. 114481.				
	Term of Contract:	11/15/2021 - 06/30/2025	Contract # 25159			
22.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PAUL CAVIN ARCHITECT, LLC	BONDS	\$20,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada State Museum - Indian Hills Collection Center Roofing Replacement CIP project, to include the schematic design, design development, construction documents, bidding assistance, and construction administration for the roof replacement: CIP Project No. 21-S01-9; SPWD Contract No. 114461				
	Term of Contract:	10/20/2021 - 06/30/2025	Contract # 25037			
23.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PAUL CAVIN ARCHITECT, LLC	BONDS	\$55,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center Housing Units 1 & 2 Roofing Replacement CIP project, to include drawings, design development, construction documents, bidding assistance, and construction administration services for the housing units' roof replacement: CIP Project No. 21-S01-12; SPWD Contract No. 114532.				
	Term of Contract:	11/15/2021 - 06/30/2025	Contract # 25165			

# 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 - 2013 DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PAUL CAVIN ARCHITECT, LLC	OTHER: 6% HIGHWAY 94%	\$8,000	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Carson City Department of Motor Vehicles - Warehouse Loading Dock & Exterior Repairs CIP project: CIP Project No. 19-M54 & 19-M55; SPWD Contract No.113243. This amendment increases the maximum amount from \$60,400.00 to \$68,400.00 due to additional construction documents for the temporary shoring.				
		Term of Contract:	03/10/2020 - 06/30/2023	Contract # 22809		
25.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DCNR AND AGRICULTURE CIP PROJECTS - NON-EXEC	BERGER HANNAFIN ARCHITECTURE, LLC	BONDS	\$22,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Comstock Historic Office Building Renovations CIP project, to include design development, construction documents, plan to check, and bid documents for the upgrades and repairs to the existing facility: CIP Project No. 21-M34; SPWD Contract No. 114533.				
		Term of Contract:	11/10/2021 - 06/30/2025	Contract # 25168		
26.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - CULTURAL AFFAIRS CIP PROJECTS - NON-EXEC	SAAREM CONSULTING ENGINEERS	BONDS	\$37,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Department of Tourism - Nevada Historical Society Building Heating, Ventilation, and Air Conditioning System Renovation CIP project, to include design documents, bidding services, and construction administration for the replacement of the rooftop packaged gas-electric units and associated ductwork: CIP Project No. 21-M52; SPWD Contract No. 114436.				
		Term of Contract:	10/20/2021 - 06/30/2025	Contract # 25022		



# 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	FARR WEST ENGINEERING	BONDS	\$82,900	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Marlette Lake Water System - Diversion Dam Controls CIP project, to include design services, bid assistance, construction administration, and topographic services for the metering, aluminum catwalk, perimeter chain-link fence, and associated instrumentation updates: CIP Project No. 21-M15; SPWD Contract No. 114502.				
		Term of Contract:	10/20/2021 - 06/30/2025	Contract # 25056		
28.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	IMEG CORPORATION	HIGHWAY	\$47,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Department of Motor Vehicles - Carson City Campus Exterior Electrical Service Entrance Replacement CIP project, to include electrical and structural engineering design, bidding service, construction administration for the upgrade to the campus main utility electrical service entrance: CIP Project No. 21-M29; SPWD Contract No. 114491.				
		Term of Contract:	10/20/2021 - 06/30/2025	Contract # 25036		
29.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	AINSWORTH ASSOCIATES	OTHER: AGENCY FUNDS	\$71,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard Combined Support Maintenance Shop (CSMS) Heating Ventilation and Air Conditioning (HVAC) Unit Replacement CIP project, to include mechanical, architectural, electrical and structural design, bid support, and drawings for the HVAC unit replacement: CIP Project No. 20-A008; SPWD Contract No. 114504.				
		Term of Contract:	11/10/2021 - 06/30/2025	Contract # 25163		
30.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	VAN WOERT BIGOTTI ARCHITECTS	OTHER: FEDERAL	\$49,000	Professional Service
	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 detailed physical and functional review and architectural, mechanical, and electrical solutions to determine compliance with ELC requirements: CIP Project No. 21-A018; SPWD Contract No. 114269.				
		Term of Contract:	10/20/2021 - 06/30/2025	Contract # 24813		



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
31.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	MARK L. GENTILE	OTHER: WORKERS COMPENSATION/ CHARGES FOR SERVICES	\$60,000	Professional Service
	Contract Description:	This is a new contract to provide Appeals Officer services.				
		Term of Contract:	09/01/2021 - 08/31/2023	Contract # 25114		
32.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	PAUL H. LAMBOLEY, DBA LAW OFFICES OF PAUL H. LAMBOLEY	OTHER: WORKERS COMPENSATION/ CHARGES FOR SERVICES	\$60,000	Professional Service
	Contract Description:	This is a new contract to provide Appeals Officer services.				
		Term of Contract:	09/01/2021 - 08/31/2023	Contract # 25121		
33.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	VICTORIA T. OLDENBURG, DBA OLDENBURG LAW OFFICE	OTHER: WORKERS COMPENSATION/ CHARGES FOR SERVICES	\$60,000	Professional Service
	Contract Description:	This is a new contract to provide Appeals Officer services.				
		Term of Contract:	09/01/2021 - 08/31/2023	Contract # 25123		
34.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	TINA YAN	OTHER: WORKERS COMPENSATION/ CHARGES FOR SERVICES	\$60,000	Professional Service
	Contract Description:	This is a new contract to provide Appeals Officer services.				
		Term of Contract:	09/01/2021 - 08/31/2023	Contract # 25138		
35.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	ZENTZ & ZENTZ, LLC	OTHER: WORKERS COMPENSATION/ CHARGES FOR SERVICES	\$60,000	Professional Service
	Contract Description:	This is a new contract to provide Appeals Officer services.				
		Term of Contract:	09/01/2021 - 08/31/2023	Contract # 25120		
36.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	THE ABBI AGENCY	GENERAL	\$23,400	
	Contract Description:	This is the first amendment to the original contract which provides a website and search engine optimization audit report and brand assessment. This amendment extends the termination date from December 31, 2021 to March 31, 2022 and increases the maximum amount from \$18,000 to \$41,400 due to the addition of a brand book and brand messaging map.				
		Term of Contract:	10/06/2021 - 03/31/2022	Contract # 24773		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
37.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	PRO-PROJECT, LLC	FEDERAL	\$22,500	
	Contract Description:	This is a new contract to provide ongoing advisory services and support under the State Trade Expansion Program.				
		Term of Contract:	11/08/2021 - 09/30/2022	Contract # 25173		
38.	300	DEPARTMENT OF EDUCATION - DISCRETIONARY GRANTS - RESTRICTED	CAYEN SYSTEMS, LLC	FEDERAL	\$42,369	Sole Source
	Contract Description:	This is the tenth amendment to the original contract which provides annual maintenance and support for the Cayen After School and 21st Century Community Learning Centers program for 51 sites. This amendment extends the termination date from December 31, 2021 to June 30, 2022 and increases the maximum amount from \$362,607 to \$404,976 due to the continued need for these services.				
		Term of Contract:	03/12/2013 - 06/30/2022	Contract # 13995		
39.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	WESTED	FEDERAL	\$24,900	
	Contract Description:	This is a new contract to provide assessment training to the agency-sponsored charter schools.				
		Term of Contract:	11/05/2021 - 09/30/2022	Contract # 25198		
40.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER	LOFTIN EQUIPMENT COMPANY	GENERAL 50.2% FEDERAL 49.8%	\$19,480	
	Contract Description:	This is a new contract to provide ongoing semi-annual inspections and preventative maintenance on one propane and two diesel-fired emergency backup power generators.				
		Term of Contract:	01/01/2022 - 12/31/2025	Contract # 25158		
41.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	THE W.W. WILLIAMS COMPANY, LLC	GENERAL	\$30,160	
	Contract Description:	This is a new contract to provide ongoing service, testing and maintenance of emergency generators.				
		Term of Contract:	04/01/2022 - 03/31/2024	Contract # 25052		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
42.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	BARKINGFROG, LLC	FEDERAL	\$98,000	Sole Source
	Contract Description:	This is a new contract to provide the availability of Exposure Notifications Express (EN Express) to the Android operating system and remove the COVID Trace application on Android and iPhone Operating Systems due to the duplicative functionality of the EN Express.				
		Term of Contract:	11/10/2021 - 03/31/2022	Contract # 25031		
43.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	END POINT CORPORATION	FEDERAL	\$60,000	Sole Source
	Contract Description:	This is a new contract to provide a gap analysis of the current implementation of the EpiTrax disease surveillance solution to include analysis of best practices needed to complete the setup.				
		Term of Contract:	11/16/2021 - 12/31/2021	Contract # 25132		
44.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO THE UNIVERSITY OF NEVADA, LAS VEGAS	GENERAL	\$15,498	Exempt
	Contract Description:	This is a new interlocal agreement to provide support to the Clark County Children's Mental Health Consortium.				
		Term of Contract:	11/15/2021 - 06/30/2023	Contract # 24634		
45.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	JTD COUNSELING AND CONSULTING, LLC	GENERAL 64% FEDERAL 36%	\$44,000	
	Contract Description:	This is the first amendment to the original contract which provides federally mandated monthly visits for children placed outside of Nevada. This amendment increases the maximum amount from \$24,000 to \$68,000 due to the increased need for these services.				
		Term of Contract:	07/01/2019 - 06/30/2023	Contract # 22514		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
46.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	ANNE LAUGHLIN, DBA ANNE LAUGHLIN, ESQ	FEDERAL	\$15,000	
		Contract Description: This is a new contract to provide legal services for case closure or guardianships. Term of Contract: 11/15/2021 - 09/30/2023 Contract # 25111				
47.	431	OFFICE OF THE MILITARY	SCHINDLER ELEVATOR CORPORATION, DBA ADAMS ELEVATOR EQUIPMENT	GENERAL 50% FEDERAL 50%	\$45,000	
		Contract Description: This is a new contract to provide ongoing elevator maintenance and repair services for the Reno Air Guard facility. Term of Contract: 11/08/2021 - 09/30/2025 Contract # 25064				
48.	431	OFFICE OF THE MILITARY	JAMES F. THOMSON, JR. DBA AMERICAN SOUTHWEST ELECTRIC	FEDERAL	\$51,581	
		Contract Description: This is a new contract to provide office remodeling at the Henderson Armory for the StarBase Program. Term of Contract: 11/05/2021 - 05/30/2022 Contract # 25143				
49.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	JK ARCHITECTURE ENGINEERING	FEE: SPORTSMEN REVENUE 50% BONDS 25% FEDERAL 25%	\$29,500	Professional Service
		Contract Description: This is the first amendment to the original contract which provides professional engineering, estimating, and hydrology services. This amendment increases the maximum amount from \$48,000 to \$77,500 due to an increased need for design services. Term of Contract: 05/12/2021 - 12/31/2022 Contract # 23881				
50.	702	DEPARTMENT OF WILDLIFE - DIVERSITY DIVISION	KEARNS & WEST	FEDERAL	\$79,865	
		Contract Description: This is a new contract to provide facilitation of the development of services to the State Wildlife Action Plan revisions and subsequent implementation at both state and regional levels. Term of Contract: 10/21/2021 - 09/30/2022 Contract # 24939				

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
51.	702	DEPARTMENT OF WILDLIFE - HABITAT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – OBO UNIVERSITY OF NEVADA, RENO	FEE: HABITAT CONSERVATION 50% OTHER: INDUSTRIAL DEVELOPMENT FUND 50%	\$33,611	Exempt
	Contract Description:	This is a new interlocal agreement to provide an examination of the potential for inclusion of the native forb plant in greenstrip vegetation planted in Nevada.				
		Term of Contract:	11/09/2021 - 08/31/2023	Contract # 25003		
52.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	ASSOCIATED CHAPELS	REVENUE	\$40,000	
	Contract Description:	This is a new revenue contract to provide commercial wedding ceremonies and wedding photo tours at Valley of Fire State Park.				
		Term of Contract:	11/08/2021 - 09/30/2023	Contract # 25131		
53.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	BORGES SLEIGH AND CARRIAGE RIDES	REVENUE	\$20,000	
	Contract Description:	This is a new revenue contract to provide winter sleigh rides and narrated programs at Sand Harbor Management Unit.				
		Term of Contract:	11/08/2021 - 04/30/2022	Contract # 25124		
54.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	NYE COUNTY EMERGENCY MANAGEMENT	REVENUE	\$29,650	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 25119		
55.	752	DEPARTMENT OF BUSINESS AND INDUSTRY - LABOR COMMISSION	LCPTRACKER, INC.	GENERAL	\$17,000	Sole Source
	Contract Description:	This is a new contract to implement an approved technology investment to provide software to review and track workforce data necessary for the enforcement of public works and prevailing wage laws.				
		Term of Contract:	11/17/2021 - 11/30/2023	Contract # 25077		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
56.	810	DEPARTMENT OF MOTOR VEHICLES - AUTOMATION	GARTNER, INC.	HIGHWAY	\$95,495	
	Contract Description:	This is a new work plan under master service agreement #99SWC-NV21-8568 and includes the State of Minnesota NASPO ValuePoint Master Agreement #186840 which provides research and advisory services related to information technology (IT). This work plan provides consulting on DMV IT systems to create a customer centric platform.				
	Term of Contract:	01/01/2022 - 12/31/2022	Contract # 25126			
57.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - VOCATIONAL REHABILITATION	SOMERSET ACADEMY OF LAS VEGAS	FEDERAL	\$20,001	Exempt
	Contract Description:	This is a new interlocal agreement to provide Pre-Employment Transition Services during the winter of 2021-2022 to disabled youths, ages 14-22, by providing the tools that will enable them to seek and retain employment.				
	Term of Contract:	10/19/2021 - 06/30/2022	Contract # 24955			
58.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	IMAGE ACCESS CORPORATION	FEDERAL	\$20,000	Professional Service
	Contract Description:	This is a new contract to upgrade existing Kofax capture scanning software.				
	Term of Contract:	11/03/2021 - 02/28/2022	Contract # 25127			
59.	B009	LICENSING BOARDS AND COMMISSIONS - FUNERAL AND CEMETERY SERVICES	CHRISTIENSEN ACCOUNTING NETWORK	FEE: LICENSURE	\$11,000	Professional Service
	Contract Description:	This is a new contract to provide a financial audit.				
	Term of Contract:	10/19/2021 - 06/30/2022	Contract # 25076			
60.	B013	LICENSING BOARDS AND COMMISSIONS - LIQUEFIED PETROLEUM GAS	THENTIA USA, INC.	FEE: LICENSURE	\$50,000	
	Contract Description:	This is a new contract to provide software design, development and delivery services.				
	Term of Contract:	11/18/2021 - 11/09/2025	Contract # 25020			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
61.	B021	LICENSING BOARDS AND COMMISSIONS - ORIENTAL MEDICINE	THE ADVANTAGE GROUP	FEE: LICENSURE	\$30,000	
	Contract Description:	This is a new contract to provide investigative services.				
	Term of Contract:	11/09/2021 - 10/31/2025	Contract # 25106			
62.	B026	LICENSING BOARDS AND COMMISSIONS - OSTEOPATHIC MEDICINE	MCDONALD CARANO	FEE: LICENSURE	\$75,000	Professional Service
	Contract Description:	This is a new contract to provide lobbying services and government affairs assistance.				
	Term of Contract:	01/01/2022 - 12/31/2023	Contract # 25128			

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25071**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>WASHOE, COUNTY OF/WASHOE</b>
Agency Code: <b>030</b>	Contractor Name: <b>WASHOE, COUNTY OF/WASHOE</b>
Appropriation Unit: <b>1030-04</b>	Address: <b>COUNTY REGIONAL MEDICAL EXAMIN</b>
Is budget authority available?: <b>Yes</b>	<b>990 E 9TH ST</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>RENO, NV 89512-2809</b>
	Contact/Phone: <b>775/785-6114</b>
	Vendor No.: <b>T40283400D</b>
	NV Business ID: <b>GOVERNMENT ENTITY</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % AG Cap</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 10/2021

Retroactive? **Yes**

If "Yes", please explain

**We are requesting this contract be retroactively approved to October 5, 2021 Due to the nature of the matter services were needed to begin before the contract could be fully approved.**

3. Termination Date: **09/30/2025**

Contract term: **3 years and 361 days**

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

Contract description: **Expert Witness**

5. Purpose of contract:

**This is a new contract to provide expert witness services for various cases.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Office of the Attorney General participates in cases that require expert witness services from the Medical Examiner based on their areas of expertise.

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 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?



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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:  
null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	10/08/2021 09:52:57 AM
Division Approval	jhoba2	10/08/2021 09:53:00 AM
Department Approval	jhoba2	10/08/2021 09:53:03 AM
Contract Manager Approval	Iramire7	10/08/2021 09:56:55 AM
Budget Analyst Approval	jcoope8	10/20/2021 14:17:25 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:** October 8, 2021

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

**From:** Lesley Volkov, Management Analyst II

**Subject:** Retroactive Approval for contract # 25071 for Washoe County  
Regional Medical Examiner's Office

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We are requesting this contract be retroactively approved to October 5, 2021 Due to the nature of the matter services were needed to begin before the contract could be fully approved.

### CONTRACT SUMMARY

(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>23717</b>	Amendment Number: <b>1</b>
Agency Name: <b>SECRETARY OF STATE'S OFFICE</b>	Legal Entity Name: <b>WSD Digital LLC dba Reframe Engage</b>
Agency Code: <b>040</b>	Contractor Name: <b>WSD Digital LLC dba Reframe Engage</b>
Appropriation Unit: <b>1050-26</b>	Address: <b>750 Main Street Suite 327</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Hartford, CT 06103</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Seth Klaskin 844-473-3726</b>
	Vendor No.: <b>T29043588</b>
	NV Business ID: <b>NV20201919313</b>

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

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

<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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/09/2020**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **10/31/2021**

Contract term: **2 years and 355 days**

4. Type of contract: **Contract**

Contract description: **Web Based Subscripti**

5. Purpose of contract:

**This is the first amendment to the original contract which provides a proprietary, web-based, customer/citizen engagement technology platform that facilitates appointment scheduling, context based service delivery and scheduled remote assistance. This amendment extends the termination date from October 31, 2021 to October 31, 2023 and increases the maximum amount from \$12,000 to \$36,000 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$12,000.00	\$12,000.00	\$12,000.00	Yes - Info
2. Amount of current amendment (#1):	\$24,000.00	\$24,000.00	\$36,000.00	Yes - Info
3. New maximum contract amount:	\$36,000.00			
and/or the termination date of the original contract has changed to:	10/31/2023			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To provide the Nevada Secretary of State our ReFrame Engage Solution to support multiple locations and employees and provide more efficient customer service and increased efficiencies with business transactions. ReFrame Engage is a comprehensive, online Customer Engagement Platform designed to streamline day-to-day business operations of scheduling virtual or in-person appointments to include multi-channel communication and administration control with the setup and configuration of customized branded instance.

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

NV State employees are not trained or have the expertise to complete these requirements.

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):

Kronis  
Captterra  
WSD Digital  
Lobby Pad

b. Solicitation Waiver: **Not Applicable**

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

Reframe Engage provides more efficient customer service and increased efficiencies with our business transactions and the best yearly subscription price.

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

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	shudder	10/13/2021 11:41:21 AM
Division Approval	shudder	10/13/2021 11:42:09 AM
Department Approval	shudder	10/13/2021 11:42:17 AM
Contract Manager Approval	adale	10/13/2021 11:46:56 AM
EITS Approval	msmi40	10/14/2021 10:18:44 AM
Budget Analyst Approval	hfield	10/19/2021 16:19:35 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25081**

Agency Name: <b>TREASURER - HIGHER EDUCATION TUITION</b>	Legal Entity Name: NV State Library, Archives and Public Records
Agency Code: <b>052</b>	Contractor Name: <b>NV State Library, Archives and Public Records</b>
Appropriation Unit: <b>1081-26</b>	Address: <b>100 N. Stewart St.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89701</b>
If "No" please explain: Not Applicable	Contact/Phone: Sara Martel 775-684-3422
	Vendor No.:
	NV Business ID: Governmental Entity

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 % 100.00 % College Savings Endowment Fund</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/26/2021**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2023**

Contract term: **2 years and 5 days**

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

Contract description: **On Base**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing software support and licensing for document imaging for the PrePaid Tuition Program's database.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,366.67**

Other basis for payment: Paid annually.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Prepaid Tuition contract documents must be scanned, uploaded, and interfaced with the Prepaid Tuition Program's online database system for staff and participant access.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees cannot perform this service.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **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:

Nevada State agency performing services for another agency.

14. Is the contractor currently involved in litigation with the State 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	alaw1	10/13/2021 10:55:33 AM
Division Approval	alaw1	10/13/2021 10:55:36 AM
Department Approval	alaw1	10/13/2021 10:55:40 AM
Contract Manager Approval	rmorse	10/14/2021 13:20:59 PM
Budget Analyst Approval	dlenzner	10/26/2021 12:16:51 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25068**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>BRIGGS ELECTRIC INC</b>
Agency Code: <b>082</b>	Contractor Name: <b>BRIGGS ELECTRIC INC</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>5111 CONVAIR DR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89706-0426</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ariana Beserra 775-887-9901</b>
	Vendor No.: <b>T81091747A</b>
	NV Business ID: <b>NV19961075756</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 % B&amp;G Building Rental Income Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/02/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2025**

Contract term: **3 years and 364 days**

4. Type of contract: **Contract**

Contract description: **Electrical Service**

5. Purpose of contract:

**This is a new contract to provide ongoing electrical services to state-owned buildings in Northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$41,250.00**

Other basis for payment: M-F 7am to 3:30pm; Hrly rate \$110/dispatch to completion;\$30 truck charge. Two (2) hr minimum all jobs w/truck charge;Emergency, week-end, holiday rates see Rate sheet Attachment CC

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Buildings and Grounds requires an as needed vendor to perform electrical services.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Lack of trained personnel and equipment**

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):



Lumens Electric  
Lakeview Electric  
The Happy Outlet

KD Electric

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of several vendors. 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, 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	10/12/2021 14:05:50 PM
Division Approval	tmilazz1	10/13/2021 10:41:22 AM
Department Approval	ssands	10/22/2021 13:10:07 PM
Contract Manager Approval	mvietti	10/22/2021 14:06:18 PM
Budget Analyst Approval	nkephart	11/02/2021 15:42:00 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25038**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>BERGER HANNAFIN ARCHITECTURE</b>
Agency Code: <b>082</b>	Contractor Name: <b>BERGER HANNAFIN ARCHITECTURE</b>
Appropriation Unit: <b>1510-79</b>	Address: <b>312 W. THIRD ST.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89703-4238</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-882-6455</b>
	Vendor No.: <b>T29042660</b>
	NV Business ID: <b>NV20101506066</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 #: 114448

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 254 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 Western Nevada College - Renovation of Marlette Lecture Hall CIP project, to include design development, construction documents, bidding services, and construction administration for the renovation of Marlette Lecture Hall: CIP Project No. 21-C13; SPWD Contract No. 114448**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$98,700.00**

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:

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:

Runkle, Jack, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/13/2021 13:52:00 PM
Division Approval	nmann	10/13/2021 13:52:04 PM
Department Approval	nmann	10/13/2021 13:52:07 PM
Contract Manager Approval	lwildes	10/14/2021 13:42:04 PM
Budget Analyst Approval	nkephart	10/20/2021 08:24:56 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: **25167**

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>1535-53</b>	Address: <b>4090 S. MCCARRAN BLVD. SUITE 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 #: 114534

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 232 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 Psychiatric Hospital Nurses Station Security Enclosures CIP project, to include floor plans, interior elevations, mechanical and electrical engineering, specifications, cost estimating and construction administration services to provide security safety glazing enclosures at the nursing stations and security system upgrades for the main entry reception station: CIP Project 21-M02-10; SPWD Contract No. 114534.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$52,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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:  
Runckle, Jack, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/04/2021 15:13:14 PM
Division Approval	nmann	11/04/2021 15:13:17 PM
Department Approval	nmann	11/04/2021 15:13:21 PM
Contract Manager Approval	lwildes	11/04/2021 15:17:18 PM
Budget Analyst Approval	jrodrig9	11/10/2021 02:39:47 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: **25035**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>DLR GROUP ARCHITECTURE &amp; ENGINEERING, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>DLR GROUP ARCHITECTURE &amp; ENGINEERING, INC.</b>
Appropriation Unit: <b>1550-23</b>	Address: <b>6225 N 24 ST., STE 250</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PHOENIX, AZ 85016</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>602-794-1938</b>
	Vendor No.: <b>T32009274A</b>
	NV Business ID: <b>NV20121109037</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 #: 114472

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/03/2021**  
 Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 240 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 High Desert State Prison and Southern Desert Correctional Center, Install Recreation Yard Fencing CIP project, to include design development, construction documents, bidding services, and construction administration for the fencing installation: CIP Project No. 21-M57; SPWD Contract No. 114472**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,910.00**

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:  
McEntee, Markus, Project Manger Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/14/2021 15:57:47 PM
Division Approval	nmann	10/14/2021 15:57:49 PM
Department Approval	nmann	10/14/2021 15:57:51 PM
Contract Manager Approval	lwildes	10/25/2021 10:54:43 AM
Budget Analyst Approval	nkephart	11/03/2021 08:53:45 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: **25042**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>KGA ARCHITECTURE</b>
Agency Code: <b>082</b>	Contractor Name: <b>KGA ARCHITECTURE</b>
Appropriation Unit: <b>1577-54</b>	Address: <b>9075 W. DIABLO DR., 3RD FLR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89148-7604</b>
If "No" please explain: Not Applicable	Contact/Phone: 702-367-6900
	Vendor No.: T80931708
	NV Business ID: NV19771007004

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>47.00 %</b>	<b>X</b> Bonds	<b>53.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114471

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**  
Contract term: **3 years and 254 days**

4. Type of contract: **Contract**  
Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Clark County Armory Restroom Facilities Remodel CIP project, to include the schematic design, construction documents, bidding services, and construction administration for the design and remodel of the existing restrooms and showers: CIP Project No. 21-M25; SPWD Contract No. 114471.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$96,200.00**  
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: 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: Labaj, Mark, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/12/2021 13:42:15 PM
Division Approval	nmann	10/12/2021 13:42:18 PM
Department Approval	nmann	10/12/2021 13:42:21 PM
Contract Manager Approval	lwildes	10/13/2021 14:16:46 PM
Budget Analyst Approval	nkephart	10/20/2021 08:54:48 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: **25023**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>SAAREM CONSULTING ENGINEERS</b>
Agency Code: <b>082</b>	Contractor Name: <b>SAAREM CONSULTING ENGINEERS</b>
Appropriation Unit: <b>1577-57</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: Not Applicable	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 %
<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 #: 114454

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 254 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Office of the Adjutant General Domestic Hot Water System and Transformer Replacement CIP project, to include design services, bidding services, and construction administration for the hot water system and electrical transformer replacement: CIP Project No. 21-M43; SPWD Contract No. 114454.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$55,745.00**

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	10/15/2021 11:42:26 AM
Division Approval	nmann	10/15/2021 11:42:29 AM
Department Approval	nmann	10/15/2021 11:42:32 AM
Contract Manager Approval	lwildes	10/15/2021 11:42:49 AM
Budget Analyst Approval	nkephart	10/20/2021 09:26:20 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25061**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>SHAW ENGINEERING</b>
Agency Code: <b>082</b>	Contractor Name: <b>SHAW ENGINEERING</b>
Appropriation Unit: <b>1577-58</b>	Address: <b>20 VINE ST.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89503-5520</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-329-5559</b>
	Vendor No.: <b>T29002238</b>
	NV Business ID: <b>NV19951060977</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>52.00 %</b>	<b>X</b> Bonds	<b>48.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114496

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/02/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 241 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 Recondition Water Storage Tank CIP project, to include the schematic design, design development, construction documents, bid documents, and construction administration for the water storage tank reconditioning: CIP Project No. 21-M47; SPWD Contract No. 114496**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$76,350.00**

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 Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/01/2021 14:05:04 PM
Division Approval	nmann	11/01/2021 14:05:07 PM
Department Approval	nmann	11/01/2021 14:05:11 PM
Contract Manager Approval	lwildes	11/01/2021 14:20:02 PM
Budget Analyst Approval	nkephart	11/02/2021 11:19:54 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: **25197**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>SHAW ENGINEERING, LTD</b>
Agency Code: <b>082</b>	Contractor Name: <b>SHAW ENGINEERING, LTD</b>
Appropriation Unit: <b>1577-60</b>	Address: <b>20 VINE ST.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89503-5520</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-329-5559</b>
	Vendor No.: <b>T29002238</b>
	NV Business ID: <b>NV19951060977</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 %
<b>X</b> Federal Funds <b>70.00 %</b>	<b>X</b> Bonds <b>30.00 %</b>
Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: 114537	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2021**  
 Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**  
 Contract term: **3 years and 228 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 Wastewater System Upgrade CIP project, to include engineering support services, design documents, bid, and construction administration services for the wastewater system upgrades: CIP Project No. 21-M51; SPWD Contract No. 114537.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$43,000.00**  
 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:  
Smith, Aaron, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/08/2021 16:03:45 PM
Division Approval	nmann	11/08/2021 16:03:47 PM
Department Approval	nmann	11/08/2021 16:03:49 PM
Contract Manager Approval	lwildes	11/09/2021 07:46:03 AM
Budget Analyst Approval	jrodrig9	11/14/2021 23:10:11 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: **25041**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>TSK ARCHITECTS</b>
Agency Code: <b>082</b>	Contractor Name: <b>TSK ARCHITECTS</b>
Appropriation Unit: <b>1577-66</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: Not Applicable	Contact/Phone: 702-456-3000
	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 %
<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 #: 114473

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**  
Contract term: **3 years and 254 days**

4. Type of contract: **Contract**  
Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Clark County Armory Interior and Exterior Door Replacement CIP project, to include design development, construction documents, permitting services, and construction administration services for the interior and exterior doors replacement: CIP Project No. 21-E06; SPWD Contract No. 114473.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$62,802.00**  
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	10/12/2021 14:45:53 PM
Division Approval	nmann	10/12/2021 14:45:55 PM
Department Approval	nmann	10/12/2021 14:47:44 PM
Contract Manager Approval	lwildes	10/13/2021 14:19:21 PM
Budget Analyst Approval	nkephart	10/20/2021 10:00:53 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: **25048**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>WALSH ODYSSEY ENGINEERING LTD DBA ODYSSEY ENGINEERING INC</b>
Agency Code: <b>082</b>	Contractor Name: <b>WALSH ODYSSEY ENGINEERING LTD DBA ODYSSEY ENGINEERING INC</b>
Appropriation Unit: <b>1577-64</b>	Address: <b>895 ROBERTA LN., STE. 104</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431-1898</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-359-3303</b>
	Vendor No.: <b>T29022158</b>
	NV Business ID: <b>NV19901023985</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>52.00 %</b>	<b>X</b> Bonds	<b>48.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114489

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 254 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Carlin Readiness Center Security Fence Addition CIP project, to include boundary/base mapping, aerial topographic survey, and civil plans for the perimeter security fence: CIP Project No. 21-E04; SPWD Contract No. 114489**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$73,875.00**

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 Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/12/2021 11:19:35 AM
Division Approval	nmann	10/12/2021 11:19:38 AM
Department Approval	nmann	10/12/2021 11:19:40 AM
Contract Manager Approval	lwildes	10/13/2021 09:58:58 AM
Budget Analyst Approval	nkephart	10/20/2021 09:37:41 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: **25055**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CURTAINWALL DESIGN CONSULTING</b>
Agency Code: <b>082</b>	Contractor Name: <b>CURTAINWALL DESIGN CONSULTING</b>
Appropriation Unit: <b>1585-65</b>	Address: <b>2400 S. CIMARRON RD., STE. 125</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89117-7936</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-222-9349</b>
	Vendor No.: <b>T29032419</b>
	NV Business ID: <b>NV20051436120</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 #: 114490

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/03/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 240 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 Nevada State Museum Las Vegas Roof Access, Hatch and Ladder Improvements CIP project, to include design development, construction documents, bidding coordination, and construction administration for the roof improvements: CIP Project No. 21-S01-5; SPWD Contract No. 114490**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,850.00**

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:  
Lutz, Andy, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/19/2021 14:16:14 PM
Division Approval	nmann	10/19/2021 14:16:16 PM
Department Approval	nmann	10/19/2021 14:16:19 PM
Contract Manager Approval	lwildes	10/27/2021 14:24:47 PM
Budget Analyst Approval	nkephart	11/03/2021 09:27:28 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25176**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CURTAINWALL DESIGN CONSULTING</b>
Agency Code: <b>082</b>	Contractor Name: <b>CURTAINWALL DESIGN CONSULTING</b>
Appropriation Unit: <b>1585-65</b>	Address: <b>2400 S. CIMARRON RD., STE. 125</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89117-7936</b>
If "No" please explain: Not Applicable	Contact/Phone: 702-222-9349
	Vendor No.: T29032419
	NV Business ID: NV20051436120

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 #: 114531

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 232 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 Belrose Building Roofing Replacement CIP project, to include programming, design development, construction documents, bidding coordination, and construction administration services for the roof replacement: CIP Project No. 21-S1-4; SPWD Contract No. 114531**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

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:  
Lutz, Andy, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/05/2021 14:39:52 PM
Division Approval	nmann	11/05/2021 14:39:54 PM
Department Approval	nmann	11/05/2021 14:39:57 PM
Contract Manager Approval	lwildes	11/05/2021 14:42:47 PM
Budget Analyst Approval	jrodrig9	11/10/2021 01:42:49 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: **25072**

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>1585-53</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 #: 114457

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/04/2021**  
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 239 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 State Mail and Education Building, Roofing Replacement CIP project, to include roof plans, details, specifications, cost estimating and construction administration for the membrane and shingle/roof replacement: CIP Project No. 19-S01-10; SPWD Contract No. 114457.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Leg approved CIP

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:  
Lutz, Andy, Project Manger Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/02/2021 14:25:57 PM
Division Approval	nmann	11/02/2021 14:26:00 PM
Department Approval	nmann	11/02/2021 14:26:03 PM
Contract Manager Approval	lwildes	11/02/2021 14:48:02 PM
Budget Analyst Approval	vfajota	11/04/2021 16:54:09 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25080**

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>1585-65</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: Not Applicable	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 #: 114460

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/04/2021**  
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 239 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 Buckland Station Roofing Replacement CIP Project, to include roof plans, details, specifications, cost estimating and construction administration for the removal and replacement of the Buckland Station roof: CIP Project No. 21-S01-10; SPWD Contract No. 114460.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,300.00**

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:  
Lutz, Andy, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/02/2021 14:58:38 PM
Division Approval	nmann	11/02/2021 14:58:41 PM
Department Approval	nmann	11/02/2021 14:58:43 PM
Contract Manager Approval	lwildes	11/02/2021 15:24:33 PM
Budget Analyst Approval	vfajota	11/04/2021 16:44:32 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25086**

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>1585-65</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 #: 114458

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/15/2021**  
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 227 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 Lahontan State Park Four Residence Buildings Roofing Replacement CIP project, to include roof plans, details, specifications, cost estimating and construction administration for the installation of new composition shingles: CIP Project No. 21-S01-3; SPWD Contract No. 114458.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,100.00**

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:  
Lutz, Andy, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/02/2021 16:04:54 PM
Division Approval	nmann	11/02/2021 16:04:57 PM
Department Approval	nmann	11/02/2021 16:05:00 PM
Contract Manager Approval	lwildes	11/03/2021 07:05:49 AM
Budget Analyst Approval	jrodrig9	11/15/2021 02:27:08 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25166**

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>1585-65</b>	Address: <b>4090 S. MCCARRAN BLVD.</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 #: 114540

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 232 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 Conservation Camp Operations and Culinary Housing Units 1-5 Roofing Replacement CIP project, to include roof plans, details, specifications, cost estimating and construction administration services for the roof replacement: CIP Project No. 21-S01-1; Contract No. 114540.**

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:  
Lutz, Andy, Project Manger Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/04/2021 13:57:36 PM
Division Approval	nmann	11/04/2021 13:57:39 PM
Department Approval	nmann	11/04/2021 13:57:41 PM
Contract Manager Approval	lwildes	11/04/2021 15:07:39 PM
Budget Analyst Approval	jrodrig9	11/10/2021 02:46:44 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: **25208**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>JVC ARCHITECTS, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>JVC ARCHITECTS, INC.</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: Not Applicable	Contact/Phone: 702-871-3416
	Vendor No.: T27007825
	NV Business ID: NV19931066659

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 #: 114560

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 228 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 Child & Adolescent Services Buildings 8 & 14 ADA Upgrades CIP project, to include design documents and associated cost estimates, construction documents, bid documents and construction administration services to complete American with Disabilities Act upgrades to the buildings restrooms, kitchens, door hardware, signage and casework alterations and appliances: CIP Project No. 21-S02-3; SPWD Contract No. 114560**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$77,900.00**

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:  
Rife, Mike, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/09/2021 11:41:06 AM
Division Approval	nmann	11/09/2021 11:41:09 AM
Department Approval	nmann	11/09/2021 11:41:11 AM
Contract Manager Approval	lwildes	11/09/2021 12:22:01 PM
Budget Analyst Approval	jrodrig9	11/14/2021 22:30:18 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25159**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>O'CONNOR CONSTRUCTION MANAGEMENT, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>O'CONNOR CONSTRUCTION MANAGEMENT, INC.</b>
Appropriation Unit: <b>1585-69</b>	Address: <b>8851 RESEARCH DRIVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>IRVINE, CA 92618</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>949-476-2094</b>
	Vendor No.: <b>T29038293A</b>
	NV Business ID: <b>NV19961073455</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 #: 114481

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/15/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 227 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering cost estimating services for the purpose of producing a CIP Cost Inflation Study. The scope of the study will include a market study analyzing recent construction demands, current and forecasted construction inflation costs across Nevada and a full executive level summary recommendation of construction cost inflation by region: CIP Project No. 21-S04; SPWD Contract No. 114481.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,700.00**

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:  
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:  
Pearson, Brandon, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/03/2021 15:11:39 PM
Division Approval	nmann	11/03/2021 15:11:42 PM
Department Approval	nmann	11/03/2021 15:11:46 PM
Contract Manager Approval	lwildes	11/04/2021 07:29:18 AM
Budget Analyst Approval	jrodrig9	11/15/2021 02:22:01 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: **25037**

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>1585-65</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 #: 114461

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 254 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 State Museum - Indian Hills Collection Center Roofing Replacement CIP project, to include schematic design, design development, construction documents, bidding assistance, and construction administration for the roof replacement: CIP Project No. 21-S01-9; SPWD Contract No. 114461**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

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:

Lutz, Andy, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/14/2021 14:15:24 PM
Division Approval	nmann	10/14/2021 14:15:26 PM
Department Approval	nmann	10/14/2021 14:15:29 PM
Contract Manager Approval	lwildes	10/15/2021 07:35:58 AM
Budget Analyst Approval	nkephart	10/20/2021 10:17:21 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: **25165**

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>1585-65</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 #: 114532

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/15/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 227 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 Correctional Center Housing Units 1 & 2 Roofing Replacement CIP project, to include drawings, design development, construction documents, bidding assistance, and construction administration services for the housing units' roof replacement: CIP Project No. 21-S01-12; SPWD Contract No. 114532.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$55,000.00**

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:

Lutz, Andy, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/04/2021 14:21:29 PM
Division Approval	nmann	11/04/2021 14:21:35 PM
Department Approval	nmann	11/04/2021 14:21:39 PM
Contract Manager Approval	lwildes	11/04/2021 15:09:01 PM
Budget Analyst Approval	jrodrig9	11/15/2021 03:11:29 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>22809</b>	Amendment Number: <b>2</b>
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>1590-22</b>	Address: <b>1575 DELUCCHI LN., STE. 120</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502</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? **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 %
<b>X Highway Funds</b>	<b>94.00 %</b>	<b>X Other funding</b>	<b>6.00 %</b>

Agency Reference #: 113243

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/10/2020**  
 Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2023**

Contract term: **3 years and 112 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is the second amendment to the original contract to provide professional architectural/engineering services for the Carson City Department of Motor Vehicles - Warehouse Loading Dock & Exterior Repairs CIP project: CIP Project No. 19-M54 & 19-M55; SPWD Contract No.113243. This amendment increases the maximum amount from \$60,400.00 to \$68,400.00 due to additional construction documents for the temporary shoring.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$56,400.00	\$56,400.00	\$56,400.00	Yes - Action
a. Amendment 1:	\$4,000.00	\$4,000.00	\$4,000.00	No
2. Amount of current amendment (#2):	\$8,000.00	\$12,000.00	\$12,000.00	Yes - Info
3. New maximum contract amount:	\$68,400.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Leg. Approved CIP's



8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural / Engineering are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No  
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/08/2021 16:26:01 PM
Division Approval	nmann	11/08/2021 16:26:07 PM
Department Approval	nmann	11/08/2021 16:26:11 PM
Contract Manager Approval	lwildes	11/09/2021 07:44:18 AM
Budget Analyst Approval	jrodrig9	11/14/2021 22:51:57 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: **25168**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>BERGER HANNAFIN ARCHITECTURE, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>BERGER HANNAFIN ARCHITECTURE, LLC</b>
Appropriation Unit: <b>1591-43</b>	Address: <b>312 W. THIRD ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89703-4238</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-882-6455</b>
	Vendor No.: <b>T29042660</b>
	NV Business ID: <b>NV20101506066</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 #: 114533

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 232 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 Comstock Historic Office Building Renovations CIP project, to include design development, construction documents, plan checking, and bid documents for the upgrades and repairs to the existing facility: CIP Project No. 21-M34; SPWD Contract No. 114533.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,000.00**

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:

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:

Runckle, Jack, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/04/2021 16:40:51 PM
Division Approval	nmann	11/04/2021 16:40:54 PM
Department Approval	nmann	11/04/2021 16:40:56 PM
Contract Manager Approval	lwildes	11/05/2021 10:23:10 AM
Budget Analyst Approval	jrodrig9	11/10/2021 02:32:26 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: **25022**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>SAAREM CONSULTING ENGINEERS</b>
Agency Code: <b>082</b>	Contractor Name: <b>SAAREM CONSULTING ENGINEERS</b>
Appropriation Unit: <b>1592-36</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: Not Applicable	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 #: 114436

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 254 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 Tourism - Nevada Historical Society Building Heating, Ventilation, and Air Conditioning System Renovation CIP project, to include design documents, bidding services, and construction administration for the replacement of the rooftop packaged gas-electric units and associated ductwork: CIP Project No. 21-M52; SPWD Contract No. 114436.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,000.00**

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:  
Kono, Ian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/15/2021 14:25:17 PM
Division Approval	nmann	10/15/2021 14:25:19 PM
Department Approval	nmann	10/15/2021 14:25:23 PM
Contract Manager Approval	lwildes	10/15/2021 14:41:24 PM
Budget Analyst Approval	nkephart	10/20/2021 13:27:41 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: **25056**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>FARR WEST ENGINEERING</b>
Agency Code: <b>082</b>	Contractor Name: <b>FARR WEST ENGINEERING</b>
Appropriation Unit: <b>1594-16</b>	Address: <b>5510 LONGLEY LANE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-851-4788</b>
	Vendor No.: <b>T81102795</b>
	NV Business ID: <b>NV20011242988</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 #: 114502

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2021**  
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 254 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 Marlette Lake Water System - Diversion Dam Controls CIP project, to include design services, bid assistance, construction administration, and topographic services for the metering, aluminum catwalk, perimeter chain-link fence, and associated instrumentation updates: CIP Project No. 21-M15; SPWD Contract No. 114502.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$82,900.00**

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:  
Smith, Aaron, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/19/2021 11:35:21 AM
Division Approval	nmann	10/19/2021 11:35:23 AM
Department Approval	nmann	10/19/2021 11:35:26 AM
Contract Manager Approval	lwildes	10/19/2021 12:34:54 PM
Budget Analyst Approval	nkephart	10/20/2021 12:58:34 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: **25036**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>IMEG CORPORATION</b>
Agency Code: <b>082</b>	Contractor Name: <b>IMEG CORPORATION</b>
Appropriation Unit: <b>1594-20</b>	Address: <b>4599 LONGLEY LANE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-828-4889</b>
	Vendor No.: <b>T29044530A</b>
	NV Business ID: <b>NV20171192966</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 #:	114491		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 254 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 - Carson City Campus Exterior Electrical Service Entrance Replacement CIP project, to include electrical and structural engineering design, bidding service, construction administration for the upgrade to the campus main utility electrical service entrance: CIP Project No. 21-M29; SPWD Contract No. 114491.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,500.00**

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:  
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:  
Aviles, Jason, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/14/2021 15:16:05 PM
Division Approval	nmann	10/14/2021 15:16:07 PM
Department Approval	nmann	10/14/2021 15:16:09 PM
Contract Manager Approval	lwildes	10/15/2021 07:34:05 AM
Budget Analyst Approval	nkephart	10/20/2021 13:11:37 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: **25163**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>AINSWORTH ASSOCIATES</b>
Agency Code: <b>082</b>	Contractor Name: <b>AINSWORTH ASSOCIATES</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>1420 HOLCOMB AVE. SUITE 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 3650, expenditure category 10, Army Facilities	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 %	<input checked="" type="checkbox"/> Other funding	<b>100.00 % Agency Funds</b>

Agency Reference #: 114504

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 232 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard Combined Support Maintenance Shop (CSMS) Heating Ventilation and Air Conditioning (HVAC) Unit Replacement CIP project, to include mechanical, architectural, electrical and structural design, bid support, and drawings for the HVAC unit replacement: CIP Project No. 20-A008; SPWD Contract No. 114504.**

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?

"Agency Submitted Application (NV Army National Guard) HVAC Unit Replacement - CSMS.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Kono, Ian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/04/2021 11:15:52 AM
Division Approval	nmann	11/04/2021 11:15:55 AM
Department Approval	nmann	11/04/2021 11:15:57 AM
Contract Manager Approval	lwildes	11/04/2021 12:55:42 PM
Budget Analyst Approval	jrodrig9	11/10/2021 02:53:51 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: **24813**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>VAN WOERT BIGOTTI ARCHITECTS</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>VAN WOERT BIGOTTI ARCHITECTS</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>1400 S. VIRGINIA ST., STE C</b>
Is budget authority available?:	<b>No</b>	City/State/Zip	<b>RENO, NV 89502-2836</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>775-328-1010</b>
		Vendor No.:	<b>T60080600</b>
		NV Business ID:	<b>NV19781005709</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 #: 114269

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 254 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 detailed physical and functional review and architectural, mechanical, and electrical solutions to determine compliance with ELC requirements: CIP Project No. 21-A018; SPWD Contract No. 114269.**

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" (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:  
 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	10/12/2021 11:23:06 AM
Division Approval	nmann	10/12/2021 11:23:08 AM
Department Approval	nmann	10/12/2021 11:23:10 AM
Contract Manager Approval	lwildes	10/12/2021 12:20:54 PM
Budget Analyst Approval	nkephart	10/20/2021 13:40:03 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: **25114**

Agency Name: <b>ADMIN - HEARINGS AND APPEALS DIVISION</b>	Legal Entity Name: <b>GENTILE LAW GROUP</b>
Agency Code: <b>089</b>	Contractor Name: <b>GENTILE, MARK L</b>
Appropriation Unit: <b>1015-04</b>	Address: <b>8660 HICKAM AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89129</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>MARK GENTILE 702/523-2653</b>
	Vendor No.: <b>T27038165</b>
	NV Business ID: <b>NV20041510532</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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Workers Compensation/Charges for Services</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **Yes**

If "Yes", please explain

**The contractor was appointed by the Governor on October 7, 2021 for the term of 9/1/21-8/31/23.**

3. Termination Date: **08/31/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Appeals Officer**

5. Purpose of contract:

**This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$100.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422, Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 233B) decisions issued are subject to judicial review.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Hearings and Appeal's does not have attorneys on staff.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Was a contracted Appeals Officer from 9/1/19 to 8/31/21.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

**GENTILE LAW GROUP is owned by the contractor Mark Gentile**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Jasso, Lino, Legal Office Manager Ph: 702/486-3409

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	10/19/2021 08:40:56 AM
Division Approval	tmilazz1	10/21/2021 11:12:41 AM
Department Approval	ssands	10/26/2021 13:10:36 PM
Contract Manager Approval	mvietti	10/26/2021 14:09:47 PM
Budget Analyst Approval	jcoope8	11/02/2021 16:06:18 PM

**Steve Sisolak**  
*Governor*



**Laure E. Freed**  
*Director*  
**Matthew Tuma**  
*Deputy Director*  
**Michelle Morgando, Esq.**  
*Senior Appeals Officer*

**Northern Nevada:**  
*Hearings Office*  
1050 E. Williams St., Ste 400  
Carson City, Nevada 89701  
Phone: (775) 687-8440 | Fax: (775) 687-8441

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
***Hearings Division***  
[hearings.nv.gov](http://hearings.nv.gov)

**Southern Nevada:**  
*Hearings Office*  
2200 S. Rancho Drive, Ste 210  
Las Vegas, Nevada 89102  
Phone: (702) 486-2525 | Fax: (702) 486-2879

*Appeals Office*  
1050 E. Williams St., Ste 450  
Carson City, Nevada 89701  
(775) 687-8420 | Fax (775) 687-8421

*Appeals Office*  
2200 S. Rancho Drive, Ste 220  
Las Vegas, Nevada 89102  
(702) 486-2527 | Fax (702) 486-2555

## **MEMORANDUM**

**To:** Michael Rankin, Executive Branch Budget Officer  
Governor's Finance Office

**From:** Michelle Morgando, Senior Appeals Officer  
Hearings Division, Department of Administration

**Date:** October 19, 2021

**Subject:** Justification for Retroactive Contracts for Special Appeals Officers:  
Robert Zentz  
Mark Gentile  
Carolyn Broussard  
Tina Yan  
Victoria Oldenburg  
Paul Lambole  
Lorna Ward

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Special Appeals Officers were appointed on October 7, 2021, by the Governor as Special Appeals Offices for the Hearings Division and require contracts to be in place following appointments since they are not state employees. The Special Appeals Officers' reappointments are effective September 1, 2021, through August 31, 2023.

Due to the critical need and backlog of cases, the contractors continued work on September 1, 2021. Appointments of Appeals Officers are made pursuant to NRS 616C.340 and contracts could not have been initiated prior to the Governor's appointments.

The Division is respectfully requesting retroactive start dates for these contracts of September 1, 2021, congruent with the terms approved in the appointments.



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25121**

Agency Name: <b>ADMIN - HEARINGS AND APPEALS DIVISION</b> Agency Code: <b>089</b> Appropriation Unit: <b>1015-04</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>LAMBOLEY, PAUL H DBA</b> Contractor Name: <b>LAMBOLEY, PAUL H DBA</b> Address: <b>LAW OFFICES OF PAUL H LAMBOLEY 50 W LIBERTY ST STE 950 RENO, NV 89501-1979</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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Workers Compensation/Charges for Services</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **Yes**

If "Yes", please explain

**The contractor was appointed by the Governor on October 7, 2021 for the term of 9/1/21-8/31/23.**

3. Termination Date: **08/31/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Appeals Officer**

5. Purpose of contract:

**This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$100.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422; Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 233B) decisions issued are subject to judicial review.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Hearings and Appeal's does not have attorneys on staff.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This contractor was appointed to this position by the Governor on October 7, 2021.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor has been under contract with the Hearings and Appeals Division since 2017 and was satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
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:

Jasso, Lino, Legal Office Manager Ph: 702/486-340

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	10/19/2021 08:38:10 AM
Division Approval	tmilazz1	10/21/2021 11:44:12 AM
Department Approval	ssands	10/26/2021 14:52:57 PM
Contract Manager Approval	ssands	11/02/2021 13:58:58 PM
Budget Analyst Approval	jcoope8	11/02/2021 14:44:17 PM

**Steve Sisolak**  
*Governor*



**Laure E. Freed**  
*Director*  
**Matthew Tuma**  
*Deputy Director*  
**Michelle Morgando, Esq.**  
*Senior Appeals Officer*

**Northern Nevada:**  
*Hearings Office*  
1050 E. Williams St., Ste 400  
Carson City, Nevada 89701  
Phone: (775) 687-8440 | Fax: (775) 687-8441

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
***Hearings Division***  
[hearings.nv.gov](http://hearings.nv.gov)

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*Appeals Office*  
1050 E. Williams St., Ste 450  
Carson City, Nevada 89701  
(775) 687-8420 | Fax (775) 687-8421

*Appeals Office*  
2200 S. Rancho Drive, Ste 220  
Las Vegas, Nevada 89102  
(702) 486-2527 | Fax (702) 486-2555

## **MEMORANDUM**

**To:** Michael Rankin, Executive Branch Budget Officer  
Governor's Finance Office

**From:** Michelle Morgando, Senior Appeals Officer  
Hearings Division, Department of Administration

**Date:** October 19, 2021

**Subject:** Justification for Retroactive Contracts for Special Appeals Officers:  
Robert Zentz  
Mark Gentile  
Carolyn Broussard  
Tina Yan  
Victoria Oldenburg  
Paul Lambolely  
Lorna Ward

---

Special Appeals Officers were appointed on October 7, 2021, by the Governor as Special Appeals Offices for the Hearings Division and require contracts to be in place following appointments since they are not state employees. The Special Appeals Officers' reappointments are effective September 1, 2021, through August 31, 2023.

Due to the critical need and backlog of cases, the contractors continued work on September 1, 2021. Appointments of Appeals Officers are made pursuant to NRS 616C.340 and contracts could not have been initiated prior to the Governor's appointments.

The Division is respectfully requesting retroactive start dates for these contracts of September 1, 2021, congruent with the terms approved in the appointments.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25123**

Agency Name: <b>ADMIN - HEARINGS AND APPEALS DIVISION</b>	Legal Entity Name: <b>OLDENBURG, VICTORIA T DBA</b>
Agency Code: <b>089</b>	Contractor Name: <b>OLDENBURG, VICTORIA T DBA</b>
Appropriation Unit: <b>1015-04</b>	Address: <b>OLDENBURG LAW OFFICE PO BOX 17422</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-7422</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Victoria Oldenburg 775/971-4245</b>
	Vendor No.: <b>T29036037A</b>
	NV Business ID: <b>NV20141536952</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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Workers Compensation/Charges for Services</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **Yes**

If "Yes", please explain

**The contractor was appointed by the Governor on October 7, 2021 for the term of 9/1/21-8/31/23.**

3. Termination Date: **08/31/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Appeals Officer**

5. Purpose of contract:

**This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$100.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422; Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 233B) decisions issued are subject to judicial review.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Hearings and Appeal's does not have attorneys on staff.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office 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:

Jasso, Lino, Legal Officer Manager Ph: 702/486-3409

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	10/19/2021 08:38:44 AM
Division Approval	tmilazz1	10/21/2021 11:45:04 AM
Department Approval	ssands	10/26/2021 14:53:38 PM
Contract Manager Approval	ssands	11/02/2021 14:01:41 PM
Budget Analyst Approval	jcoope8	11/02/2021 14:51:14 PM

**Steve Sisolak**  
*Governor*



**Laure E. Freed**  
*Director*  
**Matthew Tuma**  
*Deputy Director*  
**Michelle Morgando, Esq.**  
*Senior Appeals Officer*

**Northern Nevada:**  
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*Appeals Office*  
2200 S. Rancho Drive, Ste 220  
Las Vegas, Nevada 89102  
(702) 486-2527 | Fax (702) 486-2555

## **MEMORANDUM**

**To:** Michael Rankin, Executive Branch Budget Officer  
Governor's Finance Office

**From:** Michelle Morgando, Senior Appeals Officer  
Hearings Division, Department of Administration

**Date:** October 19, 2021

**Subject:** Justification for Retroactive Contracts for Special Appeals Officers:  
Robert Zentz  
Mark Gentile  
Carolyn Broussard  
Tina Yan  
Victoria Oldenburg  
Paul Lambole  
Lorna Ward

---

Special Appeals Officers were appointed on October 7, 2021, by the Governor as Special Appeals Offices for the Hearings Division and require contracts to be in place following appointments since they are not state employees. The Special Appeals Officers' reappointments are effective September 1, 2021, through August 31, 2023.

Due to the critical need and backlog of cases, the contractors continued work on September 1, 2021. Appointments of Appeals Officers are made pursuant to NRS 616C.340 and contracts could not have been initiated prior to the Governor's appointments.

The Division is respectfully requesting retroactive start dates for these contracts of September 1, 2021, congruent with the terms approved in the appointments.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25138**

Agency Name: <b>ADMIN - HEARINGS AND APPEALS DIVISION</b>	Legal Entity Name: <b>YAN, TINA</b>
Agency Code: <b>089</b>	Contractor Name: <b>YAN, TINA</b>
Appropriation Unit: <b>1015-04</b>	Address: <b>1358 MARSHFIELD RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89135</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>TINA YAN 702/888-0000</b>
	Vendor No.: <b>T32011691</b>
	NV Business ID: <b>NV20091248749</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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Workers Compensation/Charges for Services</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2021**

Anticipated BOE meeting date **12/2021**

Retroactive? **Yes**

If "Yes", please explain

**The contractor was appointed by the Governor on October 7, 2021 for the term of 9/1/21-8/31/23.**

3. Termination Date: **08/31/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Appeals Officer**

5. Purpose of contract:

**This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$100.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422, Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 233B) decisions issued are subject to judicial review.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Hearings and Appeal's does not have attorneys on staff.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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:  
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:

Jasso, Lino, Legal Office Manager Ph: 702/486-3409

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	10/19/2021 08:33:29 AM
Division Approval	tmilazz1	10/21/2021 11:43:41 AM
Department Approval	ssands	10/26/2021 14:54:37 PM
Contract Manager Approval	mvietti	10/26/2021 14:55:23 PM
Budget Analyst Approval	jcoope8	11/02/2021 16:36:58 PM



**Steve Sisolak**  
*Governor*



**Laure E. Freed**  
*Director*

**Matthew Tuma**  
*Deputy Director*

**Michelle Morgando, Esq.**  
*Senior Appeals Officer*

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**STATE OF NEVADA**  
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*Appeals Office*  
2200 S. Rancho Drive, Ste 220  
Las Vegas, Nevada 89102  
(702) 486-2527 | Fax (702) 486-2555

## **MEMORANDUM**

**To:** Michael Rankin, Executive Branch Budget Officer  
Governor's Finance Office

**From:** Michelle Morgando, Senior Appeals Officer  
Hearings Division, Department of Administration

**Date:** October 19, 2021

**Subject:** Justification for Retroactive Contracts for Special Appeals Officers:  
Robert Zentz  
Mark Gentile  
Carolyn Broussard  
Tina Yan  
Victoria Oldenburg  
Paul Lambole  
Lorna Ward

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Special Appeals Officers were appointed on October 7, 2021, by the Governor as Special Appeals Offices for the Hearings Division and require contracts to be in place following appointments since they are not state employees. The Special Appeals Officers' reappointments are effective September 1, 2021, through August 31, 2023.

Due to the critical need and backlog of cases, the contractors continued work on September 1, 2021. Appointments of Appeals Officers are made pursuant to NRS 616C.340 and contracts could not have been initiated prior to the Governor's appointments.

The Division is respectfully requesting retroactive start dates for these contracts of September 1, 2021, congruent with the terms approved in the appointments.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25120**

Agency Name: <b>ADMIN - HEARINGS AND APPEALS DIVISION</b>	Legal Entity Name: <b>ZENTZ &amp; ZENTZ LLC</b>
Agency Code: <b>089</b>	Contractor Name: <b>ZENTZ &amp; ZENTZ LLC</b>
Appropriation Unit: <b>1015-04</b>	Address: <b>601 S 10TH ST STE 102</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89101-7027</b>
If "No" please explain: Not Applicable	Contact/Phone: Robert Zentz 702/800-3190
	Vendor No.: T29036742
	NV Business ID: NV20151063877

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 % Workers Compensation/Charges for Services</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **Yes**

If "Yes", please explain

**The contractor was appointed by the Governor on October 7, 2021 for the term of 9/1/21-8/31/23.**

3. Termination Date: **08/31/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Appeals Officer**

5. Purpose of contract:

**This is a new contract to provide services as an Appeals Officer to handle cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education, Medicaid provider matters and other cases as assigned.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$100.00 per null

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422, Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 233B) decisions issued are subject to judicial review.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Hearings and Appeal's does not have attorneys on staff.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Was a contracted Appeals Officer from 9/1/19 to 8/31/21.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Jasso, Lino, Legal Office Manager Ph: 702/ 486-3409

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	10/19/2021 08:42:47 AM
Division Approval	tmilazz1	10/21/2021 11:39:42 AM
Department Approval	ssands	10/26/2021 13:02:54 PM
Contract Manager Approval	mvietti	10/26/2021 14:07:26 PM
Budget Analyst Approval	jcoope8	11/02/2021 16:15:39 PM

**Steve Sisolak**  
*Governor*



**Laure E. Freed**  
*Director*

**Matthew Tuma**  
*Deputy Director*

**Michelle Morgando, Esq.**  
*Senior Appeals Officer*

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## **MEMORANDUM**

**To:** Michael Rankin, Executive Branch Budget Officer  
Governor's Finance Office

**From:** Michelle Morgando, Senior Appeals Officer  
Hearings Division, Department of Administration

**Date:** October 19, 2021

**Subject:** Justification for Retroactive Contracts for Special Appeals Officers:  
Robert Zentz  
Mark Gentile  
Carolyn Broussard  
Tina Yan  
Victoria Oldenburg  
Paul Lambole  
Lorna Ward

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Special Appeals Officers were appointed on October 7, 2021, by the Governor as Special Appeals Offices for the Hearings Division and require contracts to be in place following appointments since they are not state employees. The Special Appeals Officers' reappointments are effective September 1, 2021, through August 31, 2023.

Due to the critical need and backlog of cases, the contractors continued work on September 1, 2021. Appointments of Appeals Officers are made pursuant to NRS 616C.340 and contracts could not have been initiated prior to the Governor's appointments.

The Division is respectfully requesting retroactive start dates for these contracts of September 1, 2021, congruent with the terms approved in the appointments.

### CONTRACT SUMMARY

(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>24773</b>	Amendment Number: <b>1</b>
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**

What is the source of funds that 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 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **12/31/2021**

Termination Date:

Contract term: **176 days**

4. Type of contract: **Contract**

Contract description: **Website/Brand Audit**

5. Purpose of contract:

**This is the first amendment to the original contract which provides a website and search engine optimization audit report and brand assessment. This amendment revises Attachment AA-Scope of Work and adds a brand book and brand messaging map, extends the termination date from December 31, 2021 to March 31, 2022 and increases the maximum amount from \$18,000 to \$41,400.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$18,000.00	\$18,000.00	\$18,000.00	Yes - Info
2. Amount of current amendment (#1):	\$23,400.00	\$23,400.00	\$41,400.00	Yes - Info
3. New maximum contract amount:	\$41,400.00			
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?

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.

GOED seeks to standardize our branding with a brand book and brand messaging map.

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):

Notice U Marketing  
KPS3

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Expertise and cost

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	Icopelan	11/04/2021 14:40:01 PM
Division Approval	Icopelan	11/04/2021 14:40:03 PM
Department Approval	Icopelan	11/04/2021 14:40:05 PM
Contract Manager Approval	Icopelan	11/04/2021 14:40:08 PM
Budget Analyst Approval	mlynn	11/17/2021 15:16:41 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25173**

Agency Name: <b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name: Pro-Project, LLC.
Agency Code: <b>102</b>	Contractor Name: <b>Pro-Project, LLC.</b>
Appropriation Unit: <b>1526-21</b>	Address: <b>8400 West Sunset Road</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89113</b>
If "No" please explain: Not Applicable	Contact/Phone: Rafal Henryk Kartaszynski, MSc, PhD, MBA 786-757-0514
	Vendor No.: T32011044
	NV Business ID: NV20201859521

To what State Fiscal Year(s) will the contract be charged? **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 #: 102

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/08/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2022**

Contract term: **325 days**

4. Type of contract: **Contract**

Contract description: **Business consultant**

5. Purpose of contract:

**This is a new contract to provide ongoing advisory services and support under the State Trade Expansion Program (STEP).**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,500.00**

Other basis for payment: As invoiced by the vendor and approved by the State.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Fulfill federal grant expectations and promote exporting opportunities to Nevada businesses

8. Explain why State employees in your agency or other State agencies are not able to do this work:

GOED does not have the staff with the specific skills and expertise needed to provide these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):



b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Cost and experience

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor performed services for the Governor's Office of Economic Development and 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:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Icopelan	11/04/2021 12:56:38 PM
Division Approval	Icopelan	11/04/2021 12:56:40 PM
Department Approval	Icopelan	11/04/2021 12:56:43 PM
Contract Manager Approval	Icopelan	11/04/2021 12:56:46 PM
Budget Analyst Approval	mlynn	11/08/2021 16:53:36 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: **13995** Amendment Number: **10**  
 Agency Name: **DEPARTMENT OF EDUCATION** Legal Entity Name: **Cayen Systems LLC**  
 Agency Code: **300** Contractor Name: **Cayen Systems LLC**  
 Appropriation Unit: **2709-64** Address: **7100 W Center St**  
 Is budget authority available?: **Yes** City/State/Zip: **Milwaukee, WI 53210-1123**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Joe Cayen 414-257-9400**  
 Vendor No.: **T29032006**  
 NV Business ID: **NV20171337464**

To what State Fiscal Year(s) will the contract be charged? **2013-2022**

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 **03/12/2013**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2021**

Contract term: **9 years and 112 days**

4. Type of contract: **Contract**

Contract description: **Federal Reports/Eval**

5. Purpose of contract:

**This is tenth amendment to the original contract which provides annual maintenance and support for the Cayen After School and 21st Century Community Learning Centers program for 51 sites. This amendment extend the termination date from December 31, 2021 to June 30, 2022 and increases the maximum amount from \$362,607 to \$404,976 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:	\$48,680.00	\$48,680.00	\$48,680.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$48,680.00	No
b. Amendment 2:	\$0.00	\$0.00	\$48,680.00	No
c. Amendment 3:	\$27,140.00	\$27,140.00	\$75,820.00	Yes - Action
d. Amendment 4:	\$26,259.00	\$26,259.00	\$26,259.00	Yes - Info
e. Amendment 5:	\$31,119.00	\$31,119.00	\$57,378.00	Yes - Action
f. Amendment 6:	\$57,644.00	\$57,644.00	\$57,644.00	Yes - Action
g. Amendment 7:	\$24,475.00	\$24,475.00	\$24,475.00	Yes - Info
h. Amendment 8:	\$147,290.00	\$147,290.00	\$171,765.00	Yes - Action
i. Amendment 9:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#10):	\$42,369.00	\$42,369.00	\$42,369.00	Yes - Info

3. New maximum contract amount: \$404,976.00  
and/or the termination date of the original contract has changed to: 06/30/2022

## II. JUSTIFICATION

7. What conditions require that this work be done?

The United States Department of Education (USDOE) Requires certain data be provided as part of the 21st Annual Performance Report (PPICs) in a specific format, Cayen AS21 masses the information from the 51 programs in order to meet the various requirements and then uploads this information into Federal data contractor, AIR.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Due to the small staff size assigned to work with Elementary and secondary Education, the consultants who handle the programs included in this contract, also handle a minimum of three other programs as well. Due to the workload assigned to NDE staff, there is not enough time to complete these assignments, and no other state agency has the required background knowledge and/or expertise.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 121207**

**Approval Date: 12/20/2012**

c. Why was this contractor chosen in preference to other?

s no one else can make changes to the CayenAS system, required changes to make the Nevada 21st CCLC program operate in compliance with the federal guidelines in terms of tracking and reporting would be jeopardized. While other systems could be purchased, the cost would be prohibitive in terms of the dollars and time. Having no system in place would cause significant problems with end of year reporting

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

## III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	mbro28	11/17/2021 16:39:45 PM
Division Approval	hsakelar	11/17/2021 16:46:02 PM
Department Approval	hsakelar	11/17/2021 16:46:16 PM
Contract Manager Approval	hsakelar	11/17/2021 16:46:32 PM
Budget Analyst Approval	tgreenam	11/18/2021 10:19:38 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25198**

Agency Name: <b>STATE PUBLIC CHARTER SCHOOL AUTHORITY</b>	Legal Entity Name: <b>WESTED</b>
Agency Code: <b>315</b>	Contractor Name: <b>WESTED</b>
Appropriation Unit: <b>2711-35</b>	Address: <b>730 HARRISON ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SAN FRANCISCO , CA 94107-1271</b>
If "No" please explain: Not Applicable	Contact/Phone: Lauren Wrotniak 415/615-3136
	Vendor No.: T81012500
	NV Business ID: NV20111743662

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 **11/05/2021**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2022**

Contract term: **329 days**

4. Type of contract: **Contract**

Contract description: **Assessment training**

5. Purpose of contract:

**This is a new contract to provide formative assessment training to the agency-sponsored charter schools.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,900.00**

Payment for services will be made at the rate of \$4,150.00 per completed training session

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The SPCSA has identified through site evaluations of sponsored charter schools the opportunity to leverage federal funding toward formative assessment training for specific schools.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State of Nevada does not employ formative assessment trainers.

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):

Relay Education  
WestEd  
Achievement Network

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 08/06/2021 Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has provided services for several state agencies; services were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Rebecca Feiden, Executive Director Ph: 775-546-3021

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbauer	11/03/2021 11:21:52 AM
Division Approval	jbauer	11/03/2021 11:21:55 AM
Department Approval	jbauer	11/03/2021 11:21:59 AM
Contract Manager Approval	jbauer	11/03/2021 11:22:02 AM
Budget Analyst Approval	vfajota	11/05/2021 08:44:31 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: **25158**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	<b>LOFTIN EQUIPMENT CO INC</b>
Agency Code:	<b>402</b>	Contractor Name:	<b>LOFTIN EQUIPMENT CO INC</b>
Appropriation Unit:	<b>3279-07</b>	Address:	<b>PO BOX 10376</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>PHOENIX, AZ 85005-0376</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>602/272-9466</b>
		Vendor No.:	<b>T29019896A</b>
		NV Business ID:	<b>NV19901033368</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>50.20 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>49.80 %</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 **01/01/2022**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **DRC Generator Maint**

5. Purpose of contract:

**This is a new contract to provide ongoing semi-annual inspections and preventative maintenance on one propane and two diesel-fired emergency backup power generators.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,480.00**

Other basis for payment: As Invoiced per Attachment BB

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Per the Code of Federal Regulations Title 42, Chapter 483.70 Physical Environment - The facility must be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Contracted services are used when required repairs or services exceed the skills of state employees. Agency staff do not have the required certifications for working on life safety emergency power generators.

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):

Gentech  
WW Williams  
AM Smith Electric  
Cashman  
Loftin Equipment

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor that responded to NV EPro Bid solicitation.

d. Last bid date: 08/30/2021 Anticipated re-bid date: 08/30/2025

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:

Per DAWN inquiry, this vendor has been paid from 2009-2019 by multiple State agencies.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sewart	10/25/2021 10:08:52 AM
Division Approval	amanocha	10/25/2021 12:25:22 PM
Department Approval	dschmid5	10/26/2021 08:35:49 AM
Contract Manager Approval	macedved1	10/26/2021 09:42:19 AM
Budget Analyst Approval	bmacke1	11/04/2021 16:50:35 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25052**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>The W.W. Williams Company, LLC</b>
Agency Code: <b>406</b>	Contractor Name: <b>The W.W. Williams Company, LLC</b>
Appropriation Unit: <b>3161-07</b>	Address: <b>2680 Losee Rd</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>N. Las Vegas, NV 89030</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Dan Mathis 702-672-4596</b>
	Vendor No.: <b>T29041024</b>
	NV Business ID: <b>NV20161487647</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.

<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 17928**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2022**

Anticipated BOE meeting date **12/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2024**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Generator Service**

5. Purpose of contract:

**This is a new contract to provide ongoing service, testing and maintenance of campus wide emergency generators for the Las Vegas campus.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,160.00**

Payment for services will be made at the rate of \$10,080.00 per Year

Other basis for payment: \$5000 per year contingency

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to Joint Commission accreditation standards for health and safety, generators are required to be serviced to meet the needs of the Southern Nevada Adult Mental Health Services campus in the event of a power failure. If the generators are not properly maintained and serviced, their life expectancy can be shortened as well as having the potential for catastrophic failure.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees in the agency or available elsewhere in the State to do the required work needed to maintain this equipment to safety standards.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Loftin  
Power Plus  
WW Williams

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 evaluation committee.

d. Last bid date: 09/27/2021 Anticipated re-bid date: 12/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor with Division of Public and Behavioral Health since 2020, with satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Edward Ackerman, Facilities Manager Ph: 7024865135

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Isherych	11/02/2021 08:29:39 AM
Division Approval	Isherych	11/02/2021 08:29:46 AM
Department Approval	Isherych	11/02/2021 08:29:52 AM
Contract Manager Approval	rmille8	11/04/2021 08:43:30 AM
Budget Analyst Approval	afrantz	11/09/2021 11:12:05 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25031**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>BarkingFrog, LLC</b>
Agency Code: <b>406</b>	Contractor Name: <b>BarkingFrog, LLC</b>
Appropriation Unit: <b>3219-13</b>	Address: <b>741 W. Florentia PI</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Seattle, WA 98119</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Dudley Carr 206-859-3636</b>
	Vendor No.: <b>T29043851</b>
	NV Business ID: <b>NV20212029304</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 17921**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2021**

Anticipated BOE meeting date **12/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2022**

Contract term: **140 days**

4. Type of contract: **Contract**

Contract description: **COVID-19 Tracing**

5. Purpose of contract:

**This is a new contract to provide the rollout of exposure notifications (EN) EN Express (ENX) to Android and removing the COVID-19 Trace apps for iOS and Android due to the duplicative functionality of the ENX.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$98,000.00**

Other basis for payment: **Per Attachment CC: Contractor's Response and upon review and approval of the State.**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The current public health infrastructure cannot support the current case counts, and this automated, scalable solution will help close the gaps in the current processes. Additionally, it will help to provide COVID-19 Trace App users information about possible COVID 19 exposures for their own health and wellness.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State staff do not have the expertise to provide these services.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 211004**

**Approval Date: 10/26/2021**

c. Why was this contractor chosen in preference to other?

This vendor was used to setup Covid-19 exposure test results text messaging under CETS #23955.

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:

Vendor for DPBH since 2020 with satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdesoci1	11/04/2021 15:04:58 PM
Division Approval	rmille8	11/04/2021 15:12:41 PM
Department Approval	lsherych	11/04/2021 16:47:04 PM
Contract Manager Approval	rmille8	11/09/2021 12:31:01 PM
EITS Approval	msmi40	11/10/2021 06:51:53 AM
Budget Analyst Approval	afrantz	11/10/2021 11:26:34 AM



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Julia Peek, Deputy Administrator, DHHS  
Erin Williams, OIT ITM III, DHHS  
Kathleen Nojima, IT Professional II, DHHS  
Sophia Allec, ASO I, DHHS

**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 - DHHS – 237 – Automated COVID-19 Result Notifications & EN Verification Codes – 3219 – Update a

**DATE:** September 23, 2021

We have completed the review for DHHS' - Automated COVID-19 Result Notifications & EN Verification Codes - TIN 237 Update a.

The submitted TIN is for an estimated value of \$98,000.00 in the current biennium (100% Federal Grant) to implement a new technology, a new automated solution, and/or new equipment not previously in use by the agency.

Due to the large volume of new COVID 19 cases and the need for the public to have a more expedient way to review their test results and respond accordingly, the Division of Public and Behavioral Health (DPBH) has requested a system to send out automated notifications via text message when COVID-19 test results are available. The system will allow a person who has tested to verify themselves via a web page to see their COVID-19 results.

In addition to communicating COVID-19 results, the system will send exposure notification verification codes to individuals who have tested positive after looking up their results via the proposed service.

*This TIN update extends the contract term to 12/31/2021.*

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.

Sent to Purch  
10/29  
-update  
end date.  
\*Revised submission  
11/03/21 - Terms  
date updated by  
agmuf\*



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#:	211004 @

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to <u>only</u> the contact(s) listed below:		
	ENTER STATE AGENCY NAME:	Department of Public and Behavioral Health - DHHS	
	Contact Name and Title	Phone Number	Email Address
	Julia Peek, DPBH Deputy Administrator	775-684-5902	jpeek@health.nv.gov
	Tiffany Smith, Project Manager	775-843-6841	t.smith@health.nv.gov
	Ronda Miller, MA III	775-684-5932	rondamiller@health.nv.gov

1b	Vendor Information:	
	Vendor Name:	BarkingFrog, LLC
	Contact Name:	Dudley Carr
	Complete Address: City, State, and Zip Code	741 W. Florentia Pl., Seattle, WA 98119
	Telephone Number:	(206) 214-5135
	Email Address:	Dudley.carr@gmail.com

1c	Type of Waiver Requested - Check the appropriate type:	
	Sole or Single Source:	
	Professional Service Exemption:	X

1d	Contract Information:			
	Is this a new Contract? Check One:	Yes:	X	No:
	Amendment Number:	#		
	Enter CETS Number:	#		

1e	Term:			
	One (1) Time Purchase? Check One:	Yes:		No:
	Contract:	Start Date:	October 15, 2021	End Date:

Update 2021  
March 31, 2021  
\*11/04/21  
Karin Doty

1f	Funding: Epidemiology and Laboratory Capacity	
	State Appropriated:	
	Federal Funds:	3219

Redd 11/04/21 - Requires signatures @

	Grant Funds:	
	Other (Explain):	

<i>Purchasing Use Only:</i>	
Approval #:	211004②

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$98,000

2	<p><b>Provide a description of work/services to be performed or commodity/good to be purchased:</b></p> <p>Nevada DBPH introduced exposure notifications (EN) to Nevada last fall through launch of the Nevada COVID Trace app for iOS and Android. In December of 2020, Nevada introduced iOS Exposure Notification Express alongside the COVID Trace app on iOS. This project continues the rollout of EN Express (ENX) to Android and removing the COVID Trace apps for iOS and Android since this app functionality is duplicative of the ENX functionality.</p>
---	--

3	<p><b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b></p> <p>While the COVID Trace App was necessary at the start of the pandemic, Apple has developed a built-in app for their operating systems and Android is close to launching the same type of exposure app. Therefore, the COVID Trace app needs to be depreciated and users informed they should utilize the Apple or Android version. This vendor is the only vendor who could depreciate the COVID Trace app because they created it. Additionally, this vendor will work with Android to ensure the Android buildout of the IT infrastructure gets completed.</p>
---	--

4	<p><b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b></p> <p>This vendor is the only vendor who could depreciate the COVID Trace app because they created it.</p>
---	---

5	Were alternative services or commodities evaluated?	<b>Check One:</b>	
		Yes	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>			



Purchasing Use Only:	
Approval #:	211004②

	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	
	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:				
6	Term		Value	Short Description	Type of Procurement ENTER RFP#, RFQ#, Waiver #
	Start Date	End Date			
	1/21/21	6/30/21	\$97,600	COVID Trace App Results Portal	C#17771
			\$		
			\$		
			\$		

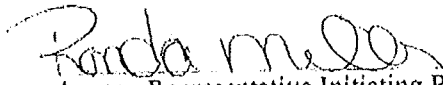
	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?				
7	Exposure notifications could be confusing for Nevada residents because of the Apple and Android EN notifications being duplicative to COVID Trace. In order for the impact of EN to be maximized, there should only be one option per phone and users should be informed COVID Trace is being closed down.				

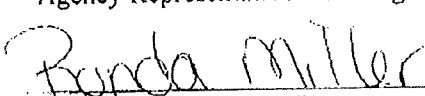
	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?				
8	This vendor is the only vendor who could depreciate the COVID Trace app because they created it and therefore are the best situated to close the app down and inform users to join EN through Apple or Android, if the user has not already done so.				

	Will this purchase obligate the State to this vendor for future purchases? Check One:			Yes	No
9	<i>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i>				X
	a. If yes, please provide details regarding future obligations or needs.				
	The support and use of this interface will be required until the end of the pandemic so long-term support will most likely be not required.				

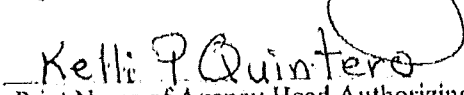
Purchasing Use Only:	
Approval #:	211004@

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

  
 Print Name of Agency Representative Initiating Request 10/1/21  
Date

  
 Signature of Agency Head Authorizing Request

  
 Print Name of Agency Head Authorizing Request 10/1/21  
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:

*\* Note: Agency must include TIN update as an attachment in CETS \**  
 Representative Providing Review TIN 237 Update a

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 10/26/21  
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:** Julia Peek, Deputy Administrator, DHHS  
Erin Williams, OIT ITM III, DHHS  
Kathleen Nojima, IT Professional II, DHHS  
Sophia Allec, ASO I, DHHS

**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 - DHHS – 237 – Automated COVID-19 Result Notifications & EN Verification Codes – 3219 – Update a

**DATE:** September 23, 2021

We have completed the review for DHHS' - Automated COVID-19 Result Notifications & EN Verification Codes - TIN 237 Update a.

The submitted TIN is for an estimated value of \$98,000.00 in the current biennium (100% Federal Grant) to implement a new technology, a new automated solution, and/or new equipment not previously in use by the agency.

Due to the large volume of new COVID 19 cases and the need for the public to have a more expedient way to review their test results and respond accordingly, the Division of Public and Behavioral Health (DPBH) has requested a system to send out automated notifications via text message when COVID-19 test results are available. The system will allow a person who has tested to verify themselves via a web page to see their COVID-19 results.

In addition to communicating COVID-19 results, the system will send exposure notification verification codes to individuals who have tested positive after looking up their results via the proposed service.

*This TIN update extends the contract term to 12/31/2021.*

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.

Revised - See attached email @



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

\*Agency received 11/10/20  
Call Change CA\*

<b>Purchasing Use Only:</b>	
Approval#:	211004 @

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

**ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY**

1a	<b>Agency Contact Information - Note:</b> Approved copy will be sent to <u>only</u> the contact(s) listed below:			
	ENTER STATE AGENCY NAME:	Department of Public and Behavioral Health - DHHS		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Julia Peek, DPBH Deputy Administrator	775-684-5902	Jpeek@health.nv.gov
		Tiffany Smith, Project Manager	775-843-6841	t.smith@health.nv.gov
	Ronda Miller, MA III	775-684-5932	rondamiller@health.nv.gov	

1b	<b>Vendor Information:</b>	
	Vendor Name:	BarkingFrog, LLC
	Contact Name:	Dudley Carr
	Complete Address: City, State, and Zip Code	741 W. Florentia Pl., Seattle, WA 98119
	Telephone Number:	(206) 214-5135
	Email Address:	Dudley.carr@gmail.com

1c	<b>Type of Waiver Requested - Check the appropriate type:</b>	
	Sole or Single Source:	
	Professional Service Exemption:	X

1d	<b>Contract Information:</b>			
	Is this a new Contract? Check One:	Yes:	X	No:
	Amendment Number:	#		
	Enter CETS Number:	#		

1e	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:		No:
	Contract:	Start Date:	October 15, 2021	End Date: December 31, 2021

1f	<b>Funding: Epidemiology and Laboratory Capacity</b>	
	State Appropriated:	
	Federal Funds:	3219

Redacted information - [unclear]

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25132**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>End Point Corporation</b>
Agency Code: <b>406</b>	Contractor Name: <b>End Point Corporation</b>
Appropriation Unit: <b>3219-08</b>	Address: <b>215 Park Avenue South, Suite 1916</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>New York, NY 10003</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Rick Peltzman 212-929-6923</b>
	Vendor No.:
	NV Business ID: <b>NV20212250376</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 17930**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/16/2021**

Anticipated BOE meeting date **12/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2021**

Contract term: **45 days**

4. Type of contract: **Contract**

Contract description: **EpiTrax Assessment**

5. Purpose of contract:

**This is a new contract to provide gap analysis of the current implementation of the EpiTrax disease surveillance solution to include analyst of best practices, level of effort needed to complete the set up of EpiTrax and a detailed plan for a statewide implementation.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Other basis for payment: **Per Attachment AA: Scope of Work and Deliverables**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Current EpiTrax implementation is delayed, and an evaluation needs to be completed to determine what level of effort is left for completion; and to validate that the current implementation follows best practices.**

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 EpiTrax expertise to complete the analysis.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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 #: 210906**

**Approval Date: 09/30/2021**

c. Why was this contractor chosen in preference to other?

End Point is the only 3rd party vendor who has been successful implementing EpiTrax.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	10/26/2021 11:40:02 AM
Division Approval	kquinter	10/26/2021 11:40:05 AM
Department Approval	chadwic1	10/27/2021 12:22:50 PM
Contract Manager Approval	rmille8	10/27/2021 15:13:33 PM
Budget Analyst Approval	afrantz	11/16/2021 09:23:04 AM



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Purchasing Division*

515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
 Phone: 775-684-0170 | Fax: 775-684-0188

<b>Purchasing Use Only:</b>	
<b>Approval#:</b>	210906 @

**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 <u>only</u> the contact(s) listed below:</b>		
	<b>ENTER STATE AGENCY NAME:</b>	Department of Health and Human Services Nevada Division of Public and Behavioral Health (DPBH)	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Julia Peek, DPBH Deputy Administrator	775-684-5902	jpeek@health.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	End Point Corporation
	Contact Name:	Rick Peltzman
	Complete Address: City, State, and Zip Code	End Point Corporation 215 Park Avenue South, Suite 1916 New York, NY 10003
	Telephone Number:	Contact Telephone: +1 212-929-6923 ext 801 Contact Cell Phone: +1 917-623-0399
	Email Address:	rick@endpoint.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? Check One:	Yes:	X	No:	
	Amendment Number:	#			
	<b>Enter CETS Number:</b>	#			

<b>1e</b>	<b>Term:</b>				
	One (1) Time Purchase? Check One:	Yes:	X	No:	
	Contract:	Start Date:	11/1/2021	End Date:	2/1/2022

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	X
	Grant Funds:	
Other (Explain):		

Rec'd 09/24/21 @



<i>Purchasing Use Only:</i>	
Approval #:	2109060

<b>1g</b>	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$ 60,000

<b>2</b>	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<p><b>Background:</b>  The State of Nevada has been operating with two main disease surveillance systems, Trisano for Southern Nevada Health District (SNHD) and National Electronics Disease Surveillance System (NEDSS) Based System (NBS) for the remainder of the State.</p> <p>Due to inefficiencies with operating two systems within the state and the deficiencies in NBS that the COVID-19 pandemic has brought forward, the Division of Public and Behavior Health (DPBH) has endeavored to move to one statewide system, called EpiTrax. EpiTrax is an open source solution that is also used by the states of Utah, Kansas and Missouri. These entities come together as a consortium to collaborate on changes and system upgrades.</p> <p>In early 2021, a contract was awarded to InductiveHealth for the cloud hosting of the statewide EpiTrax solution and to migrate off of the NBS system. For the EpiTrax software development and support, an interlocal agreement was agreed to between SNHD and DPBH for the SNHD Informatics team to support the EpiTrax solution for the entire state.</p> <p><b>Plans for Statewide Implementation:</b>  SNHD currently uses Trisano and planned to upgrade to EpiTrax last January (2021) and then the rest of the state would follow in transitioning to EpiTrax shortly thereafter. In the contract with InductiveHealth, it stated that the EpiTrax solution would be live within the SNHD network and that the state would be expected to transition to EpiTrax in the cloud environment by 2<sup>nd</sup> quarter of 2021.</p> <p>When the vendor, InductiveHealth, engaged to start their scope of work in early 2021, it was discovered that the development work had not been completed to transition off of Trisano. Due to the software expertise that is required to implement and support EpiTrax, InductiveHealth's support for getting SNHD ready for implementation has been limited.</p> <p><b>Status as of September 2021:</b>  It has been nine months since the original GoLive date, and the SNHD version of the EpiTrax solution is still partially in development and partially in the test stage. SNHD Informatics team continues to work on preparing the system for GoLive, during this process additional efforts not previously identified have been discovered.</p> <p>SNHD has had delays due to resource constraints and under-estimating the amount of work to launch the system. The unanticipated heavy workload has caused a significant delay to begin the statewide implementation. The current SNHD GoLive date is mid-December 2021 and with many components still not complete, this date is at risk.</p> <p><b>Impacts to Statewide Implementation:</b>  This 9-month delay has caused financial and future opportunity impacts:</p>

**Financial impacts:**

- Out of Scope technical support from InductiveHealth = \$200,000
- Extension of current NBS system for an additional 12 months = \$1,200,000
- 12-month extension of project consultants to support the statewide implementation = \$300,000

**Future Opportunity:**

- Potential for losing out on a \$1,390,000 ELC Data Modernization – COVID Guidance CDC award that is dependent on the state being on one disease surveillance system with statewide electronic case reporting.

**Next Steps/Work to be performed:**

The State of Nevada needs to have a concrete plan of when they will be on the EpiTrax solution. The actual outstanding level of effort that needs to be completed for the state to be live on EpiTrax is still unknown, therefore an assessment of where the project is currently at and what effort needs to be executed for success needs to be identified.

A complete assessment needs to be performed by a 3<sup>rd</sup> party vendor (End Point) who has EpiTrax configuration, implementation, and deployment experience. This assessment includes:

- Complete analysis of best practices based upon prior experience with State of Kansas and Missouri implementations;
- Level of effort needed to complete the set up/configuration of EpiTrax;
- A detailed plan for statewide implementation to include:
  - Resource requirements;
  - Outstanding tasks/activities;
  - Risks and issues; and
  - Project schedule.

The cost estimate for this complete assessment is \$60,000 and will be completed within a 3-month period. This will provide DPBH a roadmap from current implementation state through completion.

**What are the unique features/qualifications required for this service or good that are not available from any other vendor:**

3

EpiTrax is a disease surveillance solution that is developed and supported by the State of Utah and the EpiTrax Consortium (a state user group). As of Fall 2021, there are only a few states that have moved to the EpiTrax solution. States of Utah, Kansas and Missouri are 3 states that have already made the transition from their legacy systems to EpiTrax. The Vendor, End Point, is the only 3<sup>rd</sup> party implementor that has completed this type of work. They have accomplished successful implementations and supply ongoing technical support for the States of Kansas and Missouri. There is no other vendor that has this specialized experience with EpiTrax.

**Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:**

4

With this specialized experience required for implementation, there are no other vendors who would be able to meet the minimum qualifications of having implemented the EpiTrax solution within a state environment. Outside of the State of Utah's internal staff, End Point is the only 3<sup>rd</sup> party vendor who has been successful implementing EpiTrax.

	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
		X	
	a. <b><i>If yes</i></b> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
5	SNHD Informatics team has been working on their own jurisdiction implementation for 18 months to be leveraged for the entire State of Nevada. They have had delays due to resource constraints and under-estimating the amount of work to bring the solution live within SNHD. Their delays have caused the State to be delayed in their EpiTrax implementation which has posed risks to other dependencies (associated grants and current disease surveillance contracts) and financial impacts. Continuing down the current path of not having a clear picture of what still needs to be completed for a successful statewide EpiTrax implementation, will continue to cost DPBH more money and continue to delay all downstream activities, including additional grant funding opportunities.		
	b. <b><i>If not</i></b> , why were alternatives not evaluated?		
	Due to the specialized skill set for developing and implementing EpiTrax in a statewide environment, the only alternative is End Point.		

<b>Purchasing Use Only:</b>	
Approval #:	216906 @

<b>6</b>	<b>Has the agency purchased this service or commodity in the past? Check One:</b>			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
	a. If yes, starting with the most recent contract and working backward, for the <b>entire</b> relationship with this vendor, or any other vendor for this service or commodity, the following information <b>must</b> be provided:				
	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement ENTER RFP#, RFQ#, Waiver #</i>
	<i>Start Date</i>	<i>End Date</i>			
			\$		
			\$		
			\$		
			\$		
			\$		

<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>
	The State will have no insight to the level of effort or the associated time it will take to be live with the EpiTrax solution and dependent tasks will be delayed. Not having the confirmed timelines for implementation also puts the CDC provided grants at risk of not complying.

<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>
	Discussions with the State of Utah and the EpiTrax Consortium have been made and it has been determined that there is no other 3 <sup>rd</sup> party vendor who has this specialized experience. The estimation of \$60,000 for this assessment is a reasonable price given the complexity of this system to be evaluated.

<b>9</b>	<b>Will this purchase obligate the State to this vendor for future purchases? Check One:</b>		Yes	No
	<i><b>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</b></i>			X
	a. If yes, please provide details regarding future obligations or needs.			

<b>Purchasing Use Only:</b>	
Approval #:	210906@

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

Ronda Miller  
 Agency Representative Initiating Request

Ronda Miller 9/23/21  
 Print Name of Agency Representative Initiating Request Date

Kelli P. Quinter  
 Signature of Agency Head Authorizing Request

Kelli P. Quinter 9/23/21  
 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: **24634**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	Board of Regents, Nevada System of Higher Education on behalf of
Agency Code:	<b>409</b>	Contractor Name:	<b>Board of Regents, Nevada System of Higher Education on behalf of</b>
Appropriation Unit:	<b>3145-14</b>	Address:	<b>University of Nevada, Las Vega Box 451055, 4505 Maryland Pkwy</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89154-1055</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Amanda Haboush 702-895-2657
		Vendor No.:	D35000813
		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 **11/15/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 226 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Consortia Support**

5. Purpose of contract:

**This is a new interlocal agreement that continues to provide support to the Clark County Children's Mental Health Consortium.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,498.00**

Payment for services will be made at the rate of \$7,749.00 per Year

Other basis for payment: \$14,350 for Direct Costs; \$1,148 for Indirect Costs

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The work to be contract by each of the Regional Consortia is in BRS 433b.333. Each body needs administrative/professional assistance in accomplishing their legislative mandates.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There is a shortage of hours and positions to accomplish this work in order to directly support the chair of the Consortia and for each Consortia to meet their legislative mandates.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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?

**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

8%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**Yes** If "Yes", please explain

Interlocal Agreement with NSHE.

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "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 has been under contract with the Division since 2019. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Kristen Rivas, Clinical Program Planner 2 Ph: 775-688-3764

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	creeve1	07/09/2021 13:14:19 PM
Division Approval	knielsen	11/05/2021 08:28:34 AM
Department Approval	rarmstr3	11/08/2021 15:04:14 PM
Contract Manager Approval	sknigge	11/09/2021 14:49:39 PM
Budget Analyst Approval	bmacke1	11/15/2021 14:27:06 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22514** Amendment Number: **1**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **JTD COUNSELING AND CONSULTING, LLC**

Agency Code: **409** Contractor Name: **JTD COUNSELING AND CONSULTING, LLC**

Appropriation Unit: **3229-13** Address: **4722 E. BLACKTHORNE LN.**

Is budget authority available?: **Yes** City/State/Zip: **SPRINGFIELD, MO 65809-1132**

If "No" please explain: **Not Applicable** Contact/Phone: **Todd Duncan 417-880-1454**

Vendor No.: **T29039970**

NV Business ID: **Out of State Services**

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>64.00 %</b>	Fees	0.00 %
<b>X</b> Federal Funds	<b>36.00 %</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 **07/01/2019**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2023**

Termination Date:

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Out of State Visits**

5. Purpose of contract:

**This is the first amendment to the original contract to provide federally mandated monthly visits for a child (or children) placed outside of Nevada in a residential facility. This amendment increases the contract maximum from \$24,000 to \$68,000 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:	\$24,000.00	\$24,000.00	\$24,000.00	Yes - Info
2. Amount of current amendment (#1):	\$44,000.00	\$44,000.00	\$68,000.00	Yes - Info
3. New maximum contract amount:	\$68,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Per federal mandate a contract worker must have a face to face visitation with children placed out-of-state in residential facilities. These visits must be completed every calendar month and the Division must receive a completed monthly report no later than the 3rd of the month following the visit.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have positions that perform these duties for children placed in Missouri or Arkansas.



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):

JTD Counseling and Consulting  
M. Bach Children & Family Ministries  
ABI Missouri  
Lutheran Family & Children's Service

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the lowest responsible vendor to respond.

d. Last bid date: 06/03/2019 Anticipated re-bid date: 05/29/2023

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:

Contractor is the current vendor since 2019. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

**All services to be performed out of state.**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**No** b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

**No** If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

**All services to be performed out of state.**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**No** b. If "NO", please explain.

**All services to be performed out of state.**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	10/05/2021 15:50:47 PM
Division Approval	knielsen	10/17/2021 13:14:07 PM
Department Approval	ramstr3	10/22/2021 10:24:52 AM

Contract Manager Approval  
Budget Analyst Approval

sknigge  
bmacke1

10/22/2021 12:53:27 PM  
11/05/2021 10:29:36 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: **25111**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	LAUGHLIN, ANNE DBA
Agency Code:	<b>409</b>	Contractor Name:	<b>LAUGHLIN, ANNE DBA</b>
Appropriation Unit:	<b>3229-44</b>	Address:	<b>ANNE LAUGHLIN ESQ PO BOX 864</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>CRYSTAL BAY, NV 89402</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Anne Laughlin 775-671-2414
		Vendor No.:	T27044412
		NV Business ID:	NV20212273490

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 **11/15/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2023**

Contract term: **1 year and 318 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 to close a 462B case.**

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 \$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):

Anne Laughlin Esquire  
Amy Lea Peaks  
Jennifer Mahe

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor willing to do the required work.

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?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

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	10/30/2021 12:54:56 PM
Division Approval	knielsen	11/05/2021 08:24:57 AM
Department Approval	rarmstr3	11/08/2021 15:05:47 PM
Contract Manager Approval	sknigge	11/09/2021 15:13:19 PM
Budget Analyst Approval	bmacke1	11/15/2021 14:31:58 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: **25064**

Agency Name:	<b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name:	<b>SCHINDLER ELEVATOR CORPORATION DBA ADAMS ELEVATOR EQUIPMENT</b>
Agency Code:	<b>431</b>	Contractor Name:	<b>SCHINDLER ELEVATOR CORPORATION DBA ADAMS ELEVATOR EQUIPMENT</b>
Appropriation Unit:	<b>3650-07</b>	Address:	<b>1328 N. MARKET BLVD., SUITE 12</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>SACRAMENTO, CA 95834</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>GREG HOUGHTON 916-216-1447</b>
		Vendor No.:	<b>T81027404A</b>
		NV Business ID:	<b>NV19791002347</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 **11/08/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **3 years and 326 days**

4. Type of contract: **Contract**

Contract description: **Elevator Service**

5. Purpose of contract:

**This is a new contract to provide ongoing elevator maintenance and repair services for the Reno Air Guard facility.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To maintain and certify the elevator service at the Air Guard.

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):

High Sierra  
TK Elevator  
Schindler Elevator

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Submitted the lowest bid.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	10/07/2021 14:51:28 PM
Division Approval	csnido1	10/07/2021 14:51:30 PM
Department Approval	csnido1	10/07/2021 14:51:33 PM
Contract Manager Approval	ctyle1	11/05/2021 17:09:13 PM
Budget Analyst Approval	pokeefe	11/08/2021 07:27:43 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25143**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: THOMSON, JAMES F JR DBA AMERICAN SOUTHWEST ELECTRIC
Agency Code: <b>431</b>	Contractor Name: <b>THOMSON, JAMES F JR DBA AMERICAN SOUTHWEST ELECTRIC</b>
Appropriation Unit: <b>3650-24</b>	Address: <b>4485 RIVIERA RIDGE AVENUE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89115-1877</b>
If "No" please explain: Not Applicable	Contact/Phone: CRAIG JOHNSON 702-643-2900
	Vendor No.: T29035625
	NV Business ID: NV20101199025

To what State Fiscal Year(s) will the contract be charged? **2022**

What is the source of funds that will be used to pay the contractor? 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 **11/05/2021**  
Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/30/2022**

Contract term: **206 days**

4. Type of contract: **Contract**

Contract description: **StarBase Remodel**

5. Purpose of contract:

**This is a new contract to provide remodeling for two offices at the Henderson Armory for the StarBase Program, including but not limited to, painting, new flooring, installing power and data drops, and new windows and doors.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$51,581.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Need work done to the armory to suit the needs of the students and faculty.

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):

American Southwest Electric  
Eco Electric  
Canyon Electric

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?

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	csnido1	10/19/2021 13:03:03 PM
Division Approval	csnido1	10/19/2021 13:03:05 PM
Department Approval	csnido1	10/19/2021 13:03:07 PM
Contract Manager Approval	csnido1	11/04/2021 12:27:58 PM
Budget Analyst Approval	pokeefe	11/05/2021 16:52:40 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>23881</b>	Amendment Number: <b>1</b>
Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>Jordan Knighton Architects Inc</b>
Agency Code: <b>702</b>	Contractor Name: <b>JK Architecture Engineering</b>
Appropriation Unit: <b>4460-07</b>	Address: <b>JK Architecture Engineering 1311 N. McCarran Blvd. Ste 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>Charlie Dettling 775-530-2313</b>
	Vendor No.: <b>T29044352</b>
	NV Business ID: <b>NV20151435678</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>50.00 %</b>	<b>Sportsmens Revenue</b>
<b>X</b> Federal Funds	<b>25.00 %</b>	<b>X</b>	Bonds	<b>25.00 %</b>	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 21-41

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/12/2021**  
 Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2022**  
 Contract term: **1 year and 233 days**

4. Type of contract: **Contract**  
 Contract description: **Hydrology Services**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides professional engineering, estimating, and hydrology services statewide. This amendment increases the maximum amount from \$48,000.00 to \$77,500.00 and expands the scope of services due to an increased need for design services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$48,000.00	\$48,000.00	\$48,000.00	Yes - Info
2. Amount of current amendment (#1):	\$29,500.00	\$29,500.00	\$77,500.00	Yes - Info
3. New maximum contract amount:	\$77,500.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
The current location of the dispatch center has inadequate space, sanitary issues, rodent infestation, lack of fire suppression, and insufficient lighting. It is lacking security and does not meet current Americans with Disabilities Act (ADA) requirements.

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
NDOW engineering staff does not have enough staff or the required expertise.

9. Were quotes or proposals solicited? No  
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

dba

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mespinoz	09/07/2021 13:26:05 PM
Division Approval	jneubau2	10/15/2021 08:37:44 AM
Department Approval	bvale1	11/05/2021 08:33:56 AM
Contract Manager Approval	jwilkin3	11/09/2021 08:53:00 AM
Budget Analyst Approval	dspeed1	11/18/2021 12:18:30 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: **24939**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>Kearns &amp; West</b>
Agency Code: <b>702</b>	Contractor Name: <b>Kearns &amp; West</b>
Appropriation Unit: <b>4466-40</b>	Address: <b>720 SW Washington Street Suite 305</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Portland, OR 97205</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Deb Nudelman 503-475-2330</b>
	Vendor No.:
	NV Business ID: <b>NV20212225920</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 #: **22-19**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/21/2021**

Anticipated BOE meeting date **10/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2022**

Contract term: **344 days**

4. Type of contract: **Contract**

Contract description: **SWAP Facilitator**

5. Purpose of contract:

**This is a new contract to facilitate development services of State Wildlife Action Plan revisions and subsequent implementation at both state and regional levels.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$79,865.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Association of Fish and Wildlife Agencies' (AFWA) President's Task Force on Shared Science and Landscape Conservation Priorities: Final Report recommends that AFWA convene a diverse work group to develop recommendations on how State Wildlife Action Plans (SWAPs) can improve range-wide conservation of Species of Greatest Conservation Need. To inform these efforts, Nevada has partnered with Arizona to propose a test case in which each state's SWAP meets both the individual state needs while coordinating between the two states to consider needs beyond state boundaries as each state revises their SWAP.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State Wildlife Action Plans are required by federal law to be eligible to receive federal funds from State and Tribal Wildlife Grants. These comprehensive, biological strategic plans are required to be updated every 10 years and incorporate other state and federal agency, non-governmental, and public input. This requires facilitation and oversight for which the agency does not currently have the capacity or staff to achieve.

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):

Kearns & West

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFP was posted in the Reno Gazette Journal, NDOW's public offices, Epro, and the NDOW website. This vendor was the only one to respond to the RFP.

d. Last bid date: 06/21/2021 Anticipated re-bid date: 06/21/2022

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Jen Newmark, Division Administrator Ph: 775-688-1996

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mespinoz	09/15/2021 11:52:21 AM
Division Approval	jneubau2	09/20/2021 09:54:29 AM
Department Approval	bvale1	09/22/2021 07:59:16 AM
Contract Manager Approval	cprasa1	09/22/2021 10:52:24 AM
Budget Analyst Approval	mlynn	10/21/2021 16:56:06 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25003**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: University of Nevada, Reno - Board of Regents
Agency Code: <b>702</b>	Contractor Name: <b>University of Nevada, Reno - Board of Regents</b>
Appropriation Unit: <b>4467-14</b>	Address: <b>1664 North Virginia Street Mail Stop 202</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89557</b>
If "No" please explain: Not Applicable	Contact/Phone: Lesley Morris 775-453-3064
	Vendor No.:
	NV Business ID: GOVERNMENTAL ENTITY

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>50.00 % Habitat Conservation Fee</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b>	Other funding	<b>50.00 % Industrial Development Fund</b>

Agency Reference #: 22-29

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 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2023**

Contract term: **1 year and 294 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Greenstrip Study**

5. Purpose of contract:

**This is a new interlocal agreement that will examine the potential for native forb inclusion in greenstrips planted in Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,611.23**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Greenstrips are a type of fuel break based on the idea that green perennial plants can slow advancing wildfire. In recent years, some native forbs have been reported as good candidates from greenstrip seeding, but forbs are an understudied part of rangeland wildlife habitat. Adding native forbs to greenstrips could decrease time to ignition, reduce duration of combustion, and increase wildlife habitat quality at the same time. However, these forbs need to be tested for their potential to establish with commonly seeded greenstrip species.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to conduct this type of research.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

17.5%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDOW, FY21, work was satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Lee Davis, Wildlife Staff Specialist Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mespinoz	09/28/2021 11:50:27 AM
Division Approval	jneubau2	09/30/2021 08:25:18 AM
Department Approval	bvale1	10/19/2021 13:52:24 PM
Contract Manager Approval	jwilkin3	10/19/2021 14:25:15 PM
Budget Analyst Approval	dspeed1	11/09/2021 14:23:08 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: **25131**

Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: <b>Associated Chapels</b>
Agency Code: <b>704</b>	Contractor Name: <b>Associated Chapels</b>
Appropriation Unit: <b>4162-00</b>	Address: <b>800 South 4th Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89101</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Wendy Gust 702.384.2211</b>
	Vendor No.:
	NV Business ID: <b>NV20051128227</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.

<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 **11/08/2021**

Anticipated BOE meeting date **09/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2023**

Contract term: **1 year and 325 days**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue Contract**

5. Purpose of contract:

**This is a new revenue contract to permit A Special Memory Wedding Chapel to conduct commercial wedding ceremonies and wedding photo tours with the Valley of Fire State Park.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The vendor will be conducting wedding ceremonies and wedding photo tours within the Park.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State Park employees do not have the time or expertise to perform this event.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

**Revenue contract**

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Division of State Parks (Valley of Fire) June 2009 to current - This contractor has complied satisfactorily with all regulations and rules.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

Randy Denter, Park Supervisor Ph: 702.397.2088

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	10/18/2021 09:21:18 AM
Division Approval	kcopelan	10/18/2021 09:21:21 AM
Department Approval	kcopelan	10/18/2021 09:21:24 AM
Contract Manager Approval	kcopelan	10/18/2021 09:21:28 AM
Budget Analyst Approval	rjacob3	11/08/2021 07:32:40 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: **25124**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4162-00**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **Borges Sleigh and Carriage Rides**  
Contractor Name: **Borges Sleigh and Carriage Rides**  
Address: **445 Hansen Lane**  
City/State/Zip: **Gardnerville, NV 89460**  
Contact/Phone: **Dwight Borges 775.901.1691**  
Vendor No.:  
NV Business ID: **NV19981382316**

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 **11/08/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2022**

Contract term: **172 days**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue Contract**

5. Purpose of contract:

**This is a new revenue contract to offer winter sleigh rides and narrated programs at Sand Harbor Management Unit.**

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?

Guided tours and sleigh rides

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State Park employees do not have the expertise or time to accomplish this event.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Revenue contract

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Kevin Fromherz, Park Ranger III Ph: 775-831-0494

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kcopelan	11/02/2021 10:40:30 AM
Division Approval	kcopelan	11/02/2021 10:40:32 AM
Department Approval	kcopelan	11/02/2021 10:40:35 AM
Contract Manager Approval	kcopelan	11/02/2021 10:40:49 AM
Budget Analyst Approval	rjacob3	11/08/2021 07:25:07 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: **25119**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>NYE COUNTY EMERGENCY MNGMNT</b>
Agency Code: <b>706</b>	Contractor Name: <b>NYE COUNTY EMERGENCY MNGMNT</b>
Appropriation Unit: <b>4195-00</b>	Address: <b>1510 E. Siri Lane</b>
Is budget authority available?: <b>Yes</b>	<b>PO BOX 153</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>TONOPAH, NV 89049</b>
	Contact/Phone: <b>775-727-5658</b>
	Vendor No.: <b>T80981593</b>
	NV Business ID: <b>Government Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue Contract</b>

Agency Reference #: **NDF-21-036**

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

**NDF and Nye County Emergency Management have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Nye County Emergency Management meeting agenda prevented NDF from meeting the BOE deadline for the June meeting.**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **WFPP Nye County**

5. Purpose of contract:

**This is a new interlocal agreement to provide services under the Wildland Fire Protection Program. In accordance with this agreement, the Division and Nye County Emergency Management will work closely together to maintain effective wildfire management in order to quickly suppress wildland fires regardless of jurisdiction and/or ownership.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,650.00**

Payment for services will be made at the rate of \$3,706.25 per Quarter

Other basis for payment: Payment in advance quarterly on the first of each quarter, starting July 1 of each fiscal year.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Nevada Division of Forestry and Nye County Emergency Management will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

9. Were quotes or proposals solicited? No  
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **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:

WFPP Contract C21944 agreement for 2019-2021 period of performance.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Ron Bollier, State Fire Program Manager Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dchelin1	10/15/2021 11:43:35 AM
Division Approval	dsorensen	10/22/2021 09:42:55 AM
Department Approval	dchelin1	10/22/2021 09:47:49 AM
Contract Manager Approval	dchelin1	10/22/2021 09:47:53 AM
Budget Analyst Approval	rjacob3	10/26/2021 13:42:45 PM



STATE OF NEVADA  
DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
**NEVADA DIVISION OF FORESTRY**  
2478 Fairview Drive  
Carson City, Nevada 89701  
Phone (775) 684-2500 Fax (775) 684-2570

**MEMORANDUM**

DATE: October 14, 2021

TO: Richard Jacobs, Executive Branch Budget Officer  
Governor's Finance Office

FROM: Kacey KC, State Forester

A handwritten signature in blue ink, appearing to read "Kacey KC", written over the "FROM:" line.

RE: Request for Retroactive start date approval for WFPP Contract with Nye County  
Emergency Management, CETS #25119

This memorandum requests that the above referenced Nevada Division of Forestry (NDF) contract be approved with a retroactive effective date of July 1, 2021. It is of critical importance that the Division implements this revenue contract in order to continue to procure resources that will provide protection of life and property for the citizens of this State.

NDF and Nye County Emergency Management have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2021 as the current contract for this service expires on June 30, 2021. A delay in getting this agreement on the Nye County Emergency Management meeting agenda prevented NDF from meeting the Board of Examiners' deadline for the June meeting.

Thank you for your consideration of this request. Should you have any questions, or require additional information, please do not hesitate to contact me at 775.684.2501.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25077**

Agency Name: <b>B&amp;I - LABOR COMMISSION</b>	Legal Entity Name: <b>LCPTRACKER, INC.</b>
Agency Code: <b>752</b>	Contractor Name: <b>LCPTRACKER, INC.</b>
Appropriation Unit: <b>3900-26</b>	Address: <b>117 E CHAPMAN AVENUE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ORANGE, CA 92866</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Amanda Hesse 714/669-0052</b>
	Vendor No.: <b>T32010285</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.

<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 **11/17/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2023**

Contract term: **2 years and 13 days**

4. Type of contract: **Contract**

Contract description: **Database Services**

5. Purpose of contract:

**This is a new contract to implement an approved technology investment which provides software to review and track workforce data necessary for the enforcement of public works and prevailing wage laws pursuant to Nevada Revised Statutes and Nevada Administrative Code, section 338.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,000.00**

Other basis for payment: \$11,350 upon approval of contract by Board of Examiners (BOE)/Clerk of BOE and \$5,650 payable on 12/01/2022

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Apprenticeship Utilization Act was passed in the form of Senate Bill 207 of the 80th (2019) Legislative Session, and codified in NRS 338 & NAC 338, placing new requirements on the Office of the Labor Commissioner, requiring access to specific workforce data which is to be provided by the vendor.

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 required expertise.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 210901**

**Approval Date: 09/07/2021**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

**Vendor selling commercial off-the-shelf software**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**No** b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

**No** If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

**Vendor selling commercial off-the-shelf software**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**No** b. If "NO", please explain.

**Vendor selling commercial off-the-shelf software**

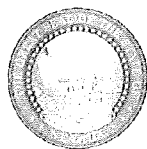
19. Agency Field Contract Monitor:

Shannon Chambers, Labor Commissioner Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ljon13	10/13/2021 16:43:57 PM
Division Approval	ljon13	10/13/2021 16:44:01 PM
Department Approval	jhanse4	10/25/2021 11:15:35 AM
Contract Manager Approval	jhanse4	10/25/2021 11:15:38 AM
EITS Approval	msmi40	10/25/2021 11:39:20 AM
Budget Analyst Approval	mlynn	11/16/2021 17:07:11 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

<b>Purchasing Use Only:</b>	
Approval#:	210901@

**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 <u>only</u> the contact(s) listed below:</b>		
	ENTER STATE AGENCY NAME:	Office of the Labor Commissioner	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Shannon Chambers, Labor Commissioner	775-684-1891	shannonchambers@labor.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	LCPTracker, Inc.
	Contact Name:	Amanda Hesse
	Complete Address: City, State, and Zip Code	117 E. Chapman Avenue Orange, CA 92866
	Telephone Number:	714-669-0052
	Email Address:	Ahesse@lcptracker.com

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	X
	Professional Service Exemption:	

<b>1d</b>	<b>Contract Information:</b>			
	Is this a new Contract? Check One:	Yes:	X	No:
	Amendment Number:	#		
	<b>Enter CETS Number:</b>	#		

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	No:	X
	Contract: X	Start Date:	December 17, 2021	End Date: June 30, 2023

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	\$22,500.00
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	



Purchasing Use Only:

Approval #:

210901 @

1g

Total Estimated Value of this Service Contract, Amendment or Purchase:

\$22,500.00

2

**Provide a description of work/services to be performed or commodity/good to be purchased:**

The Office of the Labor Commissioner is responsible for enforcing public works and prevailing wage laws and the utilization of apprentices on public works projects pursuant to Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC) section 338. The LCP Tracker Compliance and Workforce Manager software will allow the Office of the Labor Commissioner to do the following: (1) Review and track public works projects and review certified payroll reports to ensure the correct prevailing wage is being paid; (2) Track and monitor apprenticeship utilization on public works projects by reviewing certified payroll reports; (3) Report on the career path(s) and retention of workers and apprentices through payroll reports and data; (4) Measure the success of workforce programs by tracking worker and apprentice data; (5) Track workforce and employment opportunities in construction and private employment, including, employment on public works projects; and (6) Create regional reports and dashboards on workforce data including but not limited to, number of workers on projects, age, ethnicity, gender, wages, wage increases, length in apprentice program, years as a journeyman, work history, etc.

3

**What are the unique features/qualifications required for this service or good that are not available from any other vendor:**

LCP Tracker and Workforce Manager provide for the electronic submission of certified payroll reports, workforce data, apprenticeship data, and contractor data on public works projects in the State of Nevada. LCP Tracker is the most efficient certified payroll reporting software and utilized by most public bodies, contractors, and subcontractors to submit the required reports and data on public works projects as required by NRS section 338.070 and NAC sections 338.092-338.100.

The Office of the Labor Commissioner has existing Memorandums of Understanding (MOU) with public bodies to share LCP Tracker data and workforce data for public works projects. There is no other electronic certified payroll reporting system that can interface with the i-Sight electronic case tracking system for public works projects that the Office of the Labor utilizes. The data is already being shared through the MOU's and there is no alternative workforce manager software that can collect certified payroll report data and provide this information to the Office of the Labor Commissioner in conjunction with the electronic case tracking system.

It will allow investigators to pull certified payroll reports on public works projects electronically and to conduct random reviews and audits of certified payroll reports utilizing access to Workforce Manager and LCP Tracker. It will also allow our office to review apprenticeship utilization (SB 207) on public works projects.

4	<p><b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b></p>
	<p>LCP Tracker is utilized by most of the public bodies and contractors working on public works projects. The Office of the Labor Commissioner has existing MOUs with public bodies to share the data collected by LCP Tracker through certified payroll reporting. The data collected through the certified payroll reports is utilized in public works and prevailing wage investigations and uploaded into the i-Sight electronic case tracking system. The cost to utilize the LCP Workforce Manager through June 20, 2023, is estimated to be \$22,500.00.</p>
	<p>In 2014, the i-Sight Case Management System was specifically identified as the only available Case Tracking System that fit within the budget parameters of the budget instructions for the Office of the Labor Commissioner and the limited General Funds that were available to implement a new Electronic Case Tracking System. In closing the Office of the Labor Commissioner Budget in 2015, the Legislature specifically identified and authorized the purchase of i-Sight as the only option in approving the Budget.</p>
	<p>The i-Sight Electronic Case Tracking System was purchased in 2015 and was fully implemented by the Office of the Labor Commissioner in April 2016. The i-Sight system has proven to be very economical and efficient and allows the agency to run numerous monthly reports that the agency uses for monthly reports, budget reporting, and legislative reporting.</p> <p>During the 2017 Legislative Session, the legislature approved additional funds to implement electronic filing of documents, claims, and forms for Public Works Projects and Prevailing Wage. In approving these funds, the Legislature evaluated and determined that the most cost-effective way of implementing an electronic case management system for Public Works and Prevailing Wage was to utilize the existing i-Sight Case Management Platform and System and modify the system to including case tracking for Public Works Projects and the electronic submission of the Prevailing Wage Survey and Prevailing Wage Claims.</p> <p>The LCP Tracker and Workforce Manager software is the only known software by the Office of the Labor Commissioner that can interface with the i-Sight Case Management Platform and System and generate workforce data reports for public works projects based on the data collected through certified payroll reports in conjunction with public works and prevailing wage investigations that must be completed by the Office of the Labor Commissioner.</p>

5	<p><b>Were alternative services or commodities evaluated?</b></p>	<b>Check One:</b>	
		Yes	No
			X
	<p>a. <i><b>If yes</b>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i></p>		
	<p>b. <i><b>If not</b>, why were alternatives not evaluated?</i></p> <p>LCP Tracker is utilized by most of the public bodies and contractors working on public works projects. The Office of the Labor Commissioner has existing MOUs with public bodies to share the data collected by LCP Tracker through certified payroll reporting. The data collected through the certified payroll</p>		

reports is utilized in public works and prevailing wage investigations and uploaded into the i-Sight electronic case tracking system.

The LCP Tracker and Workforce Manager software is the only known software by the Office of the Labor Commissioner that can generate workforce data reports for public works projects based on the data collected through certified payroll reports in conjunction with public works and prevailing wage investigations that must be completed by the Office of the Labor Commissioner.

The Office of the Labor Commissioner has existing MOUs with public bodies to utilize this data. There is no other alternative to obtain the certified payroll data except from LCP Tracker.

<i>Purchasing Use Only:</i>	
Approval #:	210901 @

	<b>Has the agency purchased this service or commodity in the past? Check One:</b>			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. <i>If yes, starting with the most recent contract and working backward, for the <b>entire</b> relationship with this vendor, or any other vendor for this service or commodity, the following information <b>must</b> be provided:</i>				
	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement ENTER RFP#, RFQ#, Waiver #</i>
	<i>Start Date</i>	<i>End Date</i>			
			\$		
			\$		
			\$		
		\$			

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<p>The Office of the Labor Commissioner will not be able to fully monitor and track the certified payroll report data submitted on public works projects and the utilization of apprentices as required by NRS section 338, NAC section 338, and Senate Bill (SB) 207 (2019). The Office of the Labor Commissioner is the state agency responsible for the enforcement of public works and prevailing wage laws in the State of Nevada. During the 81<sup>st</sup> Regular Session of the Nevada Legislature (2021), the purchase of the LCP Tracker – Workforce Manager software was specifically authorized to be purchased as part of the Office of the Labor Commissioner approved budget.</p> <p>It will allow investigators to pull certified payroll reports on public works projects electronically and to conduct random reviews and audits of certified payroll reports utilizing access to Workforce Manager and LCP Tracker. It will also allow our office to review apprenticeship utilization (SB 207) on public works projects. If this is not approved, the Office of the Labor Commissioner may not be able to fulfill its statutory and regulatory responsibilities.</p>

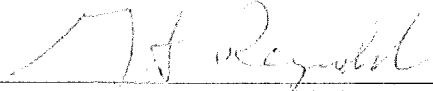
8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<p>LCP Tracker is the electronic certified payroll reporting system utilized by most public bodies and contractors to report prevailing wage data on public works projects in the State of Nevada. There is no other company that has this ability. The Office of the Labor Commissioner has existing MOUs with public bodies to utilize this data. There is no other alternative to obtain the certified payroll data except from LCP Tracker.</p> <p>Because the Office of the Labor Commissioner is a General Fund Agency and has already implemented the i-Sight Case electronic case tracking system, our agency needed to find an electronic certified payroll</p>

reporting system that could interface with the i-Sight electronic case tracking system to monitor and track public works projects, payment of the prevailing wage, and apprenticeship utilization. Other electronic case tracking systems and payroll reporting options such as Indisoft, Canopy, and CLEAR were reviewed and the costs of these programs were over \$100,000.00 and up to \$300,000.00. Developing an in-house system is not cost effective.

9	<b>Will this purchase obligate the State to this vendor for future purchases? Check One:</b>	<b>Yes</b>	<b>No</b>
	<u><i>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i></u>		<b>X</b>
	a. <i>If yes, please provide details regarding future obligations or needs.</i>		

<i>Purchasing Use Only:</i>	
Approval #:	

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

  
 \_\_\_\_\_  
 Agency Representative Initiating Request

  
 \_\_\_\_\_  
 Print Name of Agency Representative Initiating Request

  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Signature of Agency Head Authorizing Request

Shannon Chambers  
 \_\_\_\_\_  
 Print Name of Agency Head Authorizing Request

08/31/2021  
 \_\_\_\_\_  
 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:

  
 \_\_\_\_\_  
 Administrator, Purchasing Division or Designee

  
 \_\_\_\_\_  
 Date

Section A1: Line Item Detail by GL

Budget Account: 3900 B&I - LABOR COMMISSIONER

Item No	Description	Actual 2019-2020	Work Program 2020-2021	L01 Year 1 2021-2022	L01 Year 2 2022-2023
<b>E550</b>	<b>TECHNOLOGY INVESTMENT REQUEST</b>				
	This request funds new software to assist in monitoring and reporting on public works projects and workforce and employment data. This new software is requested to assist and allow the Office of the Labor Commissioner to conduct investigations on public works projects, enforce prevailing wage on public works projects, monitor and enforce the use of apprentices on public works projects, monitor and report on construction workforce data and private employment data, and generate regional reports and dashboards on workforce data. The Office of the Labor Commissioner is responsible for enforcing public works and prevailing wage laws and the utilization of apprentices on public works projects pursuant to NRS and NAC section 338. The LCP Tracker Compliance and Workforce Manager software will allow the Office of the Labor Commissioner to do the following: (1) Review and track public works projects and review certified payroll reports to ensure the correct prevailing wage is being paid; (2) Track and monitor apprenticeship utilization on public works projects by reviewing certified payroll reports; (3) Report on the career path(s) and retention of workers and apprentices through payroll reports and data; (4) Measure the success of workforce programs by tracking worker and apprentice data; (5) Track workforce and employment opportunities in construction and private employment, including, employment on public works projects; and (6) Create regional reports and dashboards on workforce data including but not limited to, number of workers on projects, age, ethnicity, gender, wages, wage increases, length in apprentice program, years as a journeyman, work history, etc. For Fiscal Year 2020, the Office of the Labor Commissioner processed 848 requests for public works projects numbers. There are over 6,000 registered apprentices and over 50 registered apprenticeship programs in the State of Nevada. The ability to track the utilization of apprentices on public works projects is an essential requirement of the Office of the Labor Commissioner under NRS and NAC 338 and the Workforce Manager software will allow the Office of the Labor Commissioner to perform this function as detailed above. Estimated costs would be as follows: \$3,950.00 = one-time implementation fee for Workforce Manager; \$5,000.00 annual fee for Workforce Manager; \$5,950.00 = one-time interface to external client systems; \$1,950.00 = annual external client system maintenance; and \$1,500.00 = one-time custom field set up. Annual fees are estimated at \$6,950.00. Please also see the attached from LCP Tracker. [See Attachment]				
<b>REVENUE</b>					
2501	APPROPRIATION CONTROL	0	0	18,350	6,950
	TOTAL REVENUES FOR DECISION UNIT E550	0	0	18,350	6,950
<b>EXPENDITURE</b>					
<b>26</b>	<b>INFORMATION SERVICES</b>				
7073	SOFTWARE LICENSE/MNT CONTRACTS	0	0	18,350	6,950
	TOTAL FOR CATEGORY 26	0	0	18,350	6,950
	TOTAL EXPENDITURES FOR DECISION UNIT E550	0	0	18,350	6,950
TOTAL REVENUES FOR BUDGET ACCOUNT 3900		0	0	18,350	6,950
TOTAL EXPENDITURES FOR BUDGET ACCOUNT 3900		0	0	18,350	6,950

Note: TIN # 122 request did not result in a formal review/approval due to total being under \$50,000. NEBS210 shows L01 approval of the associated E550 enhancement.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25126**

Agency Name: <b>DEPARTMENT OF MOTOR VEHICLES</b>	Legal Entity Name: <b>GARTNER INC</b>
Agency Code: <b>810</b>	Contractor Name: <b>GARTNER INC</b>
Appropriation Unit: <b>4715-04</b>	Address: <b>56 top gallant rd</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>stamford, ct 06902</b>
If "No" please explain: Not Applicable	Contact/Phone: 4802838933
	Vendor No.: PUR0005339
	NV Business ID: NV19941112701

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 %
<b>X Highway Funds</b>	<b>100.00 %</b>	Other funding	0.00 %

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 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2022**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Gartner Work Plan**

5. Purpose of contract:

**This is a new work plan under master service agreement #99SWC-NV21-8568, and includes the State of Minnesota NASPO ValuePoint Master Agreement #186840 which provides research and advisory services related to information technology (IT). This work plan provides consulting on DMV IT systems to create a customer centric platform.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$95,495.00**

Other basis for payment: Upon invoice, 30 day terms

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Changes in the technology sector occur very rapidly. When the Department has to make IT related decisions and provide technical information, it is limited by the realm of the department's current IT infrastructure. It is becoming more important for MVIT to have access to current trends and research related to the ever changing information technology environment. Gartner has been identified as a source for expertise in IT research in both the government and private sectors. The Department is beginning a modernization project for its integrated computer application. By partnering with Gartner, the department will have access to technology experts and related information that will assist in the selection of the best possible solution for modernization and its success.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise.

9. Were quotes or proposals solicited?

No



Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? 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	pgra1	10/26/2021 12:25:01 PM
Division Approval	asmit3	10/26/2021 12:26:46 PM
Department Approval	asmit3	10/26/2021 12:26:49 PM
Contract Manager Approval	bjobe	10/26/2021 16:45:37 PM
EITS Approval	msmi40	10/27/2021 08:40:07 AM
Budget Analyst Approval	pokeefe	11/04/2021 13:54:12 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: **24955**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>Somerset Academy of Las Vegas</b>
Agency Code: <b>901</b>	Contractor Name: <b>Somerset Academy of Las Vegas</b>
Appropriation Unit: <b>3265-09</b>	Address: <b>6630 SURREY ST</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>Lee Esplin 702-478-8888</b>
	Vendor No.: <b>T29028358</b>
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged? <b>2022</b>	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3581-22-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/19/2021**

Anticipated BOE meeting date **11/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **254 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Somerset Winter Camp**

5. Purpose of contract:

**This is a new interlocal agreement to provide Pre-Employment Transition Services (Pre-ETS) during the winter of 2021-2022 to disabled youths, ages 14-22, by providing the tools that will enable them to seek and retain employment.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,001.00**

Other basis for payment: \$66.67/student per Session Attended; Camp: 6 days - 2 sessions/day; Total of 12 sessions/camp. Minimum# of Students: 12 Maximum# of Students: 25. Invoices payable only upon receipt and acceptance of supporting documentation, by authorized REHAB personnel. Total contract not to exceed: \$20,001.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Workforce Innovation and Opportunity Act , Public Law 113-128 (2014) or WIOA requires that 15% of all grant funding be spent on Pre-ETS programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake Pre-ETS training.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	jmarhevk	10/14/2021 15:15:04 PM
Division Approval	jmarhevk	10/14/2021 15:15:07 PM
Department Approval	jmarhevk	10/14/2021 15:15:11 PM
Contract Manager Approval	ghein	10/14/2021 15:17:32 PM
Budget Analyst Approval	vfajota	10/19/2021 12:20:00 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25127**

Agency Name: <b>DETR - ADMINISTRATIVE SERVICES</b>	Legal Entity Name: <b>IMAGE ACCESS CORPORATION</b>
Agency Code: <b>908</b>	Contractor Name: <b>IMAGE ACCESS CORPORATION</b>
Appropriation Unit: <b>3274-26</b>	Address: <b>22 PARIS AVE STE 210</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ROCKLEIGH, NJ 07647-2600</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Brent Bailey 201-342-7878</b>
	Vendor No.: <b>PUR0005478A</b>
	NV Business ID: <b>NV20151699236</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 #: **3585-22-DETR**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/03/2021**

Anticipated BOE meeting date **12/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/28/2022**

Contract term: **117 days**

4. Type of contract: **Contract**

Contract description: **Kofax Upgrade**

5. Purpose of contract:

**This is a new contract to upgrade existing Kofax capture scanning software allowing the department to function on a supported software version to take advantage of new features that exist within that version.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$200 per hour, 100 hours.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Current software is becoming obsolete and unsupported.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State is lacking skillset and manpower.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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?

NA

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	carnol1	10/20/2021 15:34:28 PM
Division Approval	jmarhevk	10/27/2021 17:09:25 PM
Department Approval	jmarhevk	10/27/2021 17:09:28 PM
Contract Manager Approval	ghein	11/01/2021 10:17:24 AM
EITS Approval	msmi40	11/01/2021 13:50:24 PM
Budget Analyst Approval	vfajota	11/03/2021 13:39:34 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: **25076**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>Connie Christiansen</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>Christiansen Accounting Network</b>
Appropriation Unit: <b>B009 - All Categories</b>	Address: <b>PO Box 33875</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>Connie Christiansen 775-413-4084</b>
	Vendor No.:
	NV Business ID: <b>NV20201790297</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 % Licensing</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 2021-2022

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/19/2021**  
Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **254 days**

4. Type of contract: **Contract**

Contract description: **Audit Services**

5. Purpose of contract:

**This is a new contract to provide a financial audit.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,000.00**

Other basis for payment: Installments as work completed.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NRS 218G.825 requires an audit of the financial statements annually or biennially. The Board has approved a biennial audit.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The single audit must be conducted by a certified public accountant.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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?

Vendor has extensive experience in auditing state regulatory boards working through other companies.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Connie Christiansen is a sole proprietor and the state requires that the license be in her name. Christiansen Accounting Network is the 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	jkand1	10/08/2021 13:48:45 PM
Division Approval	jkand1	10/08/2021 13:49:11 PM
Department Approval	jkand1	10/08/2021 13:49:20 PM
Contract Manager Approval	jkand1	10/08/2021 13:49:49 PM
Budget Analyst Approval	hfield	10/19/2021 16:22:42 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25020**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>Thentia USA Inc.</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>Thentia USA Inc.</b>
Appropriation Unit: <b>B013 - All Categories</b>	Address: <b>700-184 Front Street East</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Toronto ON,, FC M5A, 4N3</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>James Kurz (775) 687-48</b>
	Vendor No.:
	NV Business ID: <b>NV20191571257</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 % LICENSURE</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 **11/18/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/09/2025**

Contract term: **3 years and 357 days**

4. Type of contract: **Contract**

Contract description: **Software Services**

5. Purpose of contract:

**This is a new contract to provide software design, development and delivery services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Payment for services will be made at the rate of \$5.40 per Registrant

Other basis for payment: The amount will be adjusted annually based on the number of registrants

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board is in need of a software system in order to track the various requirements of registrant applications.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The employees of the Board do not have the technical expertise or in house IT that is needed to develop software.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Thentia  
GL Solutions  
InLumon

b. Solicitation Waiver: **Not Applicable**



c. Why was this contractor chosen in preference to other?

Contractor is able to provide services according to the Board's needs and specifications.

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	vwind1	09/30/2021 13:53:17 PM
Division Approval	vwind1	09/30/2021 13:53:20 PM
Department Approval	vwind1	09/30/2021 13:53:23 PM
Contract Manager Approval	vwind1	09/30/2021 13:53:25 PM
EITS Approval	msmi40	10/04/2021 14:55:49 PM
Budget Analyst Approval	mlynn	11/18/2021 16:42:12 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: **25106**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>The Advantage Group</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>The Advantage Group</b>
Appropriation Unit: <b>B021 - All Categories</b>	Address: <b>475 Hill Street, Ste. B</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89501</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Taco Prins 775-829-1777</b>
	Vendor No.:
	NV Business ID: <b>NV19931023286</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>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **B021**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/09/2021**

Anticipated BOE meeting date **10/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2025**

Contract term: **3 years and 356 days**

4. Type of contract: **Contract**

Contract description: **Investigator**

5. Purpose of contract:

**This is a new contract to provide investigative services into complaints, unlicensed practitioners, and other issues.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Payment for services will be made at the rate of \$65.00 per hr

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Board needs an investigator to look into complaints, unlicensed practitioners and other issues.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The staff does not have experience conducting investigations.**

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):

**Elite Investigations  
True Investigations  
De Becker Investigations**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The other solicited vendors either did not perform these types of services or provided higher pricing. This vendor has provided the necessary investigative services to the Board in the past.

d. Last bid date: 08/26/2021 Anticipated re-bid date: 09/01/2025

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	mlok	10/13/2021 12:12:00 PM
Division Approval	mlok	10/13/2021 12:12:06 PM
Department Approval	mlok	10/13/2021 12:12:11 PM
Contract Manager Approval	mlok	10/13/2021 12:12:18 PM
Budget Analyst Approval	mlynn	11/08/2021 15:17:16 PM

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**CONTRACT FOR SERVICES OF INDEPENDENT CONTRACTOR  
FOR LESS THAN \$50,000**

A Contract Between the State of Nevada  
Acting by and Through its

Agency Name:	Board of Oriental Medicine
Address:	3191 E. Warm Springs Rd.
City, State, Zip Code:	Las Vegas, NV 89120
Contact:	Merle Lok
Phone:	702-675-5326
Fax:	702-989-8584
Email:	omboardexecutivedirector@gmail.com

Contractor Name:	The Advantage Group
Address:	475 Hill Street, Ste B
City, State, Zip Code:	Reno, NV, 89501
Contact:	Taco Prins
Phone:	775-829-1777
Fax:	775-829-1779
Email:	tprins@tagnv.com

WHEREAS, NRS 333.700 authorizes officers, departments, institutions, boards, commissions, and other agencies in the Executive Branch of the State Government which derive their support from public money in whole or in part to engage services of persons as independent contractors; and

WHEREAS, it is deemed that the service of Contractor is both necessary and in the best interests of the State of Nevada.

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

- CONTRACT TERM.** This Contract shall be effective as noted below, unless sooner terminated by either party as specified in *Section 7, Contract Termination*. Contracts requiring approval of the Nevada Board of Examiners or the Clerk of the Board are not effective until such approval has occurred, however, after such approval, the effective date will be the date noted below.

Effective from:	Date: 11/01/2021	To:	Date: 10/31/2025
-----------------	------------------	-----	------------------

- NOTICE.** All communications, including notices, required or permitted to be given under this Contract shall be in writing and directed to the parties at the addresses stated above. Notices may be given: (i) by delivery in person; (ii) by a nationally recognized next day courier service, return receipt requested; or (iii) by certified mail, return receipt requested. If specifically requested by the party to be notified, valid notice may be given by facsimile transmission or electronic mail to the address(es) such party has specified in writing.



CETS#
RFP#

3. **SCOPE OF WORK.** The scope of work is described below, which is incorporated herein by reference:

DESCRIPTION OF SCOPE OF WORK:  
Investigative services as required by Nevada State Board of Oriental Medicine.

An Attachment must be limited to the scope of work to be performed by Contractor. Any provision, term or condition of an Attachment that contradicts the terms of this Contract, or that would change the obligations of the State under this Contract, shall be void and unenforceable.

4. **CONSIDERATION.** The parties agree that Contractor will provide the services specified in *Section 3, Scope of Work* at a cost as noted below:

\$ 65.00	per	hour
Total Contract or installments payable at:		
Total Contract Not to Exceed:	\$ 30,000.00	

The State does not agree to reimburse Contractor for expenses unless otherwise specified in the Scope of Work or incorporated attachments (if any). Any intervening end to a biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the result of legislative appropriation may require.

5. **BILLING SUBMISSION: TIMELINESS.** The parties agree that timeliness of billing is of the essence to the Contract and recognize that the State is on a Fiscal Year. All billings for dates of service prior to July 1 must be submitted to the State no later than the first Friday in August of the same calendar year. A billing submitted after the first Friday in August, which forces the State to process the billing as a stale claim pursuant to NRS 353.097, will subject Contractor to an administrative fee not to exceed one hundred dollars (\$100.00). The parties hereby agree this is a reasonable estimate of the additional costs to the State of processing the billing as a stale claim and that this amount will be deducted from the stale claim payment due to Contractor.
6. **INSPECTION & AUDIT.** Contractor agrees to keep and maintain under generally accepted accounting principles (GAAP) and as required by State and federal law, complete and accurate records as are necessary to fully disclose to the State or United States Government, sufficient information to determine compliance with all State and federal regulations and statutes, and compliance with the terms of this contract, and agrees that such documents will be made available for inspection upon reasonable notice from authorized representatives of the State or Federal Government.
7. **CONTRACT TERMINATION.**
  - A. Termination Without Cause. Regardless of any terms to the contrary, this Contract may be terminated upon written notice by mutual consent of both parties. The State unilaterally may terminate this contract without cause by giving not less than thirty (30) days' notice in the manner specified in *Section 2, Notice*. If this Contract is unilaterally terminated by the State, Contractor shall use its best efforts to minimize cost to the State and Contractor will not be paid for any cost that Contractor could have avoided.
  - B. State Termination for Non-Appropriation. The continuation of this Contract beyond the current biennium is subject to and contingent upon sufficient funds being appropriated, budgeted, and otherwise made available by the State Legislature and/or federal sources. The State may terminate this Contract, and Contractor waives any and all claims(s) for damages, effective immediately upon receipt of written notice (or any date specified therein) if for any reason the Contracting Agency's funding from State and/or federal sources is not appropriated or is withdrawn, limited, or impaired.
  - C. Termination with Cause for Breach. A breach may be declared with or without termination. A notice of breach and termination shall specify the date of termination of the Contract, which shall not be sooner than the expiration of the



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RFP#

Time to Correct, if applicable, allowed under subsection 7D. This Contract may be terminated by either party upon written notice of breach to the other party on the following grounds:

- 1) If Contractor fails to provide or satisfactorily perform any of the conditions, work, deliverables, goods, or services called for by this Contract within the time requirements specified in this Contract or within any granted extension of those time requirements; or
- 2) If any state, county, city, or federal license, authorization, waiver, permit, qualification or certification required by statute, ordinance, law, or regulation to be held by Contractor to provide the goods or services required by this Contract is for any reason denied, revoked, debarred, excluded, terminated, suspended, lapsed, or not renewed; or
- 3) If Contractor becomes insolvent, subject to receivership, or becomes voluntarily or involuntarily subject to the jurisdiction of the Bankruptcy Court; or
- 4) If the State materially breaches any material duty under this Contract and any such breach impairs Contractor's ability to perform; or
- 5) If it is found by the State that any quid pro quo or gratuities in the form of money, services, entertainment, gifts, or otherwise were offered or given by Contractor, or any agent or representative of Contractor, to any officer or employee of the State of Nevada with a view toward securing a contract or securing favorable treatment with respect to awarding, extending, amending, or making any determination with respect to the performing of such contract; or
- 6) If it is found by the State that Contractor has failed to disclose any material conflict of interest relative to the performance of this Contract.

D. Time to Correct. Unless the breach is not curable, or unless circumstances do not permit an opportunity to cure, termination upon declared breach may be exercised only after service of formal written notice as specified in *Section 2, Notice*, and the subsequent failure of the breaching party within fifteen (15) calendar days of receipt of that notice to provide evidence, satisfactory to the aggrieved party, showing that the declared breach has been corrected. Upon a notice of breach, the time to correct and the time for termination of the contract upon breach under subsection 7C, above, shall run concurrently, unless the notice expressly states otherwise.

8. **REMEDIES.** Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including, without limitation, actual damages, and to a prevailing party reasonable attorneys' fees and costs. For purposes of an award of attorneys' fees to either party, the parties stipulate and agree that a reasonable hourly rate of attorneys' fees shall be one hundred and fifty dollars (\$150.00) per hour. The State may set off consideration against any unpaid obligation of Contractor to any State agency in accordance with NRS 353C.190. In the event that Contractor voluntarily or involuntarily becomes subject to the jurisdiction of the Bankruptcy Court, the State may set off consideration against any unpaid obligation of Contractor to the State or its agencies, to the extent allowed by bankruptcy law, without regard to whether the procedures of NRS 353C.190 have been utilized.
9. **LIMITED LIABILITY.** The State will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. Damages for any State breach shall never exceed the amount of funds appropriated for payment under this Contract, but not yet paid to Contractor, for the Fiscal Year budget in existence at the time of the breach. Contractor's tort liability shall not be limited.
10. **INDEMNIFICATION AND DEFENSE.** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any breach of the obligations of Contractor under this Contract, or any alleged negligent or willful acts or omissions of Contractor, its officers, employees and agents. Contractor's obligation to indemnify the State shall apply in all cases except for claims arising solely from the State's own negligence or willful misconduct. Contractor waives any rights of subrogation against the State. Contractor's duty to defend begins when the State requests defense of any claim arising from this Contract.



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11. **REPRESENTATIONS REGARDING INDEPENDENT CONTRACTOR STATUS.** Contractor represents that it is an independent contractor, as defined in NRS 333.700(2) and 616A.255, warrants that it will perform all work under this contract as an independent contractor, and warrants that the State of Nevada will not incur any employment liability by reason of this Contract or the work to be performed under this Contract. To the extent the State incurs any employment liability for the work under this Contract; Contractor will reimburse the State for that liability.

12. **INSURANCE SCHEDULE.** Unless expressly waived in writing by the Contracting Agency, Contractor must procure, maintain and keep in force for the duration of the Contract insurance conforming to the minimum requirements specified below. Each insurance policy shall provide for a waiver of subrogation against the State of Nevada, its officers, employees and immune contractors as defined in NRS 41.0307, for losses arising from work/materials/equipment performed or provided by or on behalf of Contractor. By endorsement to Contractor's automobile and general liability policies, the State of Nevada shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of Contractor. Contractor shall not commence work before Contractor has provided evidence of the required insurance in the form of a certificate of insurance and endorsement to the Contracting Agency of the State.

A. Workers' Compensation and Employer's Liability Insurance.

- 1) Contractor shall provide proof of worker's compensation insurance as required per Nevada Revised Statutes Chapters 616A through 616D inclusive.
- 2) If Contractor qualifies as a sole proprietor as defined in NRS Chapter 616A.310, and has elected to not purchase industrial insurance for himself/herself, the sole proprietor must submit to the contracting State agency a fully executed "Affidavit of Rejection of Coverage" form under NRS 616B.627 and NRS 617.210.

B. Commercial General Liability – Occurrence Form. The Policy shall include bodily injury, property damage and broad form contractual liability coverage.

- 1) General Aggregate \$2,000,000
- 2) Products – Completed Operations Aggregate \$1,000,000
- 3) Personal and Advertising Injury \$1,000,000
- 4) Each Occurrence \$1,000,000

C. Automobile Liability. **[Delete if Contract does not involve use of motor vehicle.]** The policy shall cover Bodily Injury and Property Damage for any owned, hired, and non-owned vehicles used in the performance of this Contract.

- 1) Combined Single Limit (CSL) \$1,000,000

D. Professional Liability/Errors and Omissions Liability **[Delete if Contract does not involve professional services.]** The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Work of this contract. In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Contract is completed.

- 1) Each Claim \$1,000,000
- 2) Annual Aggregate \$2,000,000

*Mail all required insurance documents to the Contracting Agency identified on page one of the Contract.*

13. **WAIVER OF BREACH.** Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

14. **SEVERABILITY.** If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

CETS#
RFP#

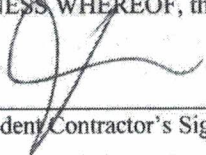
15. **STATE OWNERSHIP OF PROPRIETARY INFORMATION.** Any data or information provided by the State to Contractor and any documents or materials provided by the State to Contractor in the course of this Contract ("State Materials") shall be and remain the exclusive property of the State and all such State Materials shall be delivered into State possession by Contractor upon completion, termination, or cancellation of this Contract.
16. **PUBLIC RECORDS.** Pursuant to NRS 239.010, information or documents received from Contractor may be open to public inspection and copying. The State may have the duty to disclose unless a particular record is made confidential by law or a common law balance of interests.
17. **GENERAL WARRANTY.** Contractor warrants that all services, deliverables, and/or work products under this Contract shall be completed in a workmanlike manner consistent with standards in the trade, profession, or industry; shall conform to or exceed the specifications set forth in the incorporated attachments; and shall be fit for ordinary use, of good quality, with no material defects.
18. **DISCLOSURES REGARDING CURRENT OR FORMER STATE EMPLOYEES.** For the purpose of State compliance with NRS 333.705, Contractor represents and warrants that if Contractor, or any employee of Contractor who will be performing services under this Contract, is a current employee of the State or was employed by the State within the preceding 24 months, Contractor has disclosed the identity of such persons, and the services that each such person will perform, to the Contracting Agency.
19. **GOVERNING LAW: JURISDICTION.** This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada, without giving effect to any principle of conflict-of-law that would require the application of the law of any other jurisdiction. The parties consent to the exclusive jurisdiction of and venue in the First Judicial District Court, Carson City, Nevada for enforcement of this Contract, and consent to personal jurisdiction in such court for any action or proceeding arising out of this Contract.



CETS#
RFP#

20. **ENTIRE CONTRACT AND MODIFICATION.** This Contract and its scope of work constitute the entire agreement of the parties and as such are intended to be the complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto and approved by the Office of the Attorney General and the State Board of Examiners, as required. This form of Contract, including any amendments to the Contract, is not authorized for use if the "not to exceed" value *Section 4, Consideration* exceeds \$49,999. This Contract, and any amendments, may be executed in counterparts.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.

	<i>Sept 15 2021</i>	<i>President A</i>
_____ Independent Contractor's Signature	_____ Date	_____ Independent Contractor's Title

_____ State of Nevada Authorized Signature	_____ Date	_____ Title
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_____ State of Nevada Authorized Signature	_____ Date	_____ Title
---	---------------	----------------

_____ State of Nevada Authorized Signature	_____ Date	_____ Title
---	---------------	----------------

APPROVED BY BOARD OF EXAMINERS

\_\_\_\_\_  
Signature – Clerk of the Board of Examiners

On: \_\_\_\_\_  
Date

Approved as to form by:

\_\_\_\_\_  
Deputy Attorney General for Attorney General

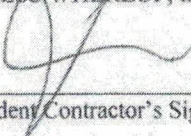
On: \_\_\_\_\_  
Date

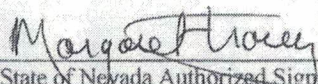


CETS#
RFP#

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IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.


Sept 15 2021
President  
 \_\_\_\_\_  
 Independent Contractor's Signature                      Date                      Independent Contractor's Title


10/10/2021
President
MB  
 \_\_\_\_\_  
 State of Nevada Authorized Signature                      Date                      Title

\_\_\_\_\_  
 State of Nevada Authorized Signature                      Date                      Title

\_\_\_\_\_  
 State of Nevada Authorized Signature                      Date                      Title

APPROVED BY BOARD OF EXAMINERS

\_\_\_\_\_  
Signature - Clerk of the Board of Examiners

On: \_\_\_\_\_  
Date

Approved as to form by:

On: \_\_\_\_\_  
Date

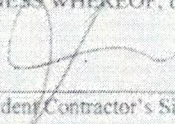

\_\_\_\_\_  
Deputy Attorney General for Attorney General

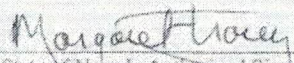


CETS#
RFP#

20. **ENTIRE CONTRACT AND MODIFICATION.** This Contract and its scope of work constitute the entire agreement of the parties and as such are intended to be the complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto and approved by the Office of the Attorney General and the State Board of Examiners, as required. This form of Contract, including any amendments to the Contract, is not authorized for use if the "not to exceed" value Section 4, Consideration exceeds \$49,999. This Contract, and any amendments, may be executed in counterparts.

IN WITNESS WHEREOF, the parties hereto have caused this Contract to be signed and intend to be legally bound thereby.


Sept 15 2021
  
 \_\_\_\_\_  
 Independent Contractor's Signature                      Date                      Independent Contractor's Title


10/10/2021
President @ MB  
 \_\_\_\_\_  
 State of Nevada Authorized Signature                      Date                      Title

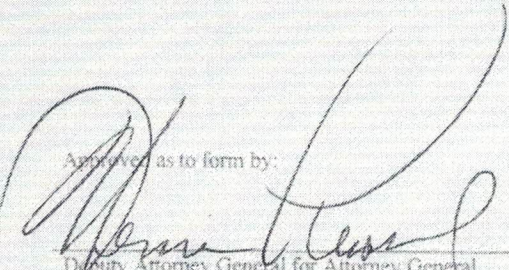
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 State of Nevada Authorized Signature                      Date                      Title

\_\_\_\_\_  
 State of Nevada Authorized Signature                      Date                      Title

APPROVED BY BOARD OF EXAMINERS

\_\_\_\_\_  
Signature - Clerk of the Board of Examiners

On: \_\_\_\_\_  
Date

Approved as to form by:  
  
 \_\_\_\_\_  
 Deputy Attorney General for Attorney General

On: 10/13/21  
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: **25128**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>McDonald Carano</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>McDonald Carano</b>
Appropriation Unit: <b>B026 - All Categories</b>	Address: <b>100 W. Liberty St. 10th Floor</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89501</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Susan Fischer 775-788-2000</b>
	Vendor No.: <b></b>
	NV Business ID: <b>NV19961000027</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</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2022**

Anticipated BOE meeting date: 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2023**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Legislative Services**

5. Purpose of contract:

**This is a new contract to provide lobbying services and government affairs assistance.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,000.00**

Payment for services will be made at the rate of \$0.00 per Month

Other basis for payment: Fixed Fee per month upon invoice and approval as services are provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS requires the Board of Osteopathic Medicine to recommend creation and/or amendment of laws and regulations regarding the practice of Osteopathic Medicine in the State of Nevada. To complete this legislative requirement, it is a necessity for the Board to receive expert advice on government affairs which requires the special skills, expertise and knowledge of an experienced legislative liaison.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Assistance is needed in the planning and dissemination of information to legislative members with the expertise and required knowledge of the Nevada Legislature. The Board operates with a small staff and does not have the availability, expertise or knowledge to perform the needed services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

The vendor has proven performance with this Board, has necessary expertise and experience to perform the services and was the only responsive vendor.

d. Last bid date: 09/01/2021 Anticipated re-bid date: 09/01/2023

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:

The Contractor has previously been under contract with the Board of Osteopathic Medicine which will expire 12/31/2021.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	lp310000	10/28/2021 12:52:38 PM
Division Approval	lp310000	10/28/2021 12:52:43 PM
Department Approval	lp310000	10/28/2021 12:52:47 PM
Contract Manager Approval	lp310000	10/28/2021 12:52:51 PM
Budget Analyst Approval	hfield	11/18/2021 16:28:17 PM

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 4, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Richard Jacobs, Executive Branch Budget Officer   
Budget Division  
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting.

**DEPARTMENT OF CONSERVATION & NATURAL RESOURCES –  
DIVISION OF STATE LANDS**

Agenda Item Write-up:

Pursuant to NRS 321.5954, subsection 4, the State Land Registrar is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. This submittal reports program activities for the 1st quarter of fiscal year 2022.

Additional Information:

There was no activity under the Tahoe Basin Act and no land acquisitions under the Lake Tahoe Mitigation Program during this quarter. There were two transfers of interest in real property totaling 1,500 square feet.

Statutory Authority:

NRS 321.5954

REVIEWED: <u>LA</u>
ACTION ITEM: _____



**MEMORANDUM**

DATE: September 30, 2021

TO: Susan Brown, Director  
Governor's Finance Office

FROM: Charles Donohue, Administrator and  
State Land Registrar, Nevada Division of State Lands

RE: **BOARD OF EXAMINERS 1ST QUARTER FY 2022 REPORT FOR THE NEVADA  
LAND BANK PROGRAM – MEETING DATE OF NOVEMBER 9, 2021**

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Pursuant to NRS 321.5954, a quarterly report regarding the real property or interests in real property transferred by the Nevada Land Bank Program shall be reported quarterly to the State Board of Examiners.

**Nevada Land Bank Program:**

The Nevada Land Bank is a program housed in the Nevada Division of State Lands (NDSL) and operated by the Nevada Tahoe Resource Team (NTRT) on behalf of the Tahoe Regional Planning Agency (TRPA) through a Memorandum of Understanding and under the authority of Chapter 355, Statutes of Nevada 1993. The Nevada Land Bank acquires sensitive parcels and also mitigates the environmentally detrimental effects of land coverage in the Lake Tahoe Basin. Land coverage, such as impervious surfaces like parking lots, roads and roofs, is one element of the bundle of development rights required in the Lake Tahoe Basin to move forward with development or redevelopment projects. Allowable coverage is calculated by the sensitivity of a parcel's land class: Class 1 through 3 are more environmentally sensitive lands; Class 4 through 7 are less sensitive lands. The Nevada Land Bank program works to transfer coverage from more to less environmentally sensitive land. These activities contribute to the protection of the environment at Lake Tahoe. Land Bank activities are funded through mitigation fees collected by TRPA and forwarded to NDSL to carry out the program.

This memorandum is to report real property or interests in real property transferred under this program for the quarter ending September 30, 2021 (July 1, 2021 – September 30, 2021).

There were no acquisitions of land during this quarter. However, two (2) transfers of interest in real property occurred during this quarter and are listed below:

On **July 27, 2021**, a transaction was finalized involving the sale of **300 square feet of Class 1b, Restored Soft** land coverage to Robert Ferwerda as **required as one of the conditions for TRPA permit ERSP2020-0964 to authorize the construction of a new two-story, single-family dwelling** located at 1073 Lucerne Way, Incline Village, NV 89450 in Washoe County APN 126-084-10. This transaction resulted in \$11,250.00 in proceeds for the Nevada Land Bank.

On **September 21, 2021**, a transaction was finalized involving the sale of **1200 square feet of Class 6, Potential** land coverage to the Klinger Living Trust dated October 22, 2008, **to provide the additional coverage required as one of the conditions for TRPA permit ERSP2021-0656 to authorize a teardown of an existing single-family dwelling and the rebuild of a new single-family dwelling** located at 1055 Tiller Drive, Incline Village, NV 89451 in Washoe County APN 130-201-11. This transaction was facilitated by the Nevada Land Bank on behalf of the Incline Village General Improvement District (“IVGID”). Per the Memorandum of Understanding between the two agencies, the sold coverage was divided equally between NDSL and IVGID and generated a total of \$15,000.00 in proceeds and \$1,200.00 in administrative fees for the Nevada Land Bank.

All proceeds from the above transactions were deposited in the respective budget accounts to carry out the intent of the Nevada Land Bank program.

In the event you have any questions or would like additional information please contact Sherri Barker, Land Agent II at [sbarker@lands.nv.gov](mailto:sbarker@lands.nv.gov) or (775) 684-2735.

CD/sb

CC: Bradley Crowell, Director, Nevada Department of Conservation and Natural Resources



Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director

**STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: November 18, 2021

To: Susan Brown, Clerk of the Board  
Governor's Finance Office

From: Jennifer Hamilton, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

**FISCAL YEAR 2022 – 1<sup>st</sup> QUARTER OVERTIME REPORT**

Agenda Item Write-up:

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget Division regarding the report. The Budget Division submits the 1st Quarter Overtime Report and analysis for fiscal year 2022.

Additional Information:

As of the first quarter of fiscal year 2022, year to date overtime pay and accrued compensatory leave accounted for a total of approximately \$19.68 million, or 7.65% of total pay, a 29.2% increase from fiscal year 2021.

The 5 agencies with the highest dollar amount of overtime and accrued comp time for the quarter accounted for 84.3% of the total:

1. Department of Corrections – \$6.59 million
2. Department of Health & Human Services – \$4.80 million
3. Department of Public Safety – \$2.26 million

4. Department of Transportation – \$1.55 million
5. Department of Conservation & Natural Resources – \$1.40 million

The 5 agencies with the highest percentage of overtime and accrued comp time as a share of total pay for the 1st quarter of FY22 were:

1. Department of Veterans Service – 18.85%
2. Department of Corrections – 17.70%
3. Adjutant General – 12.24%
4. Department of Conservation & Natural Resources – 12.03%
5. Department of Public Safety – 11.48%

At the Department of Corrections, overtime and comp time decreased by \$823k (14%) from the prior quarter and continued to be driven by the large correctional centers and medical personnel. Overtime and comp time for the 1<sup>st</sup> quarter of FY22 were highest at these 7 locations, which accounted for 86.2% of the total overtime for the department:

1. High Desert State Prison – \$1.81M
2. Ely State Prison – \$937k
3. Northern Nevada Correctional Center – \$911k
4. Lovelock Correctional Center – \$767k
5. Prison Medical Care – \$525k
6. Warm Springs Correctional Center – \$406k
7. Southern Desert Correctional Center – \$317k

By event code, the highest four causes accounted for 84.1% of the overtime:

1. Annual/Military Leave Coverage – \$3.12M
2. Related to COVID-19 – \$1.24M
3. Hospital coverage – \$758k
4. Fire time – \$419k

At the Department of Health and Human Services, overtime was driven by Division of Welfare and Supportive Services (\$1.589M - primarily in Welfare Field Services budget account), Child and Family Services (\$1.182M), Public and Behavioral Health (\$1.369M, primarily in Southern Nevada Adult Mental Health), and Aging & Disability Services (\$118k). By event code, the highest four causes accounted for 72.5% of the overtime:

1. Workload - \$1.15M
2. Related to COVID-19 – \$938k
3. Covering vacant shifts – \$598k
4. Covering 24-hour shifts – \$410k

REVIEWED: _____
INFO ITEM: _____

5 Agencies with Highest Dollar Amount of Overtime/Accrued Comp  
 Fiscal Year 2022 1st Quarter

from Fiscal Year Summary	<u>Increase from Previous Year</u>	<u>Increase from Previous Year (rounded)</u>	<u>Share of Total Pay</u>
Overtime + Accrued Comp FY22 1ST QTR	19,675,973	19,680,000	7.65%
Overtime + Accrued Comp FY21 1ST QTR	15,229,579	15,230,000	
Difference	4,446,394	<b>4,450,000</b>	
Percent Increase/(Decrease) from Previous Year	29.2%	<b>29.2%</b>	

from Quarterly Detailed Analysis	<u>Total OT / Accr Comp</u>
Current Qtr OT Pay & Accr Comp	19,675,973

Highest in Dollars	Department	Amount
1	NDOC	6,587,346
2	DHHS	4,799,187
3	DPS	2,255,802
4	NDOT	1,545,259
5	DCNR	1,403,252
	Total 5 Agencies	16,590,846
	Total Overtime/Accrued Comp	19,675,973
	%	84.3%

Overtime Analysis by Event Date  
 Agency: DOC 22Q1

440 DEPARTMENT OF CORRECTIONS

Code	Organization	Base Pay	Accr Comp Hrs	Comp Dollars	Pt OT Hours	Pt OT Dollars	Total Curr Hrs	Total Curr Dollars	Total Prior Hrs	Total Prior Dollars	Difference
3706	HR-PRISON MEDICAL CARE	\$3,873,119.46	669:38:00	\$24,803.32	9148:15:00	\$500,698.07	9817:53:00	\$525,301.39	10359:52	\$655,904.21	\$(44,602.82)
3708	HR-OFFENDERS' STORE FUND	\$600,815.69	246:22:00	\$9,970.57	265:45:00	\$12,222.32	512:07:00	\$18,192.89	154:45:00	\$5,639.04	\$12,553.85
3710	HR-DIRECTOR'S OFFICE	\$2,192,245.07	318:40:00	\$9,711.50	2355:20:00	\$115,757.29	2674:00:00	\$125,641.95	2550:44:00	\$123,641.95	\$1,826.84
3711	HR-CORRECTIONAL PROGRAMS	\$1,210,982.33	88:30:00	\$2,065.71	304:47:00	\$11,756.35	393:17:00	\$13,822.06	73:30:00	\$2,539.08	\$11,282.98
3715	HR-SO NEVADA CORRECTIONAL CTR	\$14,359.50	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	6:30:00	\$311.12	\$(311.12)
3716	HR-WARM SPRINGS CORRECTNL CTR	\$995,200.74	1039:34:00	\$29,151.60	8385:27:00	\$376,830.44	9425:01:00	\$405,982.04	8884:30:00	\$379,960.22	\$26,021.82
3717	HR-NO NEVADA CORRECTNL CENTER	\$2,593,100.82	2099:46:00	\$56,971.82	20134:51	\$854,425.36	22234:37	\$911,397.18	18089:45	\$744,245.18	\$167,152.00
3722	HR-STEWART CONSERVATION CAMP	\$166,163.76	32:00:00	\$920.72	2959:45:00	\$146,123.92	2991:45:00	\$147,044.64	224:50:00	\$10,435.10	\$5,971.74
3723	HR-PIOCHE CONSERVATION CAMP	\$168,916.25	12:00:00	\$320.40	1025:15:00	\$42,313.26	1037:15:00	\$42,633.66	597:00:00	\$16,064.90	\$26,568.76
3724	HR-NO NV TRANSITIONAL HOUSING	\$143,668.00	26:00:00	\$675.04	295:30:00	\$14,341.71	321:30:00	\$14,916.75	279:00:00	\$13,866.36	\$1,051.39
3725	HR-THREE LAKES VLY CNSRVTN CMP	\$301,768.34	16:00:00	\$447.36	1221:40:00	\$45,905.84	1237:40:00	\$46,353.20	695:00:00	\$26,769.73	\$19,583.47
3727	HR-PRISON RANCH	\$51,826.00	0:00:00	\$0.00	183:50:00	\$6,999.10	183:50:00	\$6,999.10	179:00:00	\$6,973.47	\$25.63
3738	HR-SO DESERT CORRECTIONAL CTR	\$3,095,947.66	460:01:00	\$12,424.64	7761:00:00	\$304,198.39	8221:01:00	\$316,623.03	7176:33:00	\$283,570.67	\$33,052.36
3739	HR-WELLS CONSERVATION CAMP	\$122,786.32	33:00:00	\$947.05	1345:35:00	\$66,345.50	1378:35:00	\$67,292.55	912:00:00	\$38,152.35	\$19,140.20
3741	HR-HUMBOLDT CONSERVATION CAMP	\$111,486.24	0:00:00	\$0.00	1421:05:00	\$61,597.42	1421:05:00	\$61,597.42	915:00:00	\$41,211.96	\$20,385.46
3747	HR-ELY CONSERVATION CAMP	\$148,446.51	48:30:00	\$1,706.69	82:00:00	\$4,174.98	130:30:00	\$5,881.67	98:20:00	\$4,463.77	\$1,427.90
3748	HR-JEAN CONSERVATION CAMP	\$2,828,787.27	1952:46:00	\$54,073.37	320:00:00	\$13,955.97	336:00:00	\$14,466.53	624:00:00	\$25,725.14	\$(11,258.61)
3751	HR-ELY STATE PRISON	\$110,786.22	13:00:00	\$348.40	1051:30:00	\$883,023.34	21532:45	\$937,075.71	19580:50	\$859,104.37	\$77,971.34
3752	HR-CARLIN CONSERVATION CAMP	\$117,284.50	0:00:00	\$0.00	732:00:00	\$30,913.38	732:00:00	\$30,913.38	942:00:00	\$46,670.17	\$4,123.22
3759	HR-TONOPAH CONSERVATION CAMP	\$2,329,105.08	1881:15:00	\$50,882.08	16108:29	\$716,599.85	17989:44	\$767,481.93	871:00:00	\$40,224.71	\$(9,311.33)
3760	HR-CASA GRANDE TRANS HOUSING	\$379,715.16	26:00:00	\$771.76	312:00:00	\$11,464.19	338:00:00	\$12,235.95	14768:03	\$645,396.45	\$122,095.48
3761	HR-F MCCLURE WOMENS COR CTR	\$2,101,911.11	433:23:00	\$12,654.15	5451:42:00	\$226,730.81	5885:05:00	\$239,444.96	274:05:00	\$11,488.18	\$746.77
3762	HR-HIGH DESERT STATE PRISON	\$6,572,220.75	2566:06:00	\$67,435.58	41975:16	\$1,746,896.05	44531:22	\$1,813,331.63	2561:39:00	\$97,432.51	\$142,012.45
3763	HR-INMATE WELFARE ACCOUNT	\$264,499.73	78:00:00	\$1,619.28	119:30:00	\$4,070.48	197:30:00	\$5,689.76	42695:48	\$1,738,544.59	\$74,787.04
		\$ 30,638,251.61		\$ 334,111.60		\$ 6,253,234.85		\$ 6,587,346.45		\$ 56,764,420.75	\$ 14.3%

Code	Organization	Base Pay	Accr Comp Hrs	Comp Dollars	Pt OT Hours	Pt OT Dollars	Total Curr Hrs	Total Curr Dollars	Total Prior Hrs	Total Prior Dollars	Difference
3762	HR-HIGH DESERT STATE PRISON	\$ 6,572,220.75	2556:06:00	\$ 67,435.58	41975:16	\$ 1,745,896.05	44531:22	\$ 1,813,331.63			
3751	HR-ELY STATE PRISON	\$ 2,828,787.27	1952:46:00	\$ 54,073.37	19579:59	\$ 863,002.34	21532:45	\$ 937,075.71			
3717	HR-NO NEVADA CORRECTNL CENTER	\$ 2,593,100.82	2099:46:00	\$ 56,971.82	20134:51	\$ 854,425.36	22234:37	\$ 911,397.18			
3759	HR-LOVELOCK CORRECTIONAL CTR	\$ 2,329,105.08	1881:15:00	\$ 50,882.08	16108:29	\$ 716,599.85	17989:44	\$ 767,481.93			
3706	HR-PRISON MEDICAL CARE	\$ 3,873,119.46	669:38:00	\$ 24,803.32	9148:15:00	\$ 500,698.07	9817:53:00	\$ 525,301.39			
3716	HR-WARM SPRINGS CORRECTNL CTR	\$ 995,200.74	1039:34:00	\$ 29,151.60	8385:27:00	\$ 376,830.44	9425:01:00	\$ 405,982.04			
3738	HR-SO DESERT CORRECTIONAL CTR	\$ 3,095,947.66	460:01:00	\$ 12,424.64	7761:00:00	\$ 304,198.39	8221:01:00	\$ 316,623.03			
		\$ 30,638,251.61		\$ 334,111.60		\$ 6,253,234.85		\$ 6,587,346.45			\$ 14.3%

Top 7 Correctional Centers (including Prison Medical)

3762	HR-HIGH DESERT STATE PRISON	\$ 1,813,331.63					44531:22	\$ 1,813,331.63			
3751	HR-ELY STATE PRISON	\$ 937,075.71					21532:45	\$ 937,075.71			
3717	HR-NO NEVADA CORRECTNL CENTER	\$ 911,397.18					22234:37	\$ 911,397.18			
3759	HR-LOVELOCK CORRECTIONAL CTR	\$ 767,481.93					17989:44	\$ 767,481.93			
3706	HR-PRISON MEDICAL CARE	\$ 525,301.39					9817:53:00	\$ 525,301.39			
3716	HR-WARM SPRINGS CORRECTNL CTR	\$ 405,982.04					9425:01:00	\$ 405,982.04			
3738	HR-SO DESERT CORRECTIONAL CTR	\$ 316,623.03					8221:01:00	\$ 316,623.03			
		\$ 5,677,192.91						\$ 5,677,192.91			86.2%





Overtime Analysis by Event Date

Overtime Analysis Settings

Agency: ALL

DHHS Pivot 22Q1

DEPT OF HEALTH AND HUMAN SERV

Row Labels	Sum of Dollars12
WORKLOAD	\$ 1,150,581.66
AGNCY DEFINE	\$ 938,425.14
COVER-VACANT	\$ 597,804.58
COVER-24 HR	\$ 410,426.77
COVID-19	\$ 287,725.24
COVER-HOL/WK	\$ 267,459.83
COVER-SICK	\$ 182,664.43
COVER-AL/MIL	\$ 82,712.08
CLIENT SVCS	\$ 81,208.62
EMERGENCIES	\$ 49,479.04
PROGRAM DEAD	\$ 43,970.33
TRAINING	\$ 35,468.96
COVER-INJURY	\$ 26,383.13
INVESTIGATE	\$ 25,127.41
TRAVEL	\$ 19,135.38
BACKLOG REDU	\$ 15,253.02
WORKSHOPS	\$ 7,755.34
BUDGET PREP	\$ 6,450.56
MEETINGS	\$ 6,111.42
ADMIN	\$ 4,973.94
SPECIAL EVNT	\$ 4,425.80
ACCT/FISCAL	\$ 4,178.88
ACCIDENTS	\$ 4,102.57
SITE REPAIR	\$ 3,478.74
TRAIN-PERSON	\$ 2,836.16
STAFF MEET	\$ 2,412.75
ADMIN SUPPRT	\$ 2,385.38
COVER-TRAIN	\$ 2,270.31
CLIENT MEET	\$ 2,130.09
OFFICE SPRT	\$ 1,868.20
COURT	\$ 1,142.10
PERSONNEL	\$ 875.84
CONFERENCES	\$ 209.22
(blank)	
<b>Grand Total</b>	<b>\$ 4,271,432.92</b>

1 WORKLOAD	1,150,581.66
2 AGNCY DEFINE	938,425.14
3 COVER-VACANT	597,804.58
4 COVER-24 HR	410,426.77
	3,097,238.15
	72.5%

Row Labels	Sum of Dollars5
<b>406</b>	<b>\$ 1,368,975.13</b>
HR-SO NEV ADULT MENTAL HEALTH	\$ 717,484.44
HR-FAC FOR MENTAL OFFENDER	\$ 409,399.67
HR-OFF OF STATE HEALTH ADMIN	\$ 61,621.28
HR-NNV ADULT MENTAL HEALTH SVC	\$ 52,724.40
HR-HHS HD BIOSTATS & EPIDMILG	\$ 39,067.68
HR-HEALTH CARE FACILITY REG	\$ 26,286.59
HR-IMMUNIZATION PROGRAM	\$ 13,243.20
HR-MATERNAL CHILD HEALTH SRVC	\$ 12,159.50
HR-HEALTH ALERT NETWORK	\$ 9,906.11
HR-RADIATION CONTROL PROGRAM	\$ 8,086.14
HR-COMMUNITY HEALTH SERVICES	\$ 5,846.33
HR-COMMUNICABLE DISEASES	\$ 4,917.55
HR-EMERGENCY MEDICAL SERVICES	\$ 3,432.34
HR-CHRONIC DISEASE	\$ 1,624.21
HR-HEALTH STATISTICS&PLANNING	\$ 1,372.70
HR-BEHAVIORAL HEALTH PREV & TR	\$ 838.74
HR-CANCER CONTROL REGISTRY	\$ 658.04
HR-ENVIRONMENTAL HEALTH SRVCS	\$ 306.21
HR-BEHAVIORAL HLTH INFO SYSTM	\$ -
HR-HHS DPBH RURAL CLINICS	\$ -
HR-BEHAVIORAL HEALTH ADMINSTR	\$ -
HR-WIC FOOD SUPPLEMENT	\$ -
HR- MARIJUANA HEALTH REGISTRY	\$ -
HR- MED MARIJUANA ESTABLISHMEN	\$ -
HR-OFFICE OF MINORITY HEALTH	\$ -
HR-CHILD CARE SERVICES	\$ -
(blank)	\$ -
HR-EARLY INTERVENTION SVCS	\$ -
<b>409</b>	<b>\$ 1,181,566.58</b>
HR-SO NEV CHILD & ADLSCNT SVCS	\$ 418,670.76
HR-SUMMIT VIEW YOUTH CENTER	\$ 185,296.56
HR-NEVADA YOUTH TRAINING CTR	\$ 178,383.24
HR-RURAL CHILD WELFARE	\$ 143,321.01
HR-CALIENTE YOUTH CENTER	\$ 128,662.45
HR-NO NEV CHILD & ADLSCNT SVCS	\$ 73,766.45
HR-CHILDREN/YOUTH/FAMILY ADMIN	\$ 39,186.80
HR-YOUTH PAROLE SERVICES	\$ 11,222.69
HR-COMMUNITY JUV JUSTICE PRG	\$ 3,056.62
HR-VICTIMS OF CRIME	\$ -
(blank)	\$ -
HR-CHILD CARE SERVICES	\$ -
HR- INFORMATION SERVICES	\$ -
<b>402</b>	<b>\$ 118,352.72</b>
HR-DESERT REGIONAL CENTER	\$ 105,305.57
HR-COMMUNITY BASED SERVICES	\$ 12,653.64
HR-EARLY INTERVENTION SVCS	\$ 393.51
HR-HHS DO CONSUMER HEALTH ASSI	\$ -
HR-SENIOR RX AND DISABILITY RX	\$ -
HR-AGING FEDERAL PROG & ADMIN	\$ -
HR-COMMUNICATION ACCESS SRVCS	\$ -
HR-SIERRA REGIONAL CENTER	\$ -
(blank)	\$ -
HR-RURAL REGIONAL CENTER	\$ -
HR-AUTISM TREATMENT PROGRAM	\$ -
<b>407</b>	<b>\$ 1,589,003.58</b>
HR-WELFARE FIELD SERVICES	\$ 1,447,161.72
HR-WELFARE ADMINISTRATION	\$ 121,626.47
HR-ENERGY ASSISTANCE - WELFARE	\$ 13,147.69
HR-CHILD SPRT ENFORCEMNT PROG	\$ 7,067.70
(blank)	\$ -
HR-CHILD CARE ASSIST & DEVEL	\$ -
<b>403</b>	<b>\$ 13,173.77</b>
HR-HEALTH CARE FIN & POLICY	\$ 13,173.77
(blank)	\$ -
HR-NEVADA MEDICAID	\$ -
HR-NEVADA CHECK-UP PROGRAM	\$ -
<b>400</b>	<b>\$ 361.14</b>
HR-DATA ANALYTICS	\$ 211.79
HR-ADMINISTRATION	\$ 149.35
(blank)	\$ -
HR-IDEA PART C COMPLIANCE	\$ -
HR-PATIENT PROTECTION COMMISSIO	\$ -
HR-DEVELOPMENTAL DISABILITIES	\$ -
HR-GRANTS MANAGEMENT UNIT	\$ -
(blank)	\$ -
(blank)	\$ -
<b>Grand Total</b>	<b>\$ 4,271,432.92</b>

# OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2022 SUMMARY (QTR 1)  
NEVADA DEPARTMENT OF ADMINISTRATION



Tuesday, December 14, 2021

## CUMULATIVE STATEWIDE TOTALS (QTR 1)

	2020	2021	2022
<b>BASE PAY</b>	\$252,721,971	\$246,192,362	\$237,438,519
<b>OVERTIME PAY + ACCRUED COMP</b>	\$12,973,909	\$15,232,399	\$19,675,973
<b>TOTAL PAY</b>	\$265,695,881	\$261,424,761	\$257,114,492
<b>OT/COMP AS A SHARE OF TOTAL PAY</b>	4.88%	5.83%	7.65%

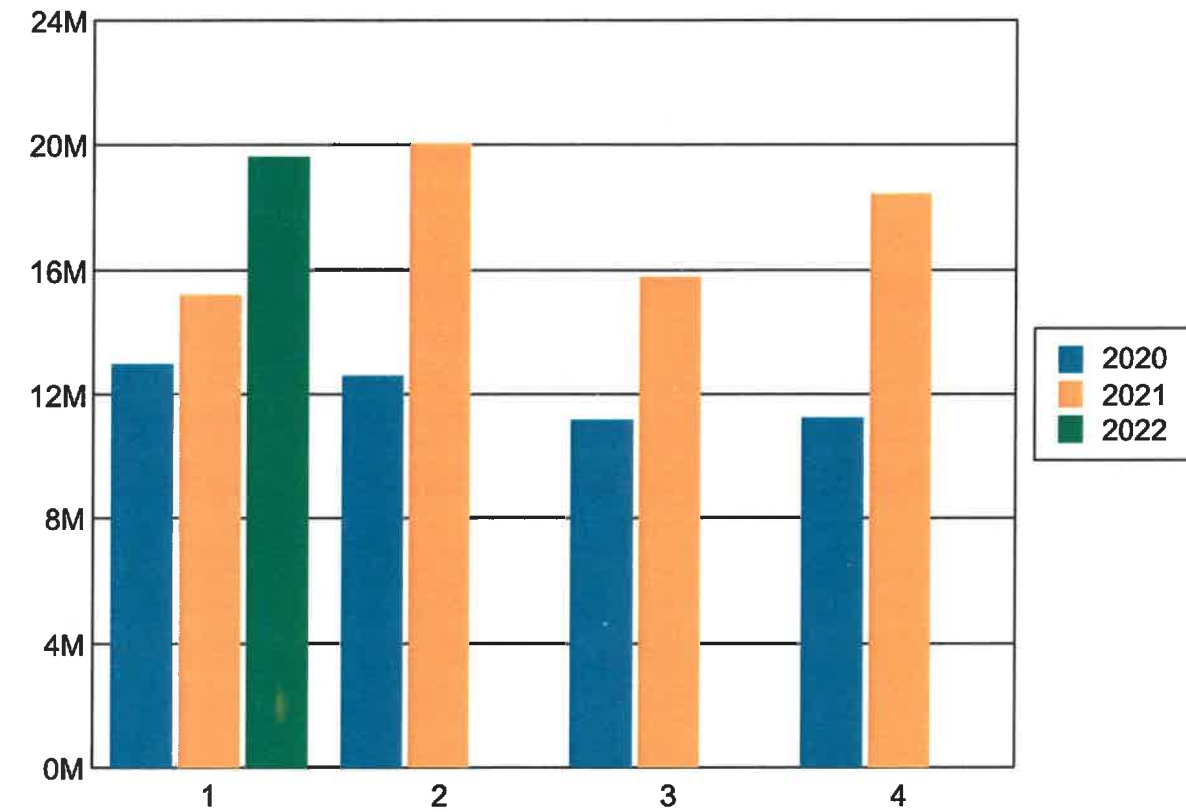
## Highest OT/Comp expenditures in dollars

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
44	DEPARTMENT OF CORRECTIONS	\$6,587,346	17.70%
40	DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$4,799,187	6.60%
65	DEPARTMENT OF PUBLIC SAFETY	\$2,255,802	11.48%
80	DEPARTMENT OF TRANSPORTATION	\$1,545,259	5.79%
70	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,403,252	12.03%

## Highest percentages of OT/Comp as a share of Total Pay

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
24	DEPARTMENT OF VETERANS SERVICE	\$583,753	18.85%
44	DEPARTMENT OF CORRECTIONS	\$6,587,346	17.70%
43	ADJUTANT GENERAL	\$260,995	12.24%
70	DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,403,252	12.03%
65	DEPARTMENT OF PUBLIC SAFETY	\$2,255,802	11.48%

## Statewide OT/Comp Distribution by Quarter



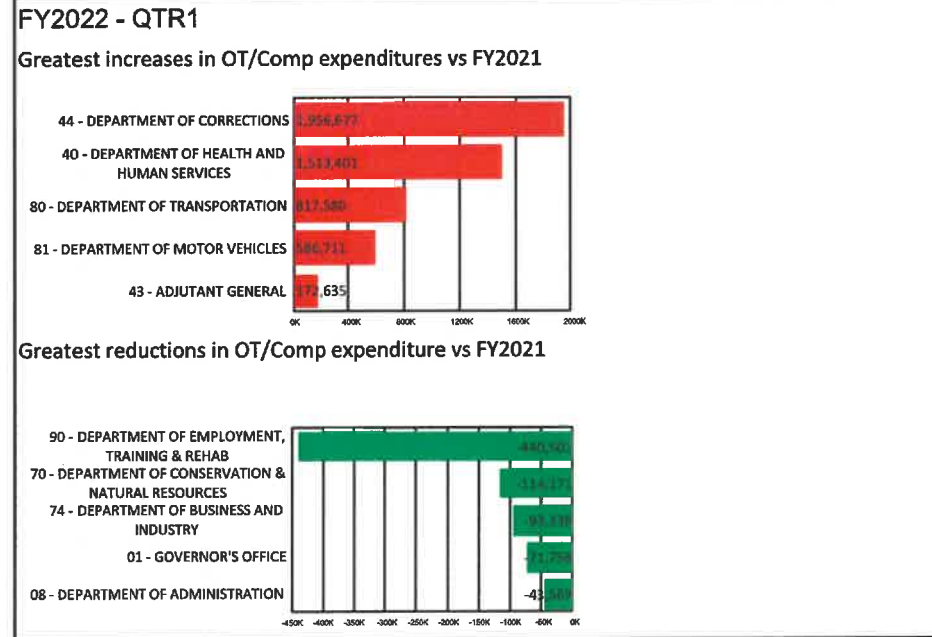
	Q1 Base Pay	Q2 Base Pay	Q3 Base Pay	Q4 Base Pay
<b>2020</b>	\$252,721,971	\$285,120,032	\$252,209,217	\$293,568,364
<b>2021</b>	\$246,192,362	\$282,981,446	\$248,567,777	\$291,439,340
<b>2022</b>	\$237,438,519	\$0	\$0	\$0

# OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2022 QUARTERLY ANALYSIS vs FY2021

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, December 14, 2021



### FY2022 - QTR2

Greatest increases in OT/Comp expenditures vs FY2021

No Data Available

Greatest reductions in OT/Comp expenditure vs FY2021

No Data Available

### FY2022 - QTR3

Greatest increases in OT/Comp expenditures vs FY2021

No Data Available

Greatest reductions in OT/Comp expenditure vs FY2021

No Data Available

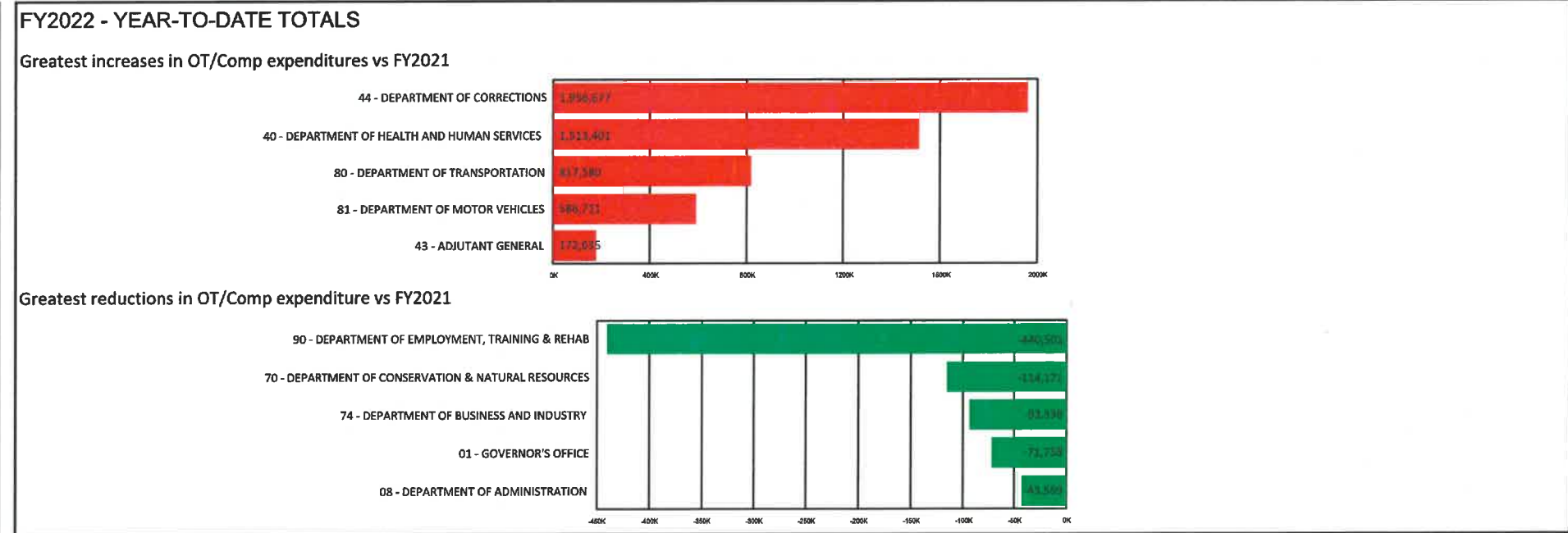
### FY2022 - QTR4

Greatest increases in OT/Comp expenditures vs FY2021

No Data Available

Greatest reductions in OT/Comp expenditure vs FY2021

No Data Available





# OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2022 QUARTERLY DETAILED ANALYSIS

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, December 14, 2021



	FY2022QTR1				FY2022 QTR1-QTR1			
	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2021	Overtime Pay and Accrued Comp (YTD)	Total Pay (YTD)	OT/Comp as a Share of Total Pay (YTD)	Difference in OT Pay/Comp versus FY2021 (YTD)
01 - GOVERNOR'S OFFICE	\$33,650	\$2,138,552	1.57%	\$-71,758	\$33,649.69	\$2,138,552.46	1.57%	\$-71,758
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$57,581	0.00%	\$0	\$0.00	\$57,581.15	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$37,615	\$6,346,049	0.59%	\$-14,546	\$37,614.58	\$6,346,048.79	0.59%	\$-14,546
04 - SECRETARY OF STATE'S OFFICE	\$3,932	\$1,525,564	0.26%	\$3,712	\$3,931.52	\$1,525,564.11	0.26%	\$3,712
05 - TREASURER'S OFFICE	\$3,304	\$660,588	0.50%	\$618	\$3,303.68	\$660,588.45	0.50%	\$618
06 - CONTROLLER'S OFFICE	\$46,075	\$625,323	7.37%	\$25,615	\$46,074.96	\$625,323.11	7.37%	\$25,615
08 - DEPARTMENT OF ADMINISTRATION	\$79,759	\$7,065,846	1.13%	\$-43,569	\$79,759.01	\$7,065,846.48	1.13%	\$-43,569
09 - JUDICIAL BRANCH	\$1,736	\$6,890,943	0.03%	\$1,322	\$1,735.89	\$6,890,943.02	0.03%	\$1,322
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$7,411	\$1,213,768	0.61%	\$1,280	\$7,411.48	\$1,213,768.08	0.61%	\$1,280
11 - DEPARTMENT OF INDIGENT DEFENSE SERVICES	\$0	\$399,089	0.00%	\$0	\$0.00	\$399,088.72	0.00%	\$0
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$644,385	0.00%	\$0	\$0.00	\$644,384.65	0.00%	\$0
13 - DEPARTMENT OF TAXATION	\$34,976	\$3,983,360	0.88%	\$17,344	\$34,976.31	\$3,983,359.91	0.88%	\$17,344
15 - COMMISSION ON ETHICS	\$0	\$108,430	0.00%	\$0	\$0.00	\$108,430.04	0.00%	\$0
16 - DEPARTMENT OF SENTENCING POLICY	\$0	\$62,563	0.00%	\$0	\$0.00	\$62,563.04	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$101,283	0.00%	\$0	\$0.00	\$101,283.44	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$0	\$228,696	0.00%	\$0	\$0.00	\$228,696.16	0.00%	\$0
24 - DEPARTMENT OF VETERANS SERVICES	\$583,753	\$3,096,262	18.85%	\$32,871	\$583,752.63	\$3,096,261.94	18.85%	\$32,871
27 - CANNABIS COMPLIANCE BOARD	\$10,032	\$696,820	1.44%	\$-21,519	\$10,031.78	\$696,819.90	1.44%	\$-21,519
30 - DEPARTMENT OF EDUCATION	\$57,599	\$2,487,527	2.32%	\$-1,491	\$57,599.49	\$2,487,527.39	2.32%	\$-1,491
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$15,990	\$364,052	4.39%	\$5,414	\$15,990.00	\$364,051.84	4.39%	\$5,414
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$4,799,187	\$72,758,918	6.60%	\$1,513,401	\$4,799,187.25	\$72,758,917.68	6.60%	\$1,513,401
43 - ADJUTANT GENERAL	\$260,995	\$2,131,742	12.24%	\$172,635	\$260,995.15	\$2,131,741.72	12.24%	\$172,635
44 - DEPARTMENT OF CORRECTIONS	\$6,587,346	\$37,225,598	17.70%	\$1,956,677	\$6,587,346.45	\$37,225,598.06	17.70%	\$1,956,677
50 - COMMISSION ON MINERAL RESOURCES	\$13,836	\$215,092	6.43%	\$9,336	\$13,836.19	\$215,092.29	6.43%	\$9,336
55 - DEPARTMENT OF AGRICULTURE	\$15,158	\$1,801,680	0.84%	\$-18,640	\$15,158.22	\$1,801,680.31	0.84%	\$-18,640
58 - PUBLIC UTILITIES COMMISSION	\$0	\$1,817,162	0.00%	\$0	\$0.00	\$1,817,161.84	0.00%	\$0
61 - GAMING CONTROL BOARD	\$134,705	\$5,781,487	2.33%	\$59,449	\$134,705.08	\$5,781,487.38	2.33%	\$59,449
65 - DEPARTMENT OF PUBLIC SAFETY	\$2,255,802	\$19,655,587	11.48%	\$58,178	\$2,255,801.90	\$19,655,587.20	11.48%	\$58,178
69 - COLORADO RIVER COMMISSION	\$1,183	\$617,144	0.19%	\$-1,138	\$1,182.57	\$617,144.47	0.19%	\$-1,138
70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,403,252	\$11,664,125	12.03%	\$-114,171	\$1,403,251.84	\$11,664,125.19	12.03%	\$-114,171
72 - DEPARTMENT OF WILDLIFE	\$84,199	\$3,465,014	2.43%	\$3,909	\$84,199.46	\$3,465,014.00	2.43%	\$3,909
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$34,720	\$8,075,809	0.43%	\$-93,338	\$34,720.03	\$8,075,809.19	0.43%	\$-93,338
80 - DEPARTMENT OF TRANSPORTATION	\$1,545,259	\$26,666,318	5.79%	\$817,580	\$1,545,259.09	\$26,666,318.19	5.79%	\$817,580
81 - DEPARTMENT OF MOTOR VEHICLES	\$666,899	\$12,758,848	5.23%	\$586,711	\$666,898.65	\$12,758,848.47	5.23%	\$586,711
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$957,600	\$13,083,550	7.32%	\$-440,501	\$957,600.28	\$13,083,549.93	7.32%	\$-440,501
95 - PUBLIC EMPLOYEES' BENEFITS PROGRAM	\$0	\$368,486	0.00%	\$0	\$0.00	\$368,485.92	0.00%	\$0
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$0	\$331,248	0.00%	\$-1,806	\$0.00	\$331,247.76	0.00%	\$-1,806
<b>Total</b>	<b>\$19,675,973</b>	<b>\$257,114,492</b>	<b>7.65%</b>	<b>\$4,443,574</b>	<b>\$19,675,973</b>	<b>\$257,114,492</b>	<b>7.65%</b>	<b>\$4,443,574</b>

# OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2022 COMPARATIVE YEAR-TO\_DATE ANALYSIS (QTR1-QTR1) VS FY2020-FY2021  
NEVADA DEPARTMENT OF ADMINISTRATION



Tuesday, December 14, 2021

	FY 2020 QTR1-QTR1				FY 2021 QTR1-QTR1				FY 2022 QTR1-QTR1			
	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year
01 - GOVERNOR'S OFFICE	\$14,038	\$1,735,789	0.81%	\$-21,827	\$105,408	\$2,030,329	5.19%	\$91,370	\$33,650	\$2,138,552	1.57%	\$-71,758
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$74,677	0.00%	\$0	\$0	\$77,801	0.00%	\$0	\$0	\$57,581	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$35,380	\$6,471,841	0.55%	\$18,795	\$52,161	\$6,581,785	0.79%	\$16,781	\$37,615	\$6,346,049	0.59%	\$-14,546
04 - SECRETARY OF STATE'S OFFICE	\$98,049	\$1,825,564	5.37%	\$92,525	\$219	\$1,590,578	0.01%	\$-97,830	\$3,932	\$1,525,564	0.26%	\$3,712
05 - TREASURER'S OFFICE	\$1,399	\$663,222	0.21%	\$1,037	\$2,686	\$648,749	0.41%	\$1,287	\$3,304	\$660,588	0.50%	\$618
06 - CONTROLLER'S OFFICE	\$3,371	\$656,324	0.51%	\$-3,745	\$20,460	\$647,366	3.16%	\$17,089	\$46,075	\$625,323	7.37%	\$25,615
08 - DEPARTMENT OF ADMINISTRATION	\$102,105	\$7,830,364	1.30%	\$-62,121	\$123,328	\$7,561,114	1.63%	\$21,222	\$79,759	\$7,065,846	1.13%	\$-43,569
09 - JUDICIAL BRANCH	\$0	\$6,728,762	0.00%	\$-2,506	\$413	\$6,590,064	0.01%	\$413	\$1,736	\$6,890,943	0.03%	\$1,322
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$9,512	\$1,561,253	0.61%	\$1,429	\$6,131	\$1,005,336	0.61%	\$-3,381	\$7,411	\$1,213,768	0.61%	\$1,280
11 - DEPARTMENT OF INDIGENT DEFENSE SERVICES	\$0	\$276,304	0.00%	\$0	\$0	\$395,113	0.00%	\$0	\$0	\$399,089	0.00%	\$0
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$677,229	0.00%	\$0	\$0	\$641,744	0.00%	\$0	\$0	\$644,385	0.00%	\$0
13 - DEPARTMENT OF TAXATION	\$43,151	\$4,618,528	0.93%	\$-4,969	\$17,633	\$4,439,866	0.40%	\$-25,519	\$34,976	\$3,983,360	0.88%	\$17,344
15 - COMMISSION ON ETHICS	\$0	\$114,165	0.00%	\$0	\$0	\$103,605	0.00%	\$0	\$0	\$108,430	0.00%	\$0
16 - DEPARTMENT OF SENTENCING POLICY	\$0	\$0	0.00%	\$0	\$0	\$38,183	0.00%	\$0	\$0	\$62,563	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$93,703	0.00%	\$0	\$0	\$103,970	0.00%	\$0	\$0	\$101,283	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$53	\$245,641	0.02%	\$-164	\$0	\$195,651	0.00%	\$-53	\$0	\$228,696	0.00%	\$0
24 - DEPARTMENT OF VETERANS SERVICES	\$262,337	\$2,876,904	9.12%	\$86,535	\$550,882	\$3,175,950	17.35%	\$288,545	\$583,753	\$3,096,262	18.85%	\$32,871
27 - CANNABIS COMPLIANCE BOARD	\$0	\$0	0.00%	\$0	\$31,551	\$507,017	6.22%	\$31,551	\$10,032	\$696,820	1.44%	\$-21,519
30 - DEPARTMENT OF EDUCATION	\$34,073	\$2,633,215	1.29%	\$-44,618	\$59,090	\$2,698,045	2.19%	\$25,017	\$57,599	\$2,487,527	2.32%	\$-1,491
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$6,745	\$308,606	2.19%	\$-5,431	\$10,576	\$350,134	3.02%	\$3,831	\$15,990	\$364,052	4.39%	\$5,414
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$2,698,351	\$75,149,254	3.59%	\$-228,448	\$3,285,786	\$74,410,040	4.42%	\$587,435	\$4,799,187	\$72,758,918	6.60%	\$1,513,401
43 - ADJUTANT GENERAL	\$61,668	\$1,317,652	4.68%	\$-1,798	\$88,361	\$1,386,170	6.37%	\$26,692	\$260,995	\$2,131,742	12.24%	\$172,635
44 - DEPARTMENT OF CORRECTIONS	\$3,830,383	\$38,908,235	9.84%	\$987,039	\$4,630,669	\$38,402,617	12.06%	\$800,286	\$6,587,346	\$37,225,598	17.70%	\$1,956,677
50 - COMMISSION ON MINERAL RESOURCES	\$16,395	\$234,140	7.00%	\$-63	\$4,500	\$189,133	2.38%	\$-11,895	\$13,836	\$215,092	6.43%	\$9,336
55 - DEPARTMENT OF AGRICULTURE	\$27,711	\$1,969,780	1.41%	\$-10,072	\$33,799	\$1,877,306	1.80%	\$6,088	\$15,158	\$1,801,680	0.84%	\$-18,640
58 - PUBLIC UTILITIES COMMISSION	\$0	\$1,904,515	0.00%	\$0	\$0	\$1,790,143	0.00%	\$0	\$0	\$1,817,162	0.00%	\$0
61 - GAMING CONTROL BOARD	\$181,874	\$6,306,478	2.88%	\$25,461	\$75,256	\$5,813,257	1.29%	\$-106,618	\$134,705	\$5,781,487	2.33%	\$59,449
65 - DEPARTMENT OF PUBLIC SAFETY	\$2,391,241	\$22,267,194	10.74%	\$57,688	\$2,197,624	\$21,189,177	10.37%	\$-193,617	\$2,255,802	\$19,655,587	11.48%	\$58,178
69 - COLORADO RIVER COMMISSION	\$1,845	\$710,076	0.26%	\$1,400	\$2,321	\$672,755	0.34%	\$476	\$1,183	\$617,144	0.19%	\$-1,138
70 - DEPARTMENT OF CONSERVATION & NATURAL RESOURCES	\$1,287,411	\$12,121,779	10.62%	\$-963,055	\$1,517,423	\$12,120,373	12.52%	\$230,013	\$1,403,252	\$11,664,125	12.03%	\$-114,171
72 - DEPARTMENT OF WILDLIFE	\$106,835	\$3,860,012	2.77%	\$33,879	\$80,290	\$3,456,010	2.32%	\$-26,545	\$84,199	\$3,465,014	2.43%	\$3,909
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$34,705	\$8,654,291	0.40%	\$-33,866	\$128,058	\$8,335,304	1.54%	\$93,353	\$34,720	\$8,075,809	0.43%	\$-93,338
80 - DEPARTMENT OF TRANSPORTATION	\$1,316,619	\$27,510,065	4.79%	\$-22,618	\$727,679	\$26,217,644	2.78%	\$-588,939	\$1,545,259	\$26,666,318	5.79%	\$817,580
81 - DEPARTMENT OF MOTOR VEHICLES	\$254,301	\$13,543,551	1.88%	\$59,079	\$80,187	\$12,801,617	0.63%	\$-174,113	\$666,899	\$12,758,848	5.23%	\$586,711
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$154,357	\$11,206,461	1.38%	\$-36,651	\$1,398,101	\$12,692,472	11.02%	\$1,243,744	\$957,600	\$13,083,550	7.32%	\$-440,501
95 - PUBLIC EMPLOYEES BENEFITS PROGRAM	\$0	\$415,866	0.00%	\$0	\$0	\$377,649	0.00%	\$0	\$0	\$0	0.00%	\$0
95 - PUBLIC EMPLOYEES' BENEFITS PROGRAM	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0	\$0	\$368,486	0.00%	\$0
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$0	\$224,444	0.00%	\$0	\$1,806	\$310,695	0.58%	\$1,806	\$0	\$331,248	0.00%	\$-1,806
<b>Total</b>	<b>\$12,973,909</b>	<b>265,695,880.51</b>	<b>4.88%</b>	<b>\$-77,088</b>	<b>\$15,232,399</b>	<b>261,424,760.86</b>	<b>5.83%</b>	<b>\$2,258,490</b>	<b>\$19,675,973</b>	<b>257,114,492.28</b>	<b>7.65%</b>	<b>\$4,443,574</b>